United States Bankruptcy Court

Central District of California

Chapter 7 Petition Package (Individual Debtors)

Requirements and Forms for Individuals Filing a Chapter 7 Bankruptcy Case in the Central District of California

Revised April 1, 2025

Check the Court's website <u>www.cacb.uscourts.gov</u> to verify that you are using the latest version of the Petition Package



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Introduction

This Chapter 7 Petition Package includes the basic information and forms required for an individual debtor to file a voluntary chapter 7 bankruptcy case in the Central District of California, as specified in <u>The Central Guide</u>, <u>Section 1-06</u>. Individual debtors should also refer to the *Instructions for Bankruptcy Forms for Individuals*, available on the Court's website under Petition Forms. Since bankruptcy is a complex process, debtors considering filing a chapter 7 bankruptcy case are encouraged to consult with a bankruptcy attorney or visit one of the self help desks (called a pro se clinic at the Riverside Division) located at each of the court's five divisions.

Please note that court staff is prohibited from giving legal advice.

Before filing a bankruptcy case, debtors are also encouraged to visit the court's web site <u>http://www.cacb.uscourts.gov</u> to review the "Don't Have an Attorney" web page. This web page has easy to understand information and videos about the bankruptcy process, contact information for free and low cost bankruptcy assistance, and other helpful information.

This Petition Package, and all forms in it, are available for free on the Court's web site <u>http://www.cacb.uscourts.gov</u>. The online versions of the forms in this Petition Package are pdf fillable and can be completed and saved to any computer that has Adobe Acrobat Reader (Adobe Acrobat Reader is available for free at <u>http://get.adobe.com/reader</u>).

eSR – Free Online Software for Preparing the Filing of a Voluntary Chapter 7 Bankruptcy Case in the Central District of California

Individual debtors filing chapter 7 and who are not represented by an attorney may consider using the Court's Electronic Self Represented (eSR) online petition preparation software. Volunteer attorneys and staff in each of the Court's five self-help clinics are knowledgeable about the use of eSR and can assist you with questions you may have about eSR. Please note that eSR is only for use in the Central District of California.

For more information about eSR, please visit the Court's eSR web page located under the <u>Don't Have an Attorney link</u> on the Court's website <u>www.cacb.uscourts.gov</u>.

Attorneys Filing Through CM/ECF

Attorneys filing through CM/ECF should refer to <u>The Central Guide, Section 1-09</u>.

Requirements for Individuals Filing a Chapter 7 Bankruptcy Case

To file a chapter 7 bankruptcy case in the Central District of California, individual debtors:

 MUST complete an approved credit counseling course within 180 days <u>BEFORE</u> <u>FILING</u> the bankruptcy case. Upon completion of the credit counseling course, a certificate of completion will be issued. A copy of the certificate of completion must be filed with the court up to 14 days after the bankruptcy petition filing (with limited exceptions).

For a list of approved credit counseling agencies, visit the U.S. Department of Justice's website at <u>http://www.justice.gov/ust/eo/bapcpa/ccde/cc_approved.htm</u>.

- 2) **MUST** pay the chapter 7 filing fee. Consult <u>The Central Guide, Section 1-04</u> for fee amounts and payment methods.
- 3) **<u>MUST</u>** file the following documents, if applicable, at the bankruptcy court in the following order.

	At a minimum, documents in this box (A, B, and C) <u>MUST BE FILED</u> , when applicable, or the bankruptcy filing will not be accepted.		
A. 🗌	<u>Statement About Your Social-Security Numbers</u> (Official Form 121) If filing electronically, see <u>The Central Guide</u> , <u>Section 1-09</u> , <u>TCG Supplement</u> , <u>Paragraph 1.6(b)</u> . If filing electronically, this document <i>must</i> be filed separately from the other documents in this package.		
В. 🗌	<u>Voluntary Petition for Individuals Filing for Bankruptcy</u> (Official Form 101) – this completed form must be signed by the debtor(s) after the debtor(s) has read the Notice Required by 11 U.S.C. § 342(b) for Individuals Filing Bankruptcy (Form 2010) (see page 9 of this Petition Package).		
C.	<u>Master Mailing List of Creditors</u> - this is not a form, it is a list of creditors' names and addresses. Please see the <i>Requirements for Master Mailing List of Creditors</i> on page 11.		
D.	Initial Statement About an Eviction Judgment Against You (Official Form 101A) – this form must be filed <i>with</i> your voluntary petition <i>IF</i> you marked "Yes" to both questions in #11 on the Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). As required by LBR 4001-1, the filer must attach to this Official Form 101A) a check in the form of a certified cashier's check or money order payable to the lessor or landlord in the amount of any rent that would become due during the 30-day period after filing of the bankruptcy petition; and 2) a copy of the judgment for possession (LBR 4001-1).		

The Following Documents Must be Filed with the Voluntary Petition or within 14 Days After Filing the Voluntary Petition

The following documents, if applicable, MUST also be filed at the bankruptcy court with the Voluntary Petition, or within 14 days after the filing of the Voluntary Petition. If the following documents are not filed within 14 days after the filing of the Voluntary Petition, the bankruptcy case may be dismissed. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you.

- E. 🗍 Debt Repayment Plan – if the credit counseling agency provided the debtor with a debt repayment plan, the debt repayment plan must be filed.
- F. 🗍 Statement of Related Cases (LBR form F 1015-2.1.STMT.RELATED.CASES)
- G. Summary of Your Assets and Liabilities and Certain Statistical Information (Official Form 106Sum)
- H. Schedules A/B through J-2

	Schedule A/B: Prope	erty (Official I	Form 106A/B)
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- Schedule C: The Property You Claim as Exempt (Official Form 106C)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G)
- Schedule H: Your Codebtors (Official Form 106H)
- Schedule I: Your Income (Official Form 106I)
- []Schedule J: Your Expenses (Official Form 106J)
- Schedule J-2: Expenses for Separate Household of Debtor 2 (Official Form 106J-2). You must file Official Form 106J-2 if you answered "yes" to both questions on Official Form 106J, Part 1.
- I. Declaration About an Individual Debtor's Schedules (Official Form 106Dec)

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J. Statement of Financial Affairs for Individuals Filing For Bankruptcy (Official Form 107)

- K. Disclosure of Compensation of Bankruptcy Petition Preparer (Official Form 2800) – this form must be filed if the debtor paid a non-attorney bankruptcy petition preparer to prepare any of the documents in listed in this Petition Package [11 U.S.C. § 110].
- L. Bankruptcy Petition Preparer's Notice, Declaration and Signature (Official Form 119) - this form must be filed if the debtor paid a non-attorney bankruptcy petition preparer to prepare any of the documents in listed in this Petition Package [11 U.S.C. § 110].
- M. Disclosure of Compensation of Attorney for Debtor (Official Form 2030) this form is required when an attorney represents the debtor and/or prepared the bankruptcy filing documents. This form is *not* required if LBR form F 2090-1.CH7.ATTY.COMP.DISCLSR is filed.
- N. Debtor's Attorney's Disclosure of Compensation Arrangement in Individual Chapter 7 Case [LBR 2090-1(a)(3)] (LBR form F 2090-1.CH7.ATTY.COMP.DISCLSR) – this form is filed if the debtor agreed to pay an attorney a specific amount for limited services.
- O. Declaration by Debtor(s) as to Whether Income was Received From an Employer within 60 Days of the Petition Date [11 U.S.C. § 521(a)(1)((B)(iv) (LBR form F 1002-1.EMP.INCOME.DEC) - If filing electronically, this document *must* be filed separately from the other documents in this package.
- P. Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1)
- Q. Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp)
- R. Chapter 7 Means Test Calculation (Official Form 122A-2)
- S. Verification of Master Mailing List of Creditors [LBR 1007-1(a)] (LBR form F 1007-1.MAILING.LIST.VERIFICATION)
- T. Certificate of Credit Counseling a certificate of credit counseling is issued by the credit counseling agency after the debtor(s) has completed a credit counseling course. This document *must* be filed separately from the other documents in this package.

The Following Documents Must be Filed with the Voluntary Petition or within 30 Days After Filing the Voluntary Petition

- U. Statement of Intention for Individuals Filing Under Chapter 7 (Official Form 108) - this form must be filed within 30 days from filing of the bankruptcy case or by the date set for the meeting of creditors [11 U.S.C. § 521(a)(2)(A)].
- V. Statement About Payment of an Eviction Judgment Against You (Official Form 101B) if you filed Official Form 101A (see E), this form must be filed within 30 days after the filing of the Voluntary Petition if the debtor(s) wishes to stay in their residence for more than 30 days after filing the Voluntary Petition.

Optional Form with No Deadline for Filing

 W. Debtor's Request to Activate Electronic Noticing (DeBN) (local form F 9036-1.1.DeBN.ACTIVATE) – this is an *optional* form for individual debtors to request orders and court-generated notices by email (at no cost) through the <u>DeBN</u> program, instead of by U.S. mail. If filing electronically, this document *must* be filed separately from the other documents in this package.

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

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

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

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

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

Chapter 7: Liquidation

	\$245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
	\$338	total fee

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

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

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

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

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

You may also be required to pay debts arising from:

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

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

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

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

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

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

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$571	administrative fee
	\$1,738	total fee

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

Read These Important Warnings

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

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

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

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

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

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

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

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

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

Warning: File Your Forms on Time

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

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

http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

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

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

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

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

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <u>http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</u>.

In Alabama and North Carolina, go to: <u>http://www.uscourts.gov/services-</u> forms/bankruptcy/credit-counseling-anddebtor-education-courses.

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

Requirements for Master Mailing List of Creditors

A Master Mailing List of Creditors, with the names and addresses of the creditors, must be filed in all bankruptcy cases and must be submitted in the following format (see Example of Format for Master Mailing List of Creditors on the next page):

- Typed on blank, unlined, standard white 8-1/2 x 11 inch medium weight paper using uppercase and lowercase letter quality fonts, no smaller than 10 point nor greater than 14 point, in either Arial, Calibri, Cambria, Courier, Times New Roman, Helvetica, Geneva, or Letter Gothic.
- 2. Typed in a single column with no letters closer than 1-1/2 inches from any edge of the paper and left justified.
- 3. Typed with no more than **8 name/address blocks per page**. Each block must consist of no more than **4 lines total for each** name/address with at least **2 blank lines** in between.
- Master Mailing List pages must list the creditors from Schedules D, and E/F of the bankruptcy case filing. Use as many pages as needed. *Do not include* the debtor, joint debtor, U.S. Trustee, Internal Revenue Service, or Franchise Tax Board on the Master Mailing List.
- 5. Each line can be no more than 35 characters in length including spaces. The attention line, if any, must be included on the second line of the block. DO NOT INCLUDE ACCOUNT NUMBERS. The city, state (2-letter abbreviation in capital letters only, e.g., CA), and zip code must be on the last line. Nine-digit zip codes should be separated by a hyphen.
- 6. Do not use punctuation, except for one comma between city and state (for example Los Angeles, CA 90012).

Example of Format for Master Mailing List of Creditors

Acme Auto Repair 1234 S Street Los Angeles, CA 90005

Acme Hair Repair Attn Herman 1234 S Ave Los Angeles, CA 90005-0001

Acme Dental Clinic 745 Tungsten Boulevard Hollywood, CA 90027

Acme Talent Agency 421 N Copper Canyon Way Burbank, CA 91505-0002

Loans By Acme 7485 Chromium Circle Beverly Hills, CA 90210

Acme And Sons Insurance Attn D Acme 13363 Roads End Street Suite 25 Van Nuys, CA 91401

Acme Bar and Grill 114 Aluminum Alley Chatsworth, CA 91313

Definition of Terms

Automatic Stay – An injunction that automatically stops lawsuits, foreclosures, garnishments, and most collection activities against the debtor the moment a bankruptcy petition is filed.

Bankruptcy Code – The Bankruptcy Code (also referred to as 11 U.S.C.) is the bankruptcy law portion of the United States Code and is available online at <u>http://law.abi.org/</u>.

The Central Guide – The Central Guide serves as the administrative portion of the Local Bankruptcy Rules. It lists all the documents that must be prepared in order to file bankruptcy. The Central Guide also contains other useful information for the public, including filing fees and procedures, telephone numbers, clerical and mechanical rules, and instructions and guides for public access to court dockets, records, and court technology. The Central Guide is available online at https://www.cacb.uscourts.gov/the-central-guide.

Debtor – An individual or non-individual that has filed a petition for relief under the Bankruptcy Code.

FRBP – The Federal Rules of Bankruptcy Procedure (FRBP) govern procedures for bankruptcy proceedings and are available online at <u>http://law.abi.org/</u>.

Local Bankruptcy Rules (LBRs) – The Local Bankruptcy Rules (LBRs) are a set of procedures and mandatory requirements for bankruptcy cases and proceedings in the Central District of California. LBRs also give parties and their attorneys instructions for getting their requests in front of the judge and list requirements for attorneys, trustees, and other parties who work for a bankruptcy estate. LBRs are available on the Court's website at <u>http://www.cacb.uscourts.gov/local-rules</u>.

LBR Forms – Local Bankruptcy Rules Forms are approved by the Bankruptcy Court for the Central District of California and work in conjunction with the Local Bankruptcy Rules. LBR forms are available online at www.cacb.uscourts.gov/forms/local_bankruptcy_rules_forms

Non-Individual – A corporation, partnership, unincorporated association, or trust.

Official Forms – Official Forms are approved for use by the United States Courts for national use and are available at <u>www.uscourts.gov/forms/bankruptcy-forms</u>. Many often used Official Forms are also available on the Court's website at <u>http://www.cacb.uscourts.gov/forms</u>.

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of _

Case number (If known): ____

Official Form 121 Statement About Your Social Security Numbers

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Use this form to tell the court about any Social Security or federal Individual Taxpayer Identification numbers you have used. Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

To protect your privacy, the court will not make this form available to the public. You should not include a full Social Security Number or Individual Taxpayer Number on any other document filed with the court. The court will make only the last four digits of your numbers known to the public. However, the full numbers will be available to your creditors, the U.S. Trustee or bankruptcy administrator, and the trustee assigned to your case.

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

Part 1: Tell the Court	art 1: Tell the Court About Yourself and Your spouse if Your Spouse is Filing With You		
	For Debtor 1:	For Debtor 2 (Only If Spouse Is Filing):	
1. Your name			
	First name	First name	
	Middle name	Middle name	
	Last name	Last name	
Part 2: Tell the Court	About all of Your Social Security or Federal Indiv	vidual Taxpayer Identification Numbers	
2. All Social Security Numbers you have used			
	You do not have a Social Security number.	You do not have a Social Security number.	
3. All federal Individual Taxpayer Identification	9	9	
Numbers (ITIN) you have used	9	9	
Part 3: Sign Below	You do not have an ITIN.	You do not have an ITIN.	
	Under penalty of perjury, I declare that the information I have provided in this form is true and correct.	Under penalty of perjury, I declare that the information I have provided in this form is true and correct.	
	×	×	
	Signature of Debtor 1	Signature of Debtor 2	
	Date MM / DD / YYYY	Date MM / DD / YYYY	

Statement About Your Social Security Numbers

Fill in this information	to identify your case:
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United States Bankruptcy Court for the:	
	apter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy 06/24

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

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

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example,	First name	First name
	your driver's license or passport).	Middle name	Middle name
	Bring your picture identification to your meeting	Last name	Last name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2	All other names you		
2.	All other names you have used in the last 8 years	First name	First name
	Include your married or	Middle name	Middle name
	maiden names and any assumed, trade names and <i>doing business as</i> names.	Last name	Last name
	Do NOT list the name of any	First name	First name
	separate legal entity such as a corporation, partnership, or LLC that is not filing this	Middle name	Middle name
	petition.	Last name	Last name
		Business name (if applicable)	Business name (if applicable)
		Business name (if applicable)	Business name (if applicable)
3.	Only the last 4 digits of your Social Security	xxx – xx –	xxx – xx –
	number or federal Individual Taxpayer	OR	OR
	Identification number (ITIN)	9 xx - xx	9 xx - xx

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

De	btor 1 First Name Middle Nam		Case number (if known)				
	First Name Middle Nam	e	Last Name				
Pa	art 2: Tell the Court Abou	t Your B	ankruptcy Case				
7.	The chapter of the Bankruptcy Code you			brief description of each, see <i>Notice Required by 11 U.S.C. § 342(b) for Individuals Filing</i> form 2010)). Also, go to the top of page 1 and check the appropriate box.			
	are choosing to file under	🖵 Cha	oter 7				
		🖵 Cha	oter 11				
		🖵 Cha	oter 12				
		🖵 Chaj	oter 13				
8.	How you will pay the fee	local your subr with I nee Appl I req By la less pay	court for more details about how self, you may pay with cash, cas nitting your payment on your beh a pre-printed address. ed to pay the fee in installment ication for Individuals to Pay The uest that my fee be waived (Yo w, a judge may, but is not require than 150% of the official poverty	w you m hier's c half, you s. If you e Filing bu may red to, w line that oose th	ay pay. Typicall heck, or money ir attorney may p u choose this op Fee in Installme request this optivaive your fee, a at applies to you is option, you m	order. If your attorney is bay with a credit card or check tion, sign and attach the <i>nts</i> (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i>	
9.	Have you filed for bankruptcy within the		District	Mhon			
	last 8 years?	Tes.	District	_ when	MM / DD / YYYY	Case number	
			District	_ When	MM / DD / YYYY	Case number	
			District	_ When		Case number	
					MM / DD / YYYY		
10.	Are any bankruptcy	🛛 No					
	cases pending or being filed by a spouse who is	C Yes.	Debtor			Relationship to you	
	not filing this case with you, or by a business partner, or by an affiliate?		District	_ When	MM/DD/YYYY	Case number, if known	
			Debtor			Relationship to you	
			District	_ When	MM / DD / YYYY	Case number, if known	
11.	Do you rent your residence?	☐ No. ☐ Yes.	 Go to line 12. Has your landlord obtained an evic No. Go to line 12. Yes. Fill out <i>Initial Statement Alpart</i> of this bankruptcy petition. 			? <i>Against You</i> (Form 101A) and file it as	

Del	otor	1
-----	------	---

Middle Name

Last Name

Case number (if known)_

Part 3: Report About Any Businesses You Own as a Sole Proprietor								
12. Are you a sole pro of any full- or part		No. Go to Part 4.						
business?		Yes. Name and location of business						
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one		Name of business, if any						
sole proprietorship, us separate sheet and a to this petition.	se a	City		State	ZIP Code			
		Check the appropriate box	to describe your business:					
		☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))						
		Single Asset Real Esta	Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))					
		Stockbroker (as define	d in 11 U.S.C. § 101(53A))					
		Commodity Broker (as	Commodity Broker (as defined in 11 U.S.C. § 101(6))					
		□ None of the above						
Chapter 11 of the Bankruptcy Code	Bankruptcy Code, and are you a <i>small business</i> most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return of if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).				s debtor, you must attach your and federal income tax return or			
For a definition of sm	For a definition of <i>small</i> No. I am not filing under Chapter 11.							
business debtor, see 11 U.S.C. § 101(51D).				or according to the definition in				
Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.								
	Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.							

btor 1				Case number (if known)					
	First Name	Middle Name		Last Name					
	-								
art 4:	Report if Y	'ou Own d	or Have	Any Hazardous Prop	erty or Any	Property That	at Needs Im	mediate /	Attention
	ou own or ha		🛛 No						
	erty that pos			What is the hazard?					
	ed to pose a minent and	threat	— 163.						
	tifiable hazar	d to							
	ublic health or safety? If do you own any roperty that needs nmediate attention?			• • • • • • • • • • • • • • • • • • •					
		If immediate attention							
				s needed, wh	/ is it needed? _				
	xample, do you								
	able goods, or								
	nust be fed, or a								
	eeds urgent rep	bairs?		Where is the property?					
				,	Number	Street			
					City			State	ZIP Code
					City			Siale	ZIP Code

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

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

First Name

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

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

About Debtor 1:

You must check one:

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

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

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

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

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

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

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

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

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

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

- □ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

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

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

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

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

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

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

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

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

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

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

Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

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

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

Middle Name

Last Name

Case number (if known)_

Part 6: Answer These Qu	estions for Reporting Purpo	ses					
16. What kind of debts do you have?	16a. Are your debts prima as "incurred by an individu	rily consumer debts? Consumer debuild a primarily for a personal, family, or hou	ots are defined in 11 U.S.C. § 101(8) sehold purpose."				
you nave :	No. Go to line 16b.Yes. Go to line 17.						
		rily business debts? Business debts nvestment or through the operation of the					
	No. Go to line 16c.Yes. Go to line 17.						
	16c. State the type of debts yo	u owe that are not consumer debts or bus	siness debts.				
17. Are you filing under Chapter 7?	No. I am not filing under C	No. I am not filing under Chapter 7. Go to line 18.					
Do you estimate that aft any exempt property is excluded and administrative expenses are paid that funds will available for distribution to unsecured creditors?	administrative expenses are paid that funds will be available to distribute to unsecured creditors?						
18. How many creditors do	1 -49	1,000-5,000	25,001-50,000				
you estimate that you owe?	5 0-99	5 ,001-10,000	5 50,001-100,000				
	100-199 200-999	10,001-25,000	More than 100,000				
19. How much do you	\$0-\$50,000	\$ 1,000,001-\$10 million	\$ 500,000,001-\$1 billion				
estimate your assets to be worth?	\$ 50,001-\$100,000	\$10,000,001-\$50 million	u \$1,000,000,001-\$10 billion				
be worth?	 \$100,001-\$500,000 \$500,001-\$1 million 	 \$50,000,001-\$100 million \$100,000,001-\$500 million 	 \$10,000,000,001-\$50 billion More than \$50 billion 				
20. How much do you	\$0-\$50,000	\$ 1,000,001-\$10 million	\$ 500,000,001-\$1 billion				
estimate your liabilities to be?	\$50,001-\$100,000	\$10,000,001-\$50 million	\$ 1,000,000,001-\$10 billion				
	\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$100 million \$100,000,001-\$500 million	\$10,000,000,001-\$50 billion More than \$50 billion				
Part 7: Sign Below							
For you	I have examined this petition, a correct.	and I declare under penalty of perjury that	the information provided is true and				
	If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.						
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
	I request relief in accordance v	vith the chapter of title 11, United States (Code, specified in this petition.				
	with a bankruptcy case can res	I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.					
	*	*					
	Signature of Debtor 1	Signatur	e of Debtor 2				
	Executed on	Execute	d on				

Debtor 1		Case number (if known)					
First Name Middle Nam	e Last Name						
	· · · · · · · · · · · · · · · · · · ·						
For your attorney, if you are	I, the attorney for the debtor(s) named in this p						
represented by one	to proceed under Chapter 7, 11, 12, or 13 of tit						
represented by one	available under each chapter for which the pers						
	the notice required by 11 U.S.C. § 342(b) and,	in a case in which § 707(b)(4)(D) applies, certify that I have no				
If you are not represented	knowledge after an inquiry that the information						
by an attorney, you do not							
need to file this page.	10						
nood to mo the page	×	Date					
	Signature of Attorney for Debtor		MM / DD /YYYY				
	Signature of Attorney for Debtor						
	Printed name						
	Finited hame						
	Firm name						
	Fillinanie						
	Number Street						
	Number Street						
	City	State	ZIP Code				
	Contact phone	Email address					
	Bar number	State	-				
		Slale					

Debtor 1

First Name

Last Name

Case number (if known)_

For you if you are filing this The law allows you, as an individual, to represent yourself in bankruptcy court, but you bankruptcy without an should understand that many people find it extremely difficult to represent attorney themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. If you are represented by To be successful, you must correctly file and handle your bankruptcy case. The rules are very an attorney, you do not technical, and a mistake or inaction may affect your rights. For example, your case may be need to file this page. dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? No □ Yes Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? □ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? Yes. Name of Person_ Attach Bankruptcy Petition Preparer's Notice. Declaration. and Signature (Official Form 119). By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case. X х Signature of Debtor 1 Signature of Debtor 2 Date Date MM / DD / YYYY MM / DD / YYYY Contact phone Contact phone Cell phone Cell phone

Email address

Email address

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

Official Form 101A Initial Statement About an Eviction Judgment Against You

12/15

File this form with the court and serve a copy on your landlord when you first file bankruptcy only if:

- you rent your residence; and
- your landlord has obtained a judgment for possession in an eviction, unlawful detainer action, or similar proceeding (called *eviction judgment*) against you to possess your residence.

ndlord's name						
dlord's address	Number	r Street				
	City		State	ZIP Code		
vant to stay in yo	our rente	d residence after	you file your case for	r bankruptcy, als	so complete the certification below.	
Certification	About	Applicable Law	and Deposit of Re	nt		
I certify under pe	enalty of	perjury that:				
			law that applies to the by paying my landlord t		ssession (<i>eviction judgment</i>), Jent amount.	
the Voluntar			a deposit for the rent th <i>ling for Bankruptcy</i> (Offi	icial Form 101).	during the 30 days after I file	
Signatur	re of Debto	 or 1		Signature of Debtor 2		
Date				ſ	Date	
M	M/ DD	/YYYY			MM / DD / YYYY	
•		andlord with a copy of t nuation of the eviction a	this statement, the against you for 30	es above, signed the form to certify that both apply, e automatic stay under 11 U.S.C. § 362(a)(3) will) days after you file your <i>Voluntary Petition for</i>		
	(b)	receive the protect amount to your lar out Statement Abo	ction of the automatic st ndlord as stated in the o out Payment of an Evic	tay under 11 U.S. eviction judgment ction Judgment Ag	residence after that 30-day period and continue to .C. § 362(a)(3), you must pay the entire delinquent t before the 30-day period ends. You must also fill <i>gainst You</i> (Official Form 101B), file it with the ore the 30-day period ends.	

Check the Bankruptcy Rules (http://www.uscourts.gov/rules-policies/current-rules-practice-procedure) and the local court's website (to find your court's website, go to http://www.uscourts.gov/court-locator) for any specific requirements that you might have to meet to serve this statement. 11 U.S.C. §§ 362(b)(22) and 362(I)

STATEMENT OF RELATED CASES INFORMATION REQUIRED BY LBR 1015-2 UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

- 1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
- 2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
- 3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
- 4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at _____, California

Signature of Debtor 1

Date:

Signature of Debtor 2

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

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

Check if this is an amended filing

Official Form 106Sum

Summarize Your Assets

Part 1:

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

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

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

Part New Lastines Part 42 Answer These Questions for Administrative and Statistical Records 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Yes 7. What kind of debt do you have? Yes 9 Yes Yes 7. What kind of debt do you have? Yes 9 Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal. 1 family, or household purpose. 11 U.S.C. 5 (101(8). Fill out lines 8-8g for statistical purposes. 28 U.S.C. § 158. 9 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11: OR. Form 122A-1 Line 14. S	Debtor 1	Case number (<i>it known</i>)								
			· · · · · · · · · · · · · · · · · · ·							
No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes ?. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official form 122A-1 Line 11; OR, Form 122D-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 9d. Student loans. (Copy line 6f.) 9d. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	Part 4:	Answer These Questions for Administrative and Statistical Records								
7. What kind of debt do you have? 7. What kind of debt do you have? Image: the state primarity consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Image: the state net primarity consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F. 9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9c. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9c. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9c. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9c. Obligations arising out of a separation agreement or divorce that you did not report as	6. Are yo	5. Are you filing for bankruptcy under Chapters 7, 11, or 13?								
Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: 9. Total claim From Part 4 on Schedule E/F, copy the following: \$										
family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Our debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$	7. What	kind of debt do you have?								
this form to the court with your other schedules.										
Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$		t of the form. Check this box and submit								
Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$										
From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$	9. Copy	the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :								
9a. Domestic support obligations (Copy line 6a.) \$			Total claim							
9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$	Fror	n Part 4 on <i>Schedule E/F</i> , copy the following:								
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$	9a. Do	omestic support obligations (Copy line 6a.)	\$							
9d. Student loans. (Copy line 6f.) \$	9b. Ta	xes and certain other debts you owe the government. (Copy line 6b.)	\$							
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$	9c. Cli	aims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$							
priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$	9d. St	udent loans. (Copy line 6f.)	\$							
			\$							
9g. Total. Add lines 9a through 9f. \$	9f. De	bts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$							
	9g. To	tal. Add lines 9a through 9f.	\$							

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

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

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

Part 1:	Describe Each Residence, Building,	Land, or Other Real Estate You Own or Hav	e an Interest In	
. Do yo	u own or have any legal or equitable interes	st in any residence, building, land, or similar prope	erty?	
	b. Go to Part 2.			
□ Ye 1.1.	es. Where is the property?	 What is the property? Check all that apply. Single-family home Duplex or multi-unit building 	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule D:
	Street address, if available, or other description	 Condominium or cooperative Manufactured or mobile home Land 	Current value of the entire property?	Current value of the portion you own? \$
	City State ZIP Code	 Investment property Timeshare Other Who has an interest in the property? Check one. 	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	County	 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another 	Check if this is co (see instructions)	mmunity property
lf you	own or have more than one, list here:	Other information you wish to add about this its property identification number:		nime or exemptions. Put
1.2.	Street address, if available, or other description	Single-family homeDuplex or multi-unit building	the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
		 Condominium or cooperative Manufactured or mobile home Land 	Current value of the entire property?	Current value of the portion you own?
	City State ZIP Code	 Land Investment property Timeshare Other 	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	County	 Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only 		
		Debtor 1 and Debtor 2 onlyAt least one of the debtors and another	Check if this is co (see instructions)	mmunity property
		Other information you wish to add about this iter property identification number:	m, such as local	

Debtor 1	
----------	--

1.3.	Street address, if available, or other description	 What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Do not deduct secured cla the amount of any secured <i>Creditors Who Have Clain</i> Current value of the entire property? \$ Describe the nature of interest (such as fees the entireties, or a life	d claims on <i>Schedule D:</i> as Secured by Property. Current value of the portion you own? \$
	County	 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this iter property identification number:		mmunity property
		l of your entries from Part 1, including any entries nere.		\$
you own	that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles o	st in any vehicles, whether they are registered or r e, also report it on <i>Schedule G: Executory Contracts a</i> , motorcycles		5
3.1.	Make: Model:	Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule D:
	Year: Approximate mileage: Other information:	 Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another 	Current value of the entire property?	Current value of the portion you own?
lf you	own or have more than one, describe here:	Check if this is community property (see instructions)	\$	\$
3.2.	Make: Model:	Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule D:
	Year:Approximate mileage:	 Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another 	Current value of the entire property?	Current value of the portion you own?
	Other information:	Check if this is community property (see instructions)	\$	\$

Make: Model: Year:	Who has an interest in the property? Check one.		
Year:			aims or exemptions. Put
	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
	Debtor 2 only	Current value of the	Current value of the
Approximate mileage:	 Debtor 1 and Debtor 2 only At least one of the debtors and another 	entire property?	portion you own?
Other information:			
	Check if this is community property (see instructions)	\$	\$
Make:	Who has an interest in the property? Check one.		
Model:	Debtor 1 only		
Year:	-	Current value of the	Current value of the
Approximate mileage:	-	entire property?	portion you own?
•			
	Check if this is community property (see instructions)	\$	\$
s Make:	Who has an interest in the property? Check one.		
Model:	Debtor 1 only		
Year:	-		
Other information:	 Debtor 1 and Debtor 2 only At least one of the debtors and another 	Current value of the entire property?	Current value of the portion you own?
	Check if this is community property (see instructions)	\$	\$
own or have more than one, list here			
Make:		Do not deduct secured cla the amount of any secure	
Model:	Debtor 1 only	Creditors Who Have Clair	
	 Debtor 2 only Debtor 1 and Debtor 2 only 	Current value of the	Current value of the
Year:		entire property?	
Year: Other information:	At least one of the debtors and another		portion you own?
	Model:	Make: Wake: Wake: Wake: Wake: Check if mis an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor	Model: Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Current value of the entire property? At least one of the debtors and another Traft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Instructions) Traft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Ides: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Make: Do not deduct secured det the amount of any secure Creditors Who Have Clair Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Current value of the entire property? Model: Check if this is community property (see instructions) wun or have more than one, list here: Wake: Who has an interest in the property? Check one. Do not deduct secured det Do not deduct secured det

Middle Name

Last Name

Pa	art 3: Describe Your Personal and Household Items	
Do	o you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings	
	Examples: Major appliances, furniture, linens, china, kitchenware	
	No Yes. Describe	\$
7	Electronics	
7.	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	□ No □ Yes. Describe	\$
8.	Collectibles of value	
	 Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No 	
	Yes. Describe	\$
9.	Equipment for sports and hobbies	
	 Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No 	
	Yes. Describe	\$
10). Firearms	
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	Yes. Describe	\$
11	Clothes	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	Yes. Describe	\$
10	2. Jewelry	
12	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	No	\$
13	B. Non-farm animals <i>Examples:</i> Dogs, cats, birds, horses	
	No Yes. Describe	¢
		\$
14	Any other personal and household items you did not already list, including any health aids you did not list	
	 No Yes. Give specific 	7
	information	\$
15	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	\$
	for Part 3. Write that number here	

Middle Name Last Name

o you own or have any	legal or equitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claim or exemptions.
6. Cash <i>Examples:</i> Money you	have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file	your petition	
D No				
Q Yes		Ci	ash:	\$
and other s		unts; certificates of deposit; shares in credit unions, b nultiple accounts with the same institution, list each.	prokerage houses,	
 No Yes 		Institution name:		
	17.1. Checking account:			\$
	-			
	17.2. Checking account:			\$
	17.3. Savings account:			\$
	17.4. Savings account:			\$
	17.5. Certificates of deposit:			\$
	17.6. Other financial account:			\$
	17.7. Other financial account:			\$
	17.8. Other financial account:			\$
	17.9. Other financial account:			\$
	or publicly traded stocks investment accounts with brok	erage firms, money market accounts		
9. Non-publicly traded s an LLC, partnership, a		rated and unincorporated businesses, including	an interest in	
	Name of entity:	%	of ownership:	
Yes. Give specific		/0	•	\$
information about them				\$
			%	¢

No			
Yes. Give specific	Issuer name:		
information about them			\$
			\$
			\$
irement or pension		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
No	INA, EINIOA, Neogii, 40		
Yes. List each			
account separately.	Type of account:	Institution name:	
	401(k) or similar plan:		\$
	Pension plan:		\$
	IRA:		\$
	Retirement account:		\$
	Keogh:		\$
	-		\$
	Additional account:		
	Additional account:		¢.
r share of all unuse	d deposits you have m	ade so that you may continue service or use from a company	\$
r share of all unused mples: Agreements ipanies, or others No	d deposits you have m with landlords, prepaid	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	۵
r share of all unused mples: Agreements ipanies, or others No	d deposits you have m with landlords, prepaid	ade so that you may continue service or use from a company	\$
r share of all unused mples: Agreements ipanies, or others No	d deposits you have m with landlords, prepaid Ins Electric:	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	\$
r share of all unused mples: Agreements ipanies, or others No	d deposits you have m with landlords, prepaid Ins Electric: Gas:	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	\$\$
r share of all unused mples: Agreements panies, or others No	d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil:	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$
r share of all unused mples: Agreements ipanies, or others No	d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	\$\$ \$\$
r share of all unused mples: Agreements panies, or others No	d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil:	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$
r share of all unused mples: Agreements panies, or others No	d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent:	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$ \$\$\$
r share of all unused mples: Agreements ipanies, or others No	d deposits you have m with landlords, prepaid lns Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water:	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	\$\$ \$\$
r share of all unused mples: Agreements panies, or others No	d deposits you have m with landlords, prepaid Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture:	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$
r share of all unused mples: Agreements panies, or others No	d deposits you have m with landlords, prepaid lns Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water:	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	\$\$ \$\$ \$\$\$
r share of all unused mples: Agreements ipanies, or others No Yes	d deposits you have m with landlords, prepaid lns Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$
r share of all unused mples: Agreements panies, or others No Yes	d deposits you have m with landlords, prepaid lns Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$
n share of all unused imples: Agreements ipanies, or others No Yes	d deposits you have m with landlords, prepaid lins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	eade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications etitution name or individual: 	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$
ur share of all unused amples: Agreements npanies, or others No Yes	d deposits you have m with landlords, prepaid lns Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	eade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications etitution name or individual: 	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$
amples: Agreements npanies, or others No Yes	d deposits you have m with landlords, prepaid lins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	eade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications etitution name or individual: 	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$

Last Name

24. Interests in an education IR 26 U.S.C. §§ 530(b)(1), 529A	A, in an account in a qualified ABLE program, or under a qualified state (b), and 529(b)(1).	ate tuition program.	
□ Yes	Institution name and description. Separately file the records of any inter	ests.11 U.S.C. § 521(c)	:
			\$
			\$
			\$\$
			Ψ
25. Trusts, equitable or future i exercisable for your benefi	nterests in property (other than anything listed in line 1), and rights o	or powers	
🔲 No			
Yes. Give specific information about them			\$
	harks, trade secrets, and other intellectual property ames, websites, proceeds from royalties and licensing agreements		1
No No			
Yes. Give specific information about them			\$
7. Licenses, franchises, and c <i>Examples</i> : Building permits, e	ther general intangibles exclusive licenses, cooperative association holdings, liquor licenses, profe	ssional licenses	
No			
Yes. Give specific information about them			\$
foney or property owed to yo	u?		Current value of the portion you own? Do not deduct secured claims or exemptions.
			claims of exemptions.
8. Tax refunds owed to you			
 No Yes. Give specific information 	stion		
about them, includin		Federal:	ξ
you already filed the and the tax years		State:	\$
		Local:	\$
	1		
29. Family support			
	sum alimony, spousal support, child support, maintenance, divorce settlen	nent, property settlemer	nt
No No			
Yes. Give specific information	ation	Alimony:	¢
		Maintenance:	\$ \$
		Support:	\$ \$
		Divorce settlement:	\$ \$
		Property settlement:	Ψ \$
		r roperty settlement.	Ψ
30. Other amounts someone ov Examples: Unpaid wages, dis Social Security be	wes you sability insurance payments, disability benefits, sick pay, vacation pay, wo enefits; unpaid loans you made to someone else	rkers' compensation,	
D No			_
Yes. Give specific information	ation		
			\$

Last Name

31. Interests in insurance policies Examples: Health, disability, or life	e insurance; health savings account (HSA);	credit, homeowner's, or renter's insurance	
🗖 No			
Yes. Name the insurance com of each policy and list its		Beneficiary:	Surrender or refund value:
			\$
			\$
			¢
			Ψ
If you are the beneficiary of a livin property because someone has d		ce policy, or are currently entitled to receive	
D No			_
Yes. Give specific information	h		\$
			Φ
Examples: Accidents, employmer	nether or not you have filed a lawsuit or in the disputes, insurance claims, or rights to su		
No			
Yes. Describe each claim			\$
34 Other contingent and unliquidat	ted claims of every nature, including cou	interclaims of the debtor and rights	
to set off claims			
D No			_
Yes. Describe each claim			\$
			⊅
35. Any financial assets you did no	t already list		
No			
Yes. Give specific information	h		\$
36. Add the dollar value of all of yo	our entries from Part 4, including any ent	ries for pages you have attached	
for Part 4. Write that number he	ere	→	\$
Part 5: Describe Any Bus	iness-Related Property You Ow	n or Have an Interest In. List any r	eal estate in Part 1.
, , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·	
37. Do you own or have any legal o	r equitable interest in any business-relat	ted property?	
No. Go to Part 6.			
Yes. Go to line 38.			
			Current value of the
			portion you own?
			Do not deduct secured claims or exemptions.
38. Accounts receivable or commis	sions vou already earned		
Yes. Describe]
			\$
39. Office equipment, furnishings,	and supplies		-
		nes, rugs, telephones, desks, chairs, electronic devices	
🗖 No			
Yes. Describe			\$
			Y

Debtor	1
--------	---

Middle Name

Last Name

40. Machinery, fixtures, e	equipment, supplies you use in business, and tools of your trade		
D No			_
Yes. Describe			\$
l			
41. Inventory			
□ No			1
Yes. Describe			\$
L			
42. Interests in partnersh	ips or joint ventures		
D No			
Yes. Describe	Name of entity:	% of ownership:	
		%	\$
		%	\$
		%	\$
	ng lists, or other compilations		
	include personally identifiable information (as defined in 11 U.S.C. § 101(41A	\\ 2	
)):	
Yes. Desc	rihe		1
			\$
	property you did not already list		
NoYes. Give specific			
information			\$
			\$
			\$
			\$
			\$\$
			\$
	of all of your entries from Part 5, including any entries for pages you have at		\$
for Part 5. Write that	number here	→	Ψ
	ny Farm- and Commercial Fishing-Related Property You Own or Ha	ve an Interest In	
it you own o	r have an interest in farmland, list it in Part 1.		
46 Do you own or have a	any legal or equitable interest in any farm- or commercial fishing-related prop	perty?	
No. Go to Part 7.			
Yes. Go to line 47.			
			Current value of the
			portion you own?
			Do not deduct secured claims or exemptions.
47. Farm animals			
	poultry, farm-raised fish		
D No			
Yes]
			\$

Debtor 1			Case number (if known)	
	First Name Last Name Last Name			
48. Crops —	either growing or harvested			
D No				7
	Give specific nation			\$
49. Farm an	d fishing equipment, implements, machinery, fixtur	res, and tools of trac	de	
]
				\$
	d fishing supplies, chemicals, and feed			
No Yes.				7
				\$
51. Any farn	n- and commercial fishing-related property you did	not already list		
	Give specific nation			\$
	dollar value of all of your entries from Part 6, inclu 6. Write that number here			\$
			-	
Part 7:	Describe All Property You Own or Have	an Interest in	That You Did Not List Above	
	Describe All Property Tod Own of Have			
	have other property of any kind you did not already : Season tickets, country club membership	y list?		
🛛 No				¢
	Give specific nation			ծ Տ
				\$
54. Add the	dollar value of all of your entries from Part 7. Write	that number here	→	\$
Part 8:	List the Totals of Each Part of this For	m		
55. Part 1: T	otal real estate, line 2			\$
56. Part 2: T	otal vehicles, line 5	\$		
57. Part 3: T	otal personal and household items, line 15	\$		
58. Part 4: T	otal financial assets, line 36	\$		
59. Part 5: T	otal business-related property, line 45	\$		
60. Part 6: T	otal farm- and fishing-related property, line 52	\$		
61. Part 7: T	otal other property not listed, line 54	+ \$		
62. Total pe	rsonal property. Add lines 56 through 61.	\$	Copy personal property total →	+\$
63. Total of	all property on Schedule A/B. Add line 55 + line 62			\$

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for	the: District o	f
Case number (If known)			
Official F	orm 106C	,	

Fill in this information to identify your case:

Check if this is an amended filing

Official Form 106C Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the P	roperty You	Claim as	Exempt
i ai t i i	naonin' ino i	iopolity iou	orann ao	Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

□ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description: Line from Schedule A/B:	\$	 \$ 100% of fair market value, up to any applicable statutory limit 	
	Brief description: Line from Schedule A/B:	\$	 \$ 100% of fair market value, up to any applicable statutory limit 	
	Brief description: Line from Schedule A/B:	\$	 \$ 100% of fair market value, up to any applicable statutory limit 	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/28 and every 3 No Yes. Did you acquire the property covered No Yes	years after that for cases		

Middle Name Last Name

Case number (if known)_

Brief description of the property and on <i>Schedule A/B</i> that lists this property		Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	\$	\$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief	\$	□ \$	
description:	Ŧ	 100% of fair market value, up to 	

Schedule A/B:

any applicable statutory limit

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

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property 12/15

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

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

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

Part 1: List All Secured Claims

for each claim. If more than one creditor h As much as possible, list the claims in alp	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. nabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
	Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan) Gar Joan Statutory lien (such as tax lien, mechanic's lien)			
 Debtor 1 and Debtor 2 only At least one of the debtors and another 	 Judgment lien from a lawsuit 			
At least one of the debtors and another	 Other (including a right to offset) 			
Check if this claim relates to a community debt		_		
Date debt was incurred	Last 4 digits of account number			
-	Last 4 digits of account number Describe the property that secures the claim:	\$	\$\$	\$
Date debt was incurred		\$	\$	\$
Date debt was incurred 2.2 Creditor's Name		\$	\$	\$
Date debt was incurred	Describe the property that secures the claim:	\$	\$	\$
Date debt was incurred 2.2 Creditor's Name	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply.	\$	\$:	\$
Date debt was incurred 2.2 Creditor's Name	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent	\$	\$	\$
Date debt was incurred	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$	\$	\$
Date debt was incurred	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	\$	\$
Date debt was incurred	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$	\$	\$
Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured	\$	\$;	\$
Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan)	\$	\$:	\$
Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)	\$	\$	\$
Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit		\$;	\$
Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)		\$;	\$
Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit		\$;	\$

Middle Name Last Name

Case number (if known)_

Part 1:	Additional Page After listing any entries on this p by 2.4, and so forth.	age, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Creditor	's Name	Describe the property that secures the claim:	\$	\$	\$
City Who ow Debt Debt At le Che com	State ZIP Code res the debt? Check one. for 1 only for 2 only for 1 and Debtor 2 only ast one of the debtors and another ck if this claim relates to a simunity debt bt was incurred	 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
		-	<u>۴</u>	¢	¢
City Who ow Debt Debt At le Che com	State ZIP Code res the debt? Check one. for 1 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number	\$		\$
Creditor Number	's Name Street	As of the date you file, the claim is: Check all that apply. Contingent	\$	۵	۵
City	State ZIP Code	Unliquidated Disputed			
 Debt Debt Debt At le Che 	res the debt? Check one. for 1 only for 2 only for 1 and Debtor 2 only ast one of the debtors and another ck if this claim relates to a imunity debt	 Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
	bt was incurred	Last 4 digits of account number			
lf	this is the last page of your form,	in Column A on this page. Write that number here: add the dollar value totals from all pages.	\$		
	Irite that number here:		\$		

page ____ of ____

First Name Middle Name Last Name

Case number (if known)____

Pa	art 2:	ist Others to Be Notif	ied for a Debt	That You Already	Listed
ag yo	ency is tryi u have mor	ng to collect from you for a	a debt you owe to of the debts that	someone else, list th you listed in Part 1, li	a debt that you already listed in Part 1. For example, if a collection e creditor in Part 1, and then list the collection agency here. Similarly, if ist the additional creditors here. If you do not have additional persons to
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
	Tumbor				
					-
	City		State	ZIP Code	-
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
					_
					_
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
					-
	City		State	ZIP Code	-
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
					_
	Number	Street			
					-
	City		State	ZIP Code	-
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
					-
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
					_
	<u></u>		0		_
	City		State	ZIP Code	

	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
Case number	Bankruptcy Court for the:		_
(If known)			

Fill in this information to identify your case:

Check if this is an amended filing

Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims

. . . .

12/15

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

2.1 Image: constraint of the second second number indicated by the second second number indicated by the second second number indicated indi	Part 1: List All of Your PRIORITY Unsecu	ed Claims			
each claim isted, identify what type of claim it is. If a claim has both priority and onopriority amounts. Sum the as possible, list the claim is alphabetical order according to the creditor's name. If you have more than two priority amounts. As the debt incurred? 2.1 Issted is digits of account number \$\$\$ \$\$\$ \$\$\$ \$\$\$ 0 Stell As of the date you file, the claim is: Check all that apply. 0 Contingent Disputed 1 Disputed Disputed 1 Disputed Disputed 1 Disputed Stell 1 Number Street <t< th=""><th>No. Go to Part 2.</th><th>ns against you?</th><th></th><th></th><th></th></t<>	No. Go to Part 2.	ns against you?			
2.1 Total claim Priority amount 2.1 Priority Creditor's Name Last 4 digits of account number \$\$\$\$	each claim listed, identify what type of claim it is. I nonpriority amounts. As much as possible, list the	f a claim has both priority and nonpriority amounts, list th claims in alphabetical order according to the creditor's n	at claim here a ame. If you hav	nd show both ve more than t	priority and wo priority
1.1	(For an explanation of each type of claim, see the	instructions for this form in the instruction booklet.)			
Priority Creditor's Name Last 4 digits of account number\$\$\$\$\$\$\$			Total claim		Nonpriority amount
Number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Who incurred the debt? Check one. Debtor 1 only Disputed Debtor 1 only Debtor 2 only Demestic support obligations At least one of the debtors and another Claims for death or personal injury while you were intoxicated No Check if this claim is for a community debt Last 4 digits of account number Image: Priority Creditor's Name Last 4 digits of account number \$		Last 4 digits of account number	\$	_ \$	\$
City State ZIP Code Contingent Who incurred the debt? Check one. Debtor 1 only Disputed Debtor 1 only Debtor 2 only Domestic support obligations At least one of the debtors and another Check if this claim is for a community debt Domestic support obligations Is the claim subject to offset? Domestic support obligations Taxes and certain other debts you owe the government No Check if this claim is for a community debt Last 4 digits of account number \$	Number Street	When was the debt incurred?			
City State 2/P Code Unliquidated Unliquidated Debtor 1 only Disputed Debtor 2 only Type of PRIORITY unsecured claim: Debtor 3 only Domestic support obligations At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Domestic support obligations No Other. Specify Yes State Invide Last 4 digits of account number Yes State Invide State Vio incurred the debt? Check one. When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. City State Debtor 1 only Disputed Debtor 2 only Disputed Debtor 1 only Disputed Debtor 2 only Disputed Type of PRIORITY unsecured claim: Disputed Debtor 1 only Debtor 2 only Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were i		As of the date you file, the claim is: Check all that apply	/ .		
Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Other. Specify No Other. Specify Priority Creditor's Name Last 4 digits of account number Who incurred the debtor? Check one. S Priority Creditor's Name As of the date you file, the claim is: Check all that apply. City State Vincingent Unliquidated Unliquidated Disputed Who incurred the debtor's and another Contingent Unliquidated Disputed Priority Creditor's Name The of PRIORITY unsecured claim: Debtor 1 only Debtor 1 only Debtor 2 only Isputed Debtor 2 only Debtor 2 only Debtor 2 only Debetor 2 only Debtor	City State ZIP Code	Contingent			
□ Debtor 1 only □ Disputed □ Debtor 2 only Type of PRIORITY unsecured claim: □ Debtor 1 and Debtor 2 only □ Domestic support obligations □ At least one of the debtors and another □ Taxes and certain other debts you owe the government □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ No □ Other. Specify		Unliquidated			
□ Debtor 1 and Debtor 2 only □ □ At least one of the debtors and another □ □ Check if this claim is for a community debt □ Is the claim subject to offset? □ Other. Specify □ Yes □ .2 Priority Creditor's Name Last 4 digits of account number\$\$\$.2 Priority Creditor's Name Last 4 digits of account number	Debtor 1 only	Disputed			
 At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Claims for death or personal injury while you were intoxicated Other. Specify		Type of PRIORITY unsecured claim:			
Check if this claim is for a community debt Is the claim subject to offset? No Yes 2 Priority Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Whon incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No		Domestic support obligations			
Is the claim subject to offset? Image: Claim subject to offset? No Other. Specify Yes Image: Claim subject to offset? Priority Creditor's Name Last 4 digits of account number Number Street Number Street As of the date you file, the claim is: Check all that apply. City State Unliquidated Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No		Taxes and certain other debts you owe the government			
No Other. Specify Yes 1.2 Priority Creditor's Name Last 4 digits of account number Number Number Number Number Number <	-				
.2 Last 4 digits of account number\$\$\$	•	Other. Specify	_		
Priority Creditor's Name Class 4 digits of account number\$\$\$	Yes				
Number Street Number Street As of the date you file, the claim is: Check all that apply. City State City State City State Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Detor 1 and Debtor 2 only Detor 1 and Debtor 2 only Detor 1 and Debtor 2 only Claims for a community debt Is the claim subject to offset? Number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Disputed Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated <td></td> <td>Last 4 digits of account number</td> <td>\$</td> <td>\$</td> <td>\$</td>		Last 4 digits of account number	\$	\$	\$
As of the date you file, the claim is: Check all that apply. City State City State Debtor 1 only Disputed Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Claims for a community debt Is the claim subject to offset? Other. Specify	Priority Creditor's Name	When was the debt incurred?			
City State ZIP Code Who incurred the debt? Check one. Disputed Debtor 1 only Disputed Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Claims for a community debt Is the claim subject to offset? Other. Specify	Number Street	As of the date you file, the claim is: Check all that apply	/ .		
Who incurred the debt? Check one. Disputed Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other. Specify					
Implemented the destribution Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other. Specify	City State ZIP Code				
 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No 	Who incurred the debt? Check one.	Disputed			
Image: Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only Image: Debtor 1 and Debtor 2 only					
 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No 					
 At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No 					
Is the claim subject to offset? No 					
No No	lacksquare Check if this claim is for a community debt	intoxicated			
		Other. Specify	-		

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

Case number (if known)_

Debtor 1

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

Case number (if known)____

Debtor 1

Case number (if known)_

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

Part 3:

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

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
Neverbar	Office of			Line of (<i>Check one</i>):
Number	Street			Part 2: Creditors with Nonpriority Unsecured Clain
				Last 4 digits of account number
City		State	ZIP Code	
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (<i>Check one</i>): D Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
				Last 4 digits of account number
City		State	ZIP Code	-
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): 🖵 Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
		Otate	211 0000	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
				Line of (<i>Check one</i>): D Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
Number	Street			Line of (<i>Check one</i>):
Number	Sileer			Claims
				Last 4 divite of econumt number
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (<i>Check one</i>): D Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Claims
				Last 4 digits of account number
City		State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (<i>Check one</i>): D Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
		State	ZIP Code	Last 4 digits of account number
City		orate		

Part 4: A	4: Add the Amounts for Each Type of Unsecured Claim								
6. Total the a Add the a	amounts of certain types of unsecured claims. This informa mounts for each type of unsecured claim.	tion is	for statistical reporting purposes on	ly. 28 U.S.C. § 159.					
			Total claim						
Total claims	6a. Domestic support obligations	6a.	\$						
from Part 1	6b. Taxes and certain other debts you owe the government		\$						
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$						
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$						
	6e. Total. Add lines 6a through 6d.	6e.	\$						
			Total claim						
Total claims	6f. Student loans	6f.	\$						
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$						
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$						
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$						
	6j. Total. Add lines 6f through 6i.	6j.	\$						

Fill in this information to identify your case:					
Debtor	First Name	Middle Name	Last Name		
Debtor 2 (Spouse If filing)		Middle Name	Last Name		
United States					
Case number(If known)					

Check if this is an amended filing

Official Form 106G Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

Sec. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

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

	Person of	r company wi	ith whom you l	have the contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	

Case number (if known)_

		Additional Pa	ge if You Ha	ve More Contracts or Leas	ses
	Person	or company w	th whom you l	have the contract or lease	What the contract or lease is for
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	

	City
Offic	al Form 106H
Onio	

Fill in this information to identify your case:					
Debtor 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States E					
Case number (If known)					

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

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

 Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) No 										
	Yes									
2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)										
	D No. 0	Go to line 3.								
	Yes.	Did your spouse, former s	pouse, or legal equivalent live	e with you at the time?						
		lo								
			tate or territory did you live?		Fill in the name and current address of that person.					
	-	co. In which community of		•··						
	1	Name of your spouse, former spou	se, or legal equivalent							
	1	Number Street								
	ō	City	State	ZIP Code						
2	In Colum	on 1 list all of your code	btors. Do not includo vour s	nouso as a codobtor i	if your spouse is filing with you. List the person					
		•	•	•	. Make sure you have listed the creditor on					
		-			e G (Official Form 106G). Use Schedule D,					
		le E/F, or Schedule G to 1	•		e e (Onicial Portir 1000). Ose schedule D,					
	Concau									
	Column	1: Your codebtor			Column 2: The creditor to whom you owe the debt					
					Check all schedules that apply:					
0.4]				check all conceales that apply.					
3.1					Schedule D, line					
	Name				Schedule E/F, line					
	Number	Street								
	Number	Oliver			Schedule G, line					
	City		State	ZIP Code						
3.2										
	Name				Schedule D, line					
					Schedule E/F, line					
	Number	Street			Schedule G, line					
	City		State	ZIP Code						
3.3					Schedule D, line					
	Name									
					Schedule E/F, line					
	Number	Street			Schedule G, line					
	City		State	ZIP Code						
			- 1410							

Last Name

	Ad	dditional Page to Lis	st More Codebtors		
	Column 1:	Your codebtor			Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
3					Schedule D, line
	Name				Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
3					
	Name				 Schedule D, line Schedule E/F, line
					Schedule G, line
	Number	Street			
	City		State	ZIP Code	
3					
	Name				Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
	,				
3	Name				Schedule D, line
	Hamo				□ Schedule E/F, line
	Number	Street			Contraction Contra
	City		State	ZIP Code	
3					Schedule D, line
	Name				Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
3					Schedule D, line
	Name				Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
3					— Schedule D, line
	Name				Schedule E/F, line
	Neurolean				Schedule G, line
	Number	Street			
	City		State	ZIP Code	
3					
	Name				Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	

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

Official Form 1061 Schedule I: Your Income

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

Part 1: Describe Employment

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

12/15

_				
D	eb	to	r	1

Middle Name

Last Name

Case number (if known)_

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4.	\$	\$	
5. List all payroll deductions:				
	5.	•	^	
5a. Tax, Medicare, and Social Security deductions	5a.	\$		
5b. Mandatory contributions for retirement plans	5b. -	\$		
5c. Voluntary contributions for retirement plans	5c.	\$		
5d. Required repayments of retirement fund loans	5d.	\$		
5e. Insurance	5e.	\$	\$	
5f. Domestic support obligations	5f.	\$	\$	
5g. Union dues	5g.	\$	\$	
5h. Other deductions. Specify:	5h.	+\$	+ \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	\$	
List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	\$	
8b. Interest and dividends	8b.	\$	\$	
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent		_	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$	
8d. Unemployment compensation	8d.	\$		
8e. Social Security	8e.	\$	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistar that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		¢	¢	
Specify:	8f.	\$	\$	
8g. Pension or retirement income	8g.	\$	\$	
8h. Other monthly income. Specify:	8h.	+\$	_ +\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$]
 Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 	10.	\$	_ + \$	= \$
1. State all other regular contributions to the expenses that you list in Scher Include contributions from an unmarried partner, members of your household, friends or relatives.			oommates, and other	_
Do not include any amounts already included in lines 2-10 or amounts that are	not av	ailable to pay exp	penses listed in Schedule J.	
Specify:			11.	+ \$
2. Add the amount in the last column of line 10 to the amount in line 11. The	result	is the combined	•	\$
Write that amount on the Summary of Your Assets and Liabilities and Certain S	วเสแรโไ	vai miornation, lī	it applies 12.	v Combine
				monthly i

L

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

Official Form 106J

Schedule J: Your Expenses

Check if this is:

An amended filing

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

MM / DD / YYYY

12/15

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

Part 1:	Describe Your Hou	sehold				
1. Is this a j	oint case?					
Yes.	Go to line 2. Does Debtor 2 live in a s	eparate household?				
		e Official Form 106J-2, Expenses for S	eparate Household of Debtor 2.			
-	ave dependents? t Debtor 1 and	NoYes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
Debtor 2. Do not sta names.	ate the dependents'	each dependent		· -		No Yes No
				· _		 Yes No Yes No Yes No
expenses	expenses include s of people other than and your dependents?	☐ No ☐ Yes				C Yes
Part 2:	Estimate Your Ongoi	ng Monthly Expenses				
expenses a applicable o	s of a date after the ban date.	bankruptcy filing date unless you a kruptcy is filed. If this is a suppleme -cash government assistance if you	ental Schedule J, check the box		•	•
	•	it on Schedule I: Your Income (Offic			Your expe	nses
	al or home ownership e for the ground or lot.	xpenses for your residence. Include	first mortgage payments and	4.	\$	
If not in	cluded in line 4:					
4a. Rea	al estate taxes			4a.	\$	
4b. Pro	pperty, homeowner's, or re	enter's insurance		4b.	\$	
4c. Ho	me maintenance, repair, a	and upkeep expenses		4c.	\$	
4d. Ho	meowner's association or	condominium dues		4d.	\$	

Debtor	1
--------	---

Middle Name

Last Name

Case number (if known)

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

Other. Specify:	21.	+\$
Other. Specify:	21.	+\$
		- +
Calculate your monthly expenses.		
22a. Add lines 4 through 21.	22a.	\$
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$
		L
Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$
23b. Copy your monthly expenses from line 22c above.	23b.	-\$
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$
Do you expect an increase or decrease in your expenses within the year after you file the	nis form?	
For example, do you expect to finish paying for your car loan within the year or do you expect mortgage payment to increase or decrease because of a modification to the terms of your mo		
□ No.		
Yes. Explain here:		

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

Official Form 106J-2

Schedule J-2: Expenses for Separate Household of Debtor 2 12/15

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

F	Part 1: Describe Your Hou	sehold			
1.	Do you and Debtor 1 maintain se	parate households?			
	No. Do not complete this forYes	m.			
2.	Do you have dependents?	🔲 No	Dependent's relationship to	Dependent's	Does dependent live
	Do not list Debtor 1 but list all other dependents of Debtor 2	Yes. Fill out this information for	Debtor 2:	age	with you?
	regardless of whether listed as a dependent of Debtor 1 on Schedule J.	each dependent			NoYes
	Do not state the dependents'				D No
	names.				C Yes
					□ No □ Yes
					NoYes
					□ No □ Yes
3.	Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?	☐ No ☐ Yes			
Pa	art 2: Estimate Your Ongoi	ng Monthly Expenses			
Е	stimate your expenses as of your	bankruptcy filing date unless you a	re using this form as a supplem	ent in a Chapter 13 o	case to report
e	xpenses as of a date after the ban	kruptcy is filed.			

		expenses paid for with non-cash government assistance if you know the value of sistance and have included it on <i>Schedule I: Your Incom</i> e (Official Form 106I.)		Your expenses
4.		rental or home ownership expenses for your residence. Include first mortgage payments and rent for the ground or lot.	\$	
	lf no	ot included in line 4:		
	4a.	Real estate taxes	4a.	\$
	4b.	Property, homeowner's, or renter's insurance	4b.	\$
	4c.	Home maintenance, repair, and upkeep expenses	4c.	\$
	4d.	Homeowner's association or condominium dues	4d.	\$

Debtor	1
--------	---

Middle Name

Last Name

Case number (if known)

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

Deb	btor 1					Case number (if known)			
		First Name	Middle Name	Last Name					
21	Other, S	pecify:					21.	+\$	
		poonj:						• ψ	
22	Your mo	onthly expen	ses. Add lines 5	through 21					
22.		• •		Debtor 2. Copy the result	to line 22b of Sche	dule J to calculate the			
	total expe	enses for Del	otor 1 and Debto	r 2.			22.	\$	
								1	
	1.1	and an third							
23.	Line not u	sed on this fo	orm.						
24.	Do you ex	xpect an inc	rease or decrea	se in your expenses wit	hin the year after y	ou file this form?			
	For exami	nle do vou e	xpect to finish pa	lying for your car loan with	nin the year or do yo	u expect your			
				ease because of a modific					
	No.								
	Yes.								1
	u Yes.	Explain he	ere:						

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

Check if this is an amended filing

Official Form 106Dec Declaration About an Individual Debtor's Schedules

12/15

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

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

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

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

Check if this is an
amended filing

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

04/25

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

Part	1: Give Details About Your Marital Status and Where You Lived Before										
 What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? 											
	 No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. 										
	Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there							
	Number Street	- From To	Same as Debtor 1 Number Street	Same as Debtor 1 From To							
	City State ZIP Code	_	City State ZIP Code								
	Number Street	- From To	Same as Debtor 1 Number Street	Same as Debtor 1 From To							
	City State ZIP Code	_	City State ZIP Code								
sta	 Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). 										
Part	2: Explain the Sources of Your Income										

Debtor	1
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Middle Name

Did you have any income from employment or from operating a business during this year or the two previous calendar years?
 Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No					
Yes.	Fill	in	the	detai	ls.

First Name

	Debtor 1		Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
From January 1 of current year until the date you filed for bankruptcy:	 Wages, commissions, bonuses, tips Operating a business 	\$	Wages, commissions, bonuses, tipsOperating a business	\$	
For last calendar year: (January 1 to December 31,)	Wages, commissions, bonuses, tipsOperating a business	\$	 Wages, commissions, bonuses, tips Operating a business 	\$	
For the calendar year before that: (January 1 to December 31,)	 Wages, commissions, bonuses, tips Operating a business 	\$	 Wages, commissions, bonuses, tips Operating a business 	\$	

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

Last Name

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

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

🛛 No

Yes. Fill in the details.

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

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

Debtor [·]	1
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Middle Name

Last Name

Case number (if known)_

No Pates of payment Total amount payment Amount you still reason for this payment Image: Share	7.	<i>Insic</i> corp ager		any genera n officer, di ess you op	l partners; rela rector, person	atives of any g n in control, or	eneral partners; pa owner of 20% or m	rtnerships of whicl ore of their voting	
Dates of payment Total amount paid Amount you still owe Reason for this payment Insider's Name			No						
payment paid weither: Name Number Street Number Street Insider's Name Number Street No Substreet No No No Number Street Number Street No Number Street Number Street No Number Street			Yes. List all payments to an	insider.					
Insider's Name Number Steet Insider's Name Number Steet Number Steet Number Steet Number Steet Number Steet No Insider's Name No Ves. List all payments that benefited an insider. No No Ves. List all payments that benefited an insider. No Insider's Name Number Steet Include payments on debts guaranteed or cosigned by an insider. No No Ves. List all payments that benefited an insider. Number Number Steet Insider's Name No Steet No Steet No Steet Number Steet Number Steet Number Steet Number Steet Steet Number Steet Number Steet Number Steet Number Steet Number Steet Number Steet <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Reason for this payment</td></t<>									Reason for this payment
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City State ZIP Code Insider's Name Number Street City State ZIP Code State ZIP Code Number Street Include payments on debts guaranteed or cosigned by an insider. Include payments that benefited an insider? No Insider's Name Insider's Name Insider's Name Insider's Name Street Insider's Name Street Insider's Name Insider's Name Insider's Name Insider's Name Insider's Name Insider's Name Street Insider's Name Insider's Name Insider's Name Street Insider's Name Insider's Name </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Insider's Name			Number Street						
Insider's Name			Cit.	Ctoto					
Insider's Name Number Street City State 2IP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Insider's Name Insider's Name Insider's Name Sume Street Insider's Name Insider's Name <t< td=""><td></td><td>_</td><td>City</td><td>State 2</td><td></td><td></td><td></td><td></td><td></td></t<>		_	City	State 2					
Number Street							\$	\$	
			Insider's Name				•	•	
			Number Official						
Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Dates of payment Total amount Amount you still Reason for this payment Include creditor's name Insider's Name City State ZIP Code S S Insider's Name Insider's			Number Street						
Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Dates of payment Total amount Amount you still Reason for this payment Include creditor's name Insider's Name City State ZIP Code S S Insider's Name Insider's									
Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Dates of payment Total amount Amount you still Reason for this payment Include creditor's name Insider's Name City State ZIP Code S S Insider's Name Insider's									
an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Insider's Name Number Street City State ZIP Code S			City	State Z	ZIP Code				
payment paid owe Include creditor's name Insider's Name	8.	an ir Inclu	n sider? Ide payments on debts guar No	ranteed or	cosigned by a	n insider.			
Insider's Name								-	
Insider's Name Insider's Name Number Street City State ZIP Code \$									
Number Street			Insider's Name				\$	\$	
City State ZIP Code									
Insider's Name \$			Number Street						
Insider's Name \$									
Insider's Name \$									
Insider's Name			City	State 2	ZIP Code				
Insider's Name									
							\$	\$	
Number Street			Insider's Name						
Number Street									
			Number Street						
City State ZIP Code			City	State 2	ZIP Code				

Debtor 1

First Name Middle Name

Last Name

Case number (if known)_

4: Identify Legal Actions, R ithin 1 year before you filed for ba	•	-		or administra	tive proceed	dina?
st all such matters, including person					-	-
nd contract disputes.						
Yes. Fill in the details.						
	Nature	of the case	Court or agend	sy .		Status of the case
				-		
Case title			Court Name			Dending
						On appeal
			Number Street			Concluded
Case number						
			City	State Z	IP Code	
						D Pending
Case title			Court Name			On appeal
			Number Street			Concluded
			Number Street			
Case number			City	State Z	IP Code	
No. Go to line 11. Yes. Fill in the information below.		any of your property	repossessed, forecle	osed, garnish	ned, attached	d, seized, or levied?
neck all that apply and fill in the deta No. Go to line 11.		Describe the property			ned, attached Date	
neck all that apply and fill in the deta No. Go to line 11.						Value of the property
neck all that apply and fill in the deta No. Go to line 11.						
neck all that apply and fill in the deta No. Go to line 11. Yes. Fill in the information below.			ty			Value of the property
neck all that apply and fill in the deta No. Go to line 11. Yes. Fill in the information below.		Describe the proper	ty			Value of the property
neck all that apply and fill in the deta No. Go to line 11. Yes. Fill in the information below.		Describe the propert Explain what happed Property was f Property was f	ty ned repossessed. foreclosed.			Value of the property
No. Go to line 11. Yes. Fill in the information below.	ails below.	Describe the proper Explain what happen Property was f Property was f Property was f	ty ned repossessed. foreclosed. garnished.			Value of the property
No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street		Describe the propert Explain what happed Property was f	ty ned repossessed. foreclosed. garnished. attached, seized, or le	vied.	Date	Value of the property
No. Go to line 11. Yes. Fill in the information below.	ails below.	Describe the proper Explain what happen Property was f Property was f Property was f	ty ned repossessed. foreclosed. garnished. attached, seized, or le	vied.		Value of the property
No. Go to line 11. Yes. Fill in the information below.	ails below.	Describe the propert Explain what happed Property was f	ty ned repossessed. foreclosed. garnished. attached, seized, or le	vied.	Date	Value of the property \$ Value of the property
No. Go to line 11. Yes. Fill in the information below.	ails below.	Describe the propert Explain what happed Property was f	ty ned repossessed. foreclosed. garnished. attached, seized, or le	vied.	Date	Value of the property
neck all that apply and fill in the deta No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State	ails below.	Describe the propert Explain what happed Property was f	ty ned repossessed. foreclosed. garnished. attached, seized, or le ty	vied.	Date	Value of the property \$ Value of the property
neck all that apply and fill in the deta No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State Creditor's Name City State	ails below.	Describe the proper Explain what happed Property was f Explain what happed Explain what happed	ty ned repossessed. foreclosed. garnished. attached, seized, or le ty	vied.	Date	Value of the property \$ Value of the property
neck all that apply and fill in the deta No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State Creditor's Name City State	ails below.	Describe the propert Explain what happed Property was f Explain what happed Explain what happed Explain what happed Property was f Property was f	ty ned repossessed. foreclosed. garnished. attached, seized, or le ty ned repossessed.	vied.	Date	Value of the property \$ Value of the property
neck all that apply and fill in the deta No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State Creditor's Name City State	e ZIP Code	Describe the proper Explain what happed Property was f Explain what happed Explain what happed	ty ned repossessed. foreclosed. ty ned repossessed. foreclosed. foreclosed. foreclosed. foreclosed. foreclosed.	vied.	Date	Value of the property \$ Value of the property

Debtor 1	Case number (if known)		
First Name Middle Name Last	Name		
11. Within 90 days before you filed for bankru	ptcy, did any creditor, including a bank or financial instituti	on, set off any am	ounts from your
accounts or refuse to make a payment be		on, oor on any an	,
	-		
Yes. Fill in the details.			
	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name	-	was taken	
Number Street	-		\$
	-		
City State ZIP Code	Last 4 digits of account number: XXXX–		
12. Within 1 year before you filed for bankrup	cy, was any of your property in the possession of an assig	nee for the benefit	of
creditors, a court-appointed receiver, a cu			
D No			
Part 5: List Certain Gifts and Contribu	itions		
13. Within 2 years before you filed for bankrug	otcy, did you give any gifts with a total value of more than \$	600 per person?	
□ No		• •	
 Yes. Fill in the details for each gift. 			
Gifts with a total value of more than \$600	Describe the gifts	Dates you gave	Value
per person	-	the gifts	
		Τ	
			\$
Person to Whom You Gave the Gift	-		Ψ
			\$
	-		Φ
	_		
Number Street			
	_		
City State ZIP Code			
Person's relationship to you			
	-		
Gifts with a total value of more than \$600	Describe the gifts	Dates you gave	Value
per person		the gifts	Value
			\$
Person to Whom You Gave the Gift			T
			\$
	-		Φ
Number Street	-		
City State ZIP Code	-		
Person's relationship to you			
		_	

1	Case number (if known)		
First Name Middle Name	Last Name		
ithin 2 years before you filed for bank	ruptcy, did you give any gifts or contributions with a total valu	e of more than \$6	00 to any charit
No			
Yes. Fill in the details for each gift or c	contribution.		
Gifts or contributions to charities	Describe what you contributed	Date you	Value
that total more than \$600		contributed	
		T	
			\$
Charity's Name			Ψ
			\$
			+
Number Street			
City State ZIP Code			
6: List Certain Losses			
Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property.</i>	Date of your loss	Value of proper lost
		T	
			\$
7: List Certain Payments or Tr	ansfers		
	uptcy, did you or anyone else acting on your behalf pay or tra	nsfer any property	to anyone
	cy or preparing a bankruptcy petition?		
	preparers, or credit counseling agencies for services required in y	our bankruptcy.	
Yes. Fill in the details.			
	Description and value of any property transferred	Date payment or transfer was	Amount of pay
Person Who Was Paid	-	made	
Number Street	-		\$
			\$
City State ZIP Code	-		
Email or website address	-		
Person Who Made the Payment, if Not You	_		

	Last Name			
	Description and value of any property	transferred	Date payment or	Amount o
			transfer was made	payment
Person Who Was Paid				
				\$
Number Street				\$
				*
City State ZIP Coc	de			
Email or website address				
Develop With Martin the Develop 1 (Mart Mart				
Person Who Made the Payment, if Not You				
	kruptcy, did you or anyone else acting or		r transfer any property t	o anyone w
	creditors or to make payments to your cre	editors?		
o not include any payment or transfer t	that you listed on line 16.			
No Yes, Fill in the details.				
res. Fill in the details.		(D-4	A
	Description and value of any property	transferred	Date payment or transfer was	Amount of p
Person Who Was Paid			made	
Number Street				\$
Number Street				\$
				\$ \$
City State ZIP Co				\$ \$
City State ZIP Co ithin 2 years before you filed for bar	nkruptcy, did you sell, trade, or otherwise	e transfer any prop	erty to anyone, other that	\$ \$ an property
City State ZIP Co ithin 2 years before you filed for bar ansferred in the ordinary course of y clude both outright transfers and transf	nkruptcy, did you sell, trade, or otherwise your business or financial affairs? fers made as security (such as the granting			
City State ZIP Co- ithin 2 years before you filed for bar ansferred in the ordinary course of y clude both outright transfers and trans o not include gifts and transfers that yo	nkruptcy, did you sell, trade, or otherwise your business or financial affairs?			
City State ZIP Co- ithin 2 years before you filed for bar ansferred in the ordinary course of y clude both outright transfers and trans- p not include gifts and transfers that you No	nkruptcy, did you sell, trade, or otherwise your business or financial affairs? fers made as security (such as the granting			
City State ZIP Co- ithin 2 years before you filed for bar ansferred in the ordinary course of y clude both outright transfers and transf	hkruptcy, did you sell, trade, or otherwise your business or financial affairs? fers made as security (such as the granting bu have already listed on this statement. Description and value of property	of a security interes	st or mortgage on your pro	perty). Date tra
City State ZIP Co ithin 2 years before you filed for bar ansferred in the ordinary course of y clude both outright transfers and transf o not include gifts and transfers that you No Yes. Fill in the details.	nkruptcy, did you sell, trade, or otherwise your business or financial affairs? fers made as security (such as the granting bu have already listed on this statement.	of a security interes	st or mortgage on your pro	perty). Date tra
City State ZIP Co- ithin 2 years before you filed for bar ansferred in the ordinary course of y clude both outright transfers and trans- p not include gifts and transfers that you No	hkruptcy, did you sell, trade, or otherwise your business or financial affairs? fers made as security (such as the granting bu have already listed on this statement. Description and value of property	of a security interes	st or mortgage on your pro	perty).
City State ZIP Co ithin 2 years before you filed for bar ansferred in the ordinary course of y clude both outright transfers and transf o not include gifts and transfers that you No Yes. Fill in the details.	hkruptcy, did you sell, trade, or otherwise your business or financial affairs? fers made as security (such as the granting bu have already listed on this statement. Description and value of property	of a security interes	st or mortgage on your pro	perty). Date tra
City State ZIP Constraints ithin 2 years before you filed for bar ansferred in the ordinary course of you filed both outright transfers and transfers and transfers that you how the state of the	hkruptcy, did you sell, trade, or otherwise your business or financial affairs? fers made as security (such as the granting bu have already listed on this statement. Description and value of property	of a security interes	st or mortgage on your pro	perty). Date tra
City State ZIP Control ithin 2 years before you filed for bar ansferred in the ordinary course of y clude both outright transfers and transfer o not include gifts and transfers that you No Yes. Fill in the details. Person Who Received Transfer Number Street	hkruptcy, did you sell, trade, or otherwise your business or financial affairs? fers made as security (such as the granting bu have already listed on this statement. Description and value of property transferred	of a security interes	st or mortgage on your pro	perty). Date tra
City State ZIP Constraints ithin 2 years before you filed for bar ansferred in the ordinary course of you clude both outright transfers and transfers on transfers and transfers that you have a state of the ordinary course of you clude both outright transfers and transfers that you have a state of the ordinary course of you clude both outright transfers and transfers that you have a state of the ordinary course of you clude both outright transfers and transfers that you have a state of the ordinary course of you clude both outright transfers and transfers that you have a state of the ordinary course of you clude both outright transfers and transfers that you have a state of the ordinary course of you clude both outright transfers and transfers that you have a state of the ordinary course of you clude both outright transfers and transfers that you have a state of the ordinary course of you clude both outright transfers and transfers that you have a state of the ordinary course of you clude both outright transfers and transfers	hkruptcy, did you sell, trade, or otherwise your business or financial affairs? fers made as security (such as the granting bu have already listed on this statement. Description and value of property transferred	of a security interes	st or mortgage on your pro	perty). Date tra
City State ZIP Control ithin 2 years before you filed for bar ansferred in the ordinary course of y clude both outright transfers and transfer o not include gifts and transfers that you No Yes. Fill in the details. Person Who Received Transfer Number Street	hkruptcy, did you sell, trade, or otherwise your business or financial affairs? fers made as security (such as the granting bu have already listed on this statement. Description and value of property transferred	of a security interes	st or mortgage on your pro	perty). Date tra
City State ZIP Constraints ithin 2 years before you filed for bars ansferred in the ordinary course of y clude both outright transfers and transfers o not include gifts and transfers that you No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Coost	hkruptcy, did you sell, trade, or otherwise your business or financial affairs? fers made as security (such as the granting bu have already listed on this statement. Description and value of property transferred	of a security interes	st or mortgage on your pro	perty). Date tra
City State ZIP Constraints ithin 2 years before you filed for bar ansferred in the ordinary course of you clude both outright transfers and transfers and transfers that you have a straight transfers and transfers that you have a straight transfer to not include gifts and transfers that you have a straight transfer transfer No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Coordinate of you Person's relationship to you	hkruptcy, did you sell, trade, or otherwise your business or financial affairs? fers made as security (such as the granting bu have already listed on this statement. Description and value of property transferred	of a security interes	st or mortgage on your pro	perty). Date tra
City State ZIP Co- ithin 2 years before you filed for bar ansferred in the ordinary course of y clude both outright transfers and transfers o not include gifts and transfers that you No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Coor Person's relationship to you	hkruptcy, did you sell, trade, or otherwise your business or financial affairs? fers made as security (such as the granting bu have already listed on this statement. Description and value of property transferred	of a security interes	st or mortgage on your pro	perty). Date tra

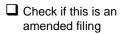
Debtor 1 First Name Middle Name Last N	lame	Case number (if known	n)	
 19. Within 10 years before you filed for bankrup are a beneficiary? (These are often called as No Yes. Fill in the details. 		ty to a self-settled trust	or similar device of w	hich you
	Description and value of the prope	rty transferred		Date transfer was made
Name of trust	-			
 Part 8: List Certain Financial Accounts 20. Within 1 year before you filed for bankrupter closed, sold, moved, or transferred? Include checking, savings, money market, brokerage houses, pension funds, cooperation No No Yes. Fill in the details. 	cy, were any financial accounts o or other financial accounts; certi	or instruments held in y	our name, or for your	
	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution Number Street	XXXX	 Checking Savings Money market Brokerage 		\$
City State ZIP Code	xxxx	Other Checking		\$
Number Street		Savings Money market Brokerage Other		
City State ZIP Code 21. Do you now have, or did you have within 1 securities, cash, or other valuables? No Yes. Fill in the details.	year before you filed for bankrup		ox or other depository	r for
	Who else had access to it?	Describe the	contents	Do you still have it?
Name of Financial Institution	Name			No Yes
Number Street	Number Street			
City State ZIP Code	City State ZIP Code			

Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Image of Storage Facility Number Streat Number Streat Number Streat Op you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Image of Storage Facility Number Streat At 92 Identify Property You Hold or Control for Someone Else Ob you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Image of Streat Image of Streat <th>2. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Nome Pescribe the contents Poyouting the service of the serv</th> <th>btor 1</th> <th>Last Name</th> <th>Case number (if known)</th> <th></th>	2. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Nome Pescribe the contents Poyouting the service of the serv	btor 1	Last Name	Case number (if known)	
No Who else has or had access to it? Describe the contents Do you still have it? Name of Storage Facility Name Nome Nome Nome Number Street City State ZP Code Nome Nome Nome att 92 Identify Property You Hold or Control for Someone Else Nome Nome Nome Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust of someone. No No Ves. Fill in the details. Where is the property? Describe the property Value Ounce's Name Number Street Ounce's Name S	Image: Initial in the details. Image: Im	First Name Middle Name	Last Name		
Image: Set in the details. Whe else has or had access to it? Describe the contents Do you still not be contents Name of Storage Facility Name Name No Number Street Dity State 2P Code Dity State 2P Code No 12 Identify Property You Hold or Control for Someone Else No No 13 Identify Property You Hold or Control for Someone Else No 14 29 Identify Property You Hold or Control for Someone Else No 14 29 Identify Property You Hold or Control for Someone Else No 15 29 Identify Property You Hold or Control for Someone Else No 16 Yess Fill in the details. Where is the property? Describe the property Value 16 Yess Fill In the details. Where is the property? Describe the property Value 17 7 Base 2P Code \$ S S 16 Yess Fill In the details. There is the property? S S S 16 Yess Fill In the details. There is the property? S S S S 17 State	Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you hold or contents Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or one of the transfer of the testals. 0 No No No 0 Yes. Fill in the details. Where is the property? Describe the property Value 0 Yes. Fill in the details. Where is the property? Describe the property Value 0 Yes. Fill in the details. Where is the property? Describe the property Value 0 Yes. Fill in the details. Where is the property? Describe the property Value 0 Yes. Fill in the details. Where is the property? Describe the property Value 0 Yes. Fill in the details. Where is the property? Describe the property as defined under any environmental law, whether you now own, operate, or the randous or toxic substance, watester, or other medium, including definitions apply: Thritommental any hold an environmental law defines as a hazardous substance, toxic substance, hazardous material, pollutani, contaminant, or similar term. update of an east any locatin, facility, or property as defined under any environmen	. Have you stored property in a storage	unit or place other than your home within a	year before you filed for bankruptc	y?
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ebtor 1		Case number (if kno	own)	
First Name Middle Name La	ast Name			
5. Have you notified any governmental unit	of any release of hazardous mater	ial?		
	·····			
No No				
Yes. Fill in the details.				
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City State ZIP Code				
6. Have you been a party in any judicial or a	administrative proceeding under a	v environmental law?	Include settlements and	orders
		,	state settlemente alla	
Yes. Fill in the details.				
	Court or agency	Nature of the cas	se	Status of the case
				Lase
Case title				Pending
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Case number	City State ZIP Co	ode		
Part 11: Give Details About Your B	usiness or Connections to An	v Business		
27. Within 4 years before you filed for bankr			na connections to any bu	siness?
A sole proprietor or self-employe				311633
A member of a limited liability control	-			
A partner in a partnership				
An officer, director, or managing	executive of a corporation			
	-			
An owner of at least 5% of the vo	ting or equity securities of a corpo	ration		
No. None of the above applies. Go to	Part 12.			
Yes. Check all that apply above and		siness.		
_ · · · · · · · · · · · · · · · · · · ·	Describe the nature of the busine		mployer Identification numbe	er
	_		o not include Social Security	
Business Name				
		E	IN:	
Number Street	_			
	Name of accountant or bookkeep	er Da	ates business existed	
	-			
		F	rom To	
City State ZIP Code	—			
	Describe the nature of the busine	ss Ei	mployer Identification numbe	er
Business Name		D	o not include Social Security	number or ITIN.
Dusiness Indille				
		E	IN:	
Number Street	Name of accountant or backless	or D	atos husinoss ovistad	
	Name of accountant or bookkeep	Di	ates business existed	
	—			
		F	rom To	
City State ZIP Code				

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

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



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

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

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

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

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

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

reditors Who Have Claims Secured by Property (Offici	al Form 106D), fill in the
What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
 Surrender the property. Retain the property and redeem it. Retain the property and enter into a <i>Reaffirmation Agreement</i>. Retain the property and [explain]:	☐ No ☐ Yes
 Surrender the property. Retain the property and redeem it. Retain the property and enter into a <i>Reaffirmation Agreement</i>. Retain the property and [explain]:	☐ No ☐ Yes
 Surrender the property. Retain the property and redeem it. Retain the property and enter into a <i>Reaffirmation Agreement</i>. Retain the property and [explain]:	☐ No ☐ Yes
 Surrender the property. Retain the property and redeem it. Retain the property and enter into a <i>Reaffirmation Agreement</i>. Retain the property and [explain]:	☐ No ☐ Yes
	What do you intend to do with the property that secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a <i>Reaffirmation Agreement</i> . Retain the property and [explain]:

Middle Name

Last Name

Part 2: List Your Unexpired Personal Property Leases

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

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	O No
Description of leased property:	Yes
Lessor's name:	No No
Description of leased property:	Yes
Lessor's name:	No No
Description of leased property:	The Yes
Lessor's name:	No Yes
Description of leased property:	
Lessor's name:	No
Description of leased property:	Yes
Lessor's name:	No
Description of leased property:	Yes
Lessor's name:	• No
Description of leased property:	Yes

Part 3:

Sign Below

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

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

	United	States Bankruptcy Co	ourt
In re			Case No
	Debtor		Chapter
[Mu.		NSATION OF BANKRUPTCY PI ruptcy petition preparer prepares the	
1.	attorney, that I prepared or cause debtor(s) in connection with this b the filing of the bankruptcy petit	d to be prepared one or more docur ankruptcy case, and that compensati	m not an attorney or employee of an ments for filing by the above-named on paid to me within one year before r services rendered on behalf of the e is as follows:
For doc	cument preparation services I have a	greed to accept	\$
Prior to	the filing of this statement I have re	eceived	\$
Balance	e Due		\$
2.	I have prepared or caused to be pre-	epared the following documents (iter	nize):
and pro	vided the following services (itemiz	e):	
3.	The source of the compensation pa Debtor	aid to me was: Other (specify)	
4.	The source of compensation to be Debtor	paid to me is: Other (specify)	
5.	The foregoing is a complete state of the petition filed by the debtor(ent for payment to me for preparation
6.	To my knowledge no other persor this bankruptcy case except as list		ocument for filing in connection with
NAME		SOCIAL SECURITY NUMBER	
	Signature	Social Security number of bankrup petition preparer*	otcy Date
	name and title, if any, of ptcy Petition Preparer	Address	

* If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Fill in this information to identify the case:					
Debtor 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)		Middle Name	Last Name		
United States Bankruptcy Court for the:District of					
Case number Chapter (If known)					

Official Form 119 Bankruptcy Petition Preparer's Notice, Declaration, and Signature

Bankruptcy petition preparers as defined in 11 U.S.C. § 110 must fill out this form every time they help prepare documents that are filed in the case. If more than one bankruptcy petition preparer helps with the documents, each must sign in Part 2. A bankruptcy petition preparer who does not comply with the provisions of title 11 of the United States Code and the Federal Rules of Bankruptcy Procedure may be fined, imprisoned, or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Part 1:	Notice to	Debtor

Bankruptcy petition preparers must give the debtor a copy of this form and have the debtor sign it before they prepare any documents for filing or accept any compensation. A signed copy of this form must be filed with any document prepared.

Bankruptcy petition preparers are not attorneys and may not practice law or give you legal advice, including the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether filing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to keep your home, car, or other property after filing a case under the Bankruptcy Code;
- what tax consequences may arise because a case is filed under the Bankruptcy Code;
- whether any tax claims may be discharged;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement;
- how to characterize the nature of your interests in property or your debts; or
- what procedures and rights apply in a bankruptcy case.

The bankruptcy petition preparer	has notified me of
any maximum allowable fee before preparing any document for filing or acce	pting any fee.
Signature of Debtor 1 acknowledging receipt of this notice	Date MM / DD / YYYY
	Date

12/15

First Name Middle Name Last Name

Part 2: **Declaration and Signature of the Bankruptcy Petition Preparer**

Under penalty of perjury, I declare that:

- I am a bankruptcy petition preparer or the officer, principal, responsible person, or partner of a bankruptcy petition preparer;
- I or my firm prepared the documents listed below and gave the debtor a copy of them and the Notice to Debtor by Bankruptcy Petition Preparer as required by 11 U.S.C. §§ 110(b), 110(h), and 342(b); and
- if rules or guidelines are established according to 11 U.S.C. § 110(h) setting a maximum fee for services that bankruptcy petition preparers may charge, I or my firm notified the debtor of the maximum amount before preparing any document for filing or before accepting any fee from the debtor.

Printed name	Title, if any	/	Firm name, if it applies		
Number Street					
City	State	ZIP Code	Contact phone		_
I or my firm prepared the document of the document of the constant of the cons	nents checke	ed below and the	completed declaration is	mad	e a part of each document that I check
Voluntary Petition (Form 101)		Schedule I (F	orm 106l)		Chapter 11 Statement of Your Current Monthl
Statement About Your Social Sec	urity Numbers	Schedule J (F	Form 106J)		Income (Form 122B) Chapter 13 Statement of Your Current Monthl
(Form 121)		Declaration A Schedules (F	bout an Individual Debtor's form 106Dec)		Income and Calculation of Commitment Perio (Form 122C-1)
Certain Statistical Information (Fo	rm 106Sum)	Statement of	Financial Affairs (Form 107)		Chapter 13 Calculation of Your Disposable
Schedule A/B (Form 106A/B)			Intention for Individuals Filing		Income (Form 122C-2)
Schedule C (Form 106C)		· ·	er 7 (Form 108)		Application to Pay Filing Fee in Installments (Form 103A)
Schedule D (Form 106D)			atement of Your Current me (Form 122A-1)		Application to Have Chapter 7 Filing Fee
Schedule E/F (Form 106E/F)		Statement of	Statement of Exemption from Presumption		Waived (Form 103B)
Schedule G (Form 106G)		of Abuse Und (Form 122A-1	ler § 707(b)(2) I Supp)		A list of names and addresses of all creditors (creditor or mailing matrix)
Schedule H (Form 106H)		Chapter 7 Me	eans Test Calculation 2)		Other

to which this declaration applies, the signature and Social Security number of each preparer must be provided. 11 U.S.C. § 110.

		Date
Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner	Social Security number of person who signed	MM / DD / YYYY
Printed name	-	
Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner	Social Security number of person who signed	Date MM / DD / YYYY
Printed name	-	

United States Bankruptcy Court

	District Of
In 1	re
	Case No
Del	btor Chapter
	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
	For legal services, I have agreed to accept
	Prior to the filing of this statement I have received
	Balance Due
2.	The source of the compensation paid to me was:
	Debtor Other (specify)
3.	The source of compensation to be paid to me is:
	Debtor Other (specify)
4.	\Box I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
	\Box I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
	b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

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

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

CERTIFICATION

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

Date

Signature of Attorney

Name of law firm

Γ	
Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address	FOR COURT USE ONLY
UNITED STATES B CENTRAL DISTRICT OF CALIFORNI	ANKRUPTCY COURT A DIVISION
In re:	CASE NO.:
	CHAPTER: 7
	DEBTOR'S ATTORNEY'S DISCLOSURE OF COMPENSATION ARRANGEMENT IN INDIVIDUAL CHAPTER 7 CASE
Debter/e)	[LBR 2090-1(a)(3)]
Debtor(s).	

- a. I am the attorney for the Debtor.
- b. Compensation that was paid to me, within one year before the petition was filed, or was agreed to be paid to me, for services rendered or to be rendered on behalf of the Debtor in contemplation of or in connection with this bankruptcy case, is as follows:
 - i. For legal services, I have agreed to accept 🗌 an hourly rate of \$_____; or a 🗌 flat fee of \$_____
 - ii.
 Prior to filing this disclosure I received
 - iii. 🔲 The balance due is \$
- 2. Source of Compensation Paid Postpetition (Postpetition Compensation).
 - a. Already Paid. The source(s) of the Postpetition Compensation paid to me was:

Debtor(s) Other (*specify*):

- b. To be Paid. The source(s) of the Postpetition Compensation to be paid to me is:
 - Debtor(s) Other (*specify*):

3. Sharing of Compensation Paid Postpetition.

- ☐ I have not agreed to share Postpetition Compensation with any other person unless they are members or regular associates of my law firm within the meaning of FRBP 9001(10).
- □ I have agreed to share Postpetition Compensation with other person or persons who are not members or regular associates of my law firm within the meaning of FRBP 9001(10). Attached as Exhibit A is a copy of the agreement and a list of the names of the people sharing in the Postpetition Compensation.

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

4. Limited Scope of Services. A limited scope of appearance is permitted under LBR 2090-1(a)(3), unless otherwise required by the presiding judge. In return for the fee disclosed above, I have agreed to provide the required legal services indicated below in paragraph "a", and, if any are indicated, the additional services checked in paragraph "4.b".

a. Services required to be provided:

- i. Analysis of the Debtor's financial situation, and advice to the Debtor in determining whether to file a bankruptcy petition;
- ii. Preparation and filing of any petition, lists, schedules and statements and any other required case commencement documents; and
- iii. Representation of the Debtor at the initial § 341(a) meeting of creditors.

b. **Additional legal services I will provide:**

- i. Any proceeding related to relief from stay motions.
- ii. Any proceeding involving an objection to the Debtor's discharge pursuant to 11 U.S.C. § 727.
- iii. Any proceeding to determine whether a specific debt is nondischargeable under 11 U.S.C. § 523.
- iv.
 Reaffirmation of a debt.
- v. Any lien avoidance under 11 U.S.C. § 522(f)
- vi. Other (specify):
- 5. If in the future I agree to represent the Debtor in additional matters, I will complete and file the Attorney's Disclosure of Postpetition Compensation, LBR form F 2016-1.4.ATTY.COMP.DISCLSR.

DECLARATION OF ATTORNEY FOR THE DEBTOR

I declare under penalty of perjury that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the Debtor in this bankruptcy case

Date: _____

Signature of attorney for the Debtor

Printed name of attorney

Printed name of law firm

DECLARATION OF THE DEBTOR

I/we declare under penalty of perjury that my attorney has explained to me/us the limited scope of representation as outlined above. I/we understand that I/we have paid or agreed to pay solely for the required services listed in paragraph 4a, and the additional services (if any) that are checked off in paragraph 4b above, and that I/we am representing myself/ourselves for any other proceedings unless a new agreement is reached with an attorney.

Date:

Date:

Signature of Debtor 1

Signature of Debtor 2 (Joint Debtor)(if applicable)

Printed name of Debtor 1

Printed name of Debtor 2

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address	FOR COURT USE ONLY
Debtor(s) appearing without an attorney	
Attorney for Debtor(s)	
UNITED STATES B CENTRAL DISTRICT OF CALIFOR	ANKRUPTCY COURT NIA - DIVISION
In re:	CASE NO.:
	CHAPTER:
	DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]
Debtor(s).	[No hearing required]
Debtor(s) provides the following declaration(s) as to whethe Debtor(s) filing this bankruptcy case (Petition Date), as requ	r income was received from an employer within 60 days of the ired by 11 U.S.C. § 521(a)(1)(B)(iv):
1. I am Debtor 1 in this case, and I declare under pena	Ity of perjury that the following information is true and correct:
During the 60-day period before the Petition Date	e (<u>Check only ONE box below</u>):
employment income I received from my employ	es of all statements of earnings, pay stubs, or other proof of er during this 60-day period. (<i>If the Debtor's social security</i> er proof of income, the Debtor must cross out (redact) the
I was not paid by an employer because I was	either self-employed only, or not employed.

Printed name of Debtor 1

Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

□ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

I was not paid by an employer because I was either self-employed only, or not employed.

Date:

Printed name of Debtor 2

Signature of Debtor 2

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

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

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

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

Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

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

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

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

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

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

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

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

	First Name Middle Name Last Name			
	First Name Middle Name Last Name			
		Column A Debtor 1	<i>Column B</i> Debtor 2 or non-filing spouse	
8. U	Jnemployment compensation	\$	\$	
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			
	For you\$			
	For your spouse			
b r c p d	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$	\$	
E a te S	ncome from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.			
		\$	\$	
		\$	\$	
	Total amounts from separate pages, if any.	+ \$	+ \$	
]	
	Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$	+	= _{\$}
		T	· · · · · · · · · · · · · · · · · · ·	Total current
Dar	t 2: Determine Whether the Means Test Applies to You			monthly income
12 C				
	Calculate your current monthly income for the year. Follow these steps:		•	
	Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11		Copy line 11 here 🗲	\$
			Copy line 11 here 🗲	\$ x 12
1	12a. Copy your total current monthly income from line 11		Copy line 11 here→ 12b.	
1	12a. Copy your total current monthly income from line 11Multiply by 12 (the number of months in a year).			x 12
1 1 13. C	12a. Copy your total current monthly income from line 11Multiply by 12 (the number of months in a year).12b. The result is your annual income for this part of the form.			x 12
1 13. C F	 12a. Copy your total current monthly income from line 11			x 12
1 13. C F F T	 Copy your total current monthly income from line 11		12b.	x 12
1 13. C F F T T ii	12a. Copy your total current monthly income from line 11		12b.	x 12 \$
1 13. C F F T iii	12a. Copy your total current monthly income from line 11	the separate	12b. 	x 12 \$

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

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

Check if this is an amended filing

Official Form 122A–1Supp

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

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

Part 1:

Identify the Kind of Debts You Have

. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101).					
No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, There is no presumption of abuse, and sign Part 3. Then submit this supplement with the signed Form 122A-1.					
Yes. Go to Part 2.					
Part 2: Determine Whether Military Service Provisions Apply to You					
2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?					
No. Go to line 3.					
Yes. Did you incur debts mostly while you were on active duty or while you were 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).	performing a homeland defense activity?				
No. Go to line 3.					
Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1 Then submit this supplement with the signed Form 122A-1.	, There is no presumption of abuse, and sign Part 3.				
3. Are you or have you been a Reservist or member of the National Guard?					
No. Complete Form 122A-1. Do not submit this supplement.					
lacksquare Yes. Were you called to active duty or did you perform a homeland defense active	vity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).				
No. Complete Form 122A-1. Do not submit this supplement.					
Yes. Check any one of the following categories that applies:					
I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.	If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1,				
I was called to active duty after September 11, 2001, for at least	check box 3, <i>The Means Test does not apply now,</i> and sign Part 3. Then submit this supplement with the signed				
90 days and was released from active duty on,	Form 122A-1. You are not required to fill out the rest of				
which is fewer than 540 days before I file this bankruptcy case.	Official Form 122A-1 during the exclusion period. The				
I am performing a homeland defense activity for at least 90 days.	exclusion period means the time you are on active duty or are performing a homeland defense activity, and for				
I performed a homeland defense activity for at least 90 days, and a second s	540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).				
ending on, which is fewer than 540 days before I file this bankruptcy case.	If your exclusion period ends before your case is closed,				

Fill in this information to identify your case:					
Debtor 1					
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E					
Case number					
(If known)					

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

Official Form 122A–2

Chapter 7 Means Test Calculation

04/25

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

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

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

Last Name

Part 2: Calculate Your Deductions from Your Income

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

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A–1.

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

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

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

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

		_
		٦.

\$

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

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

People who are under 65 years of age			
7a. Out-of-pocket health care allowance per person	\$		
7b. Number of people who are under 65	x		
7c. Subtotal. Multiply line 7a by line 7b.	\$	Copy here 🗲 💲	
People who are 65 years of age or older			
7d. Out-of-pocket health care allowance per person	\$		
7e. Number of people who are 65 or older	x		
7f. Subtotal. Multiply line 7d by line 7e.	\$	Copy here → + \$	
7g. Total . Add lines 7c and 7f		\$	Copy total here ➔

or 1					Case numbe	ľ (if known)	
	First Name	Middle Name	Last Name				
Local S	andards	You must use	the IRS Local Standards to	answer the questions in	lines 8-15.		
Based c	on informatio	on from the IRS,	the U.S. Trustee Program	has divided the IRS L	ocal Stand	lard for housing	for
•	••••	es into two parts					
	-		e and operating expenses or rent expenses				
- Hous	and util	illes – Mortgage	or rent expenses				
			9, use the U.S. Trustee Pro	-			
			ink specified in the separate e bankruptcy clerk's office.	instructions for this for	n.		
			e and operating expenses y for insurance and operatin				
). Hous	sing and util	lities – Mortgage	e or rent expenses:				
			u entered in line 5, fill in the r rent expenses			\$	
9b. T	otal average	monthly paymen	t for all mortgages and othe	r debts secured by your	home.		
С	ontractually o		monthly payment, add all ar red creditor in the 60 month				
	Name of the	creditor		Average monthly payment			
				\$			
			· · · · · · · · · · · · · · · · · · ·	\$			
				+ \$			
					7		Bonast this
		Total a	verage monthly payment	\$	Copy here	-\$	Repeat this amount on line 33a.
							ine 55a.
		e or rent expense					Comu
	Subtract line	9b (<i>total average</i> e). If this amount	e <i>monthly payment</i>) from lin is less than \$0, enter \$0	e 9a (<i>mortgage or</i>		\$	Copy
			e Program's division of the expenses, fill in any addit			is incorrect and	d affects \$
Expl	ain						
why:							
1 Loca	l transporta	tion expenses: (Check the number of vehicle	es for which you claim a	n ownershir	or operating exp	bense
_	0. Go to line					s er operaanig ovr	
_	1. Go to line						
	2 or more. G	io to line 12.					
			g the IRS Local Standards a rating Costs that apply for y				

Last Name

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** \$__ 13a. Ownership or leasing costs using IRS Local Standard. 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment \$ Repeat this Copy Total average monthly payment amount on \$ here line 33b. Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 \$_ expense Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0. here Vehicle 2 **Describe Vehicle 2:** 13d. Ownership or leasing costs using IRS Local Standard. \$ 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment \$ Repeat this Copy Total average monthly payment amount on here 🗲 line 33c. Copy net 13f. Net Vehicle 2 ownership or lease expense Vehicle 2 expense Subtract line 13e from 13d. If this amount is less than \$0, enter \$0..... here ... 🚽 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

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

16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self- amployment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$	Other Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.	
 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for telecommunication services for you and pour dependents. Such as nadjers, call waiting, caller identification, special long distance, or business cell phone service. The total monthly amount that for your dependents or for the production of income, if i is not reimbursed by your employer. Do not include payments for basit home telephone, internet and cell phone service. Do not include payments and the shores accounts and that is not reimbursed by insurance or publes envices for you and your dep	employment taxes, Social S pay for these taxes. Howeve	ecurity taxes, and Medicare taxes. You may include the monthly amount withheld from your er, if you expect to receive a tax refund, you must divide the expected refund by 12 and	\$
union dues, and uniform costs. S	Do not include real estate, s	ales, or use taxes.	
18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 32. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone services for you and your dependents, such as pagers, call waiting, caller or that of your dependents or for the production of income, if it is not reimbursed by your employer. 32. Optional telephones and telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 44. Add all of the expenses allowed under the IRS expense allowances.			<u>^</u>
together, include payments that you make for your spouse's term life insurance. Do not include premiums for life \$	Do not include amounts that	t are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$
agency, such as spousal or child support payments. S	together, include payments	that you make for your spouse's term life insurance. Do not include premiums for life	\$
 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. 	agency, such as spousal or	child support payments.	\$
 as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. 	Do not include payments on	past due obligations for spousal or child support. You will list these obligations in line 35.	¥
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 It of your physically of memany challenged dependent child in the public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. 	as a condition for your job	o, or	^
Do not include payments for any elementary or secondary school education. \$	for your physically or men	tally challenged dependent child if no public education is available for similar services.	\$
 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. 	21. Childcare: The total monthly	y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.	
 is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. 	Do not include payments for	any elementary or secondary school education.	\$
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expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. \$	you and your dependents, s service, to the extent necess is not reimbursed by your er	uch as pagers, call waiting, caller identification, special long distance, or business cell phone sary for your health and welfare or that of your dependents or for the production of income, if it nployer.	+ \$
· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·	24 Add all of the expenses all	lowed under the IPS expenses allowances	
	•	iowen under the INS expense anowances.	\$

ebtor 1	First Name Middle Name	Lost Name		Case number (if known)	
	First Name Middle Name	Last Name			
Additior	nal Expense Deductions		nal deductions allowed by the I ude any expense allowances lis		
insur				The monthly expenses for health cessary for yourself, your spouse, or your	
Heal	Ith insurance		\$		
Disa	bility insurance		\$		
Heal	Ith savings account		+ \$		
Tota	ıl		\$	Copy total here →	\$
Do y	ou actually spend this total a	∎ amount?			
□ N □ Y	No. How much do you actual /es	ly spend?	\$		
contir house	nue to pay for the reasonable	e and necessary ca mediate family who	re and support of an elderly, ch is unable to pay for such expen	tual monthly expenses that you will ronically ill, or disabled member of your ses. These expenses may include	\$
you a		mily Violence Preve	ention and Services Act or other	that you incur to maintain the safety of federal laws that apply.	\$
lf you 8, the You r	u believe that you have home on fill in the excess amount o	e energy costs that a of home energy cost documentation of yo	are more than the home energy s.	rance and operating expenses on line 8. costs included in expenses on line rust show that the additional amount	\$
per cl eleme You r	hild) that you pay for your de entary or secondary school.	ependent children w documentation of yo	ho are younger than 18 years of our actual expenses, and you m	nthly expenses (not more than \$214.58* Id to attend a private or public ust explain why the amount claimed is	\$
* Su	ubject to adjustment on 4/01/	28, and every 3 yea	ars after that for cases begun or	n or after the date of adjustment.	
than t food a To fin this fo	the combined food and cloth and clothing allowances in th	ing allowances in the ne IRS National Sta num additional allow available at the ban	he IRS National Standards. Tha ndards. wance, go online using the link kruptcy clerk's office.	food and clothing expenses are higher t amount cannot be more than 5% of the specified in the separate instructions for	\$
	tinuing charitable contribution of the contrib			pute in the form of cash or financial	+ \$
	all of the additional exper lines 25 through 31.	se deductions.			\$

Last Name

	ebts that are secured by an int and other secured debt, fill ir			uding home n	nortgages, vehicle		
	culate the total average monthly or in the 60 months after you file			ntractually due	e to each secured		
	Mortgages on your home:				Average monthly payment		
33a.	Copy line 9b here				\$		
	Loans on your first two vehic	les:					
	Copy line 13b here			→	\$		
	Copy line 13e here						
	List other secured debts:				¥		
	Name of each creditor for other secured debt	Identify proper secures the de		Does paymer include taxes or insurance	5		
				No Ves	\$	_	
					\$	_	
				Yes			
				No No	+ \$	_	
00. Tet				Yes	T	Copy total	
33e. Tot	tal average monthly payment. A	dd lines 33a through 33		Yes	T	Copy total here ➔	\$
Are an or oth	y debts that you listed in line er property necessary for you b. Go to line 35. is. State any amount that you mi	33 secured by your pr ir support or the supp ust pay to a creditor, in	rimary residen ort of your dep addition to the	Yes Ace, a vehicle, pendents?	\$		\$
Are an or oth	y debts that you listed in line er property necessary for you b. Go to line 35.	33 secured by your pr ir support or the supp ust pay to a creditor, in ession of your property	rimary residen ort of your dep addition to the	Yes toce, a vehicle, pendents? payments e amount).	\$		\$
Are an or othe	 by debts that you listed in line er property necessary for you b. Go to line 35. is. State any amount that you multisted in line 33, to keep possive Next, divide by 60 and fill in the state of the state	33 secured by your pr ir support or the supp ust pay to a creditor, in ession of your property he information below.	rimary residen ort of your dep addition to the (called the <i>curd</i> Total cure amount	Yes Ace, a vehicle, pendents? payments e amount).	\$		\$
Are an or oth	 by debts that you listed in line er property necessary for you b. Go to line 35. is. State any amount that you multisted in line 33, to keep possive Next, divide by 60 and fill in the state of the state	33 secured by your pr ir support or the supp ust pay to a creditor, in ession of your property he information below. Identify property that	rimary residen ort of your dep addition to the (called the <i>cure</i> Total cure	Yes toce, a vehicle, pendents? payments e amount).	Monthly cure		\$
Are an or othe	 by debts that you listed in line er property necessary for you b. Go to line 35. is. State any amount that you multisted in line 33, to keep possive Next, divide by 60 and fill in the state of the state	33 secured by your pr ir support or the supp ust pay to a creditor, in ession of your property he information below. Identify property that	rimary residen ort of your dep addition to the (called the <i>curd</i> Total cure amount	Yes Ace, a vehicle, pendents? payments e amount).	Monthly cure		\$
Are an or oth	 by debts that you listed in line er property necessary for you b. Go to line 35. is. State any amount that you multisted in line 33, to keep possive Next, divide by 60 and fill in the state of the state	33 secured by your pr ir support or the supp ust pay to a creditor, in ession of your property he information below. Identify property that	rimary residen ort of your dep addition to the (called the <i>curd</i> Total cure amount \$	Yes Acce, a vehicle, pendents? payments e amount).	Monthly cure amount		\$
Are an or othe	 by debts that you listed in line er property necessary for you b. Go to line 35. is. State any amount that you multisted in line 33, to keep possive Next, divide by 60 and fill in the state of the state	33 secured by your pr ir support or the supp ust pay to a creditor, in ession of your property he information below. Identify property that	rimary residen ort of your dep addition to the (called the curro Total cure amount \$\$	Yes Acce, a vehicle, pendents? payments e amount). ÷ 60 = ÷ 60 =	Monthly cure amount \$\$		\$
. Are an or oth No Ye:	by debts that you listed in line er property necessary for you b. Go to line 35. Is. State any amount that you mulisted in line 33, to keep poss Next, divide by 60 and fill in the Name of the creditor	33 secured by your print support or the support of your property the information below.	rimary residen ort of your dep addition to the (called the cure Total cure amount \$\$ \$ \$ \$ Id support, or	 Yes Ace, a vehicle, pendents? payments e amount). ÷ 60 = ÷ 60 = ÷ 60 = Total alimony – 	Monthly cure amount \$\$ \$ \$	here →	
Are an or oth No Ye: Do you that ar	y debts that you listed in line er property necessary for you b. Go to line 35. is. State any amount that you mulisted in line 33, to keep posse Next, divide by 60 and fill in the Name of the creditor	33 secured by your print support or the support of your property the information below.	rimary residen ort of your dep addition to the (called the cure Total cure amount \$\$ \$ \$ \$ Id support, or	 Yes Ace, a vehicle, pendents? payments e amount). ÷ 60 = ÷ 60 = ÷ 60 = Total alimony – 	Monthly cure amount \$\$ \$ \$	here →	
Are an or oth Ve: Ye: Do you that ar	by debts that you listed in line er property necessary for you b. Go to line 35. Is. State any amount that you mulisted in line 33, to keep poss Next, divide by 60 and fill in the Name of the creditor	33 secured by your print support or the support of your property he information below.	rimary residen ort of your dep addition to the (called the cure amount \$	 ❑ Yes Ace, a vehicle, pendents? payments <i>e amount</i>). ÷ 60 = ÷ 60 =<td>Monthly cure amount \$\$ \$ \$</td><td> here →</td><td></td>	Monthly cure amount \$\$ \$ \$	here →	

Debtor	1 First Name Middle Name Last Name	Cas	se number (if known)	
36.	Are you eligible to file a case under Chapter 13? 11 U For more information, go online using the link for <i>Bankrup</i> instructions for this form. <i>Bankruptcy Basics</i> may also be	otcy Basics specified in the sep		
	□ No. Go to line 37.			
	Yes. Fill in the following information.			
	Projected monthly plan payment if you were filing	under Chapter 13	\$	
	Current multiplier for your district as stated on the Administrative Office of the United States Courts North Carolina) or by the Executive Office for Uni other districts).	(for districts in Alabama and	X	
	To find a list of district multipliers that includes yo link specified in the separate instructions for this f available at the bankruptcy clerk's office.		~	Convitatel
	Average monthly administrative expense if you w	ere filing under Chapter 13	\$	Copy total\$
37.	Add all of the deductions for debt payment. Add lines 33e through 36			\$
Tot	al Deductions from Income			
38.	Add all of the allowed deductions.			
	Copy line 24, All of the expenses allowed under IRS expense allowances	\$		
(Copy line 32, All of the additional expense deductions	\$		
(Copy line 37, All of the deductions for debt payment	+\$	1	
	Total deductions	\$	Copy total here	
Pa	rt 3: Determine Whether There Is a Presumpti	on of Abuse		
39.	Calculate monthly disposable income for 60 months			
	39a. Copy line 4, adjusted current monthly income	\$		
	39b. Copy line 38, Total deductions	- \$		
	39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a.	\$	Copy here➔ \$	
	□ For the next 60 months (5 years)		x 60	
	39d. Total. Multiply line 39c by 60		\$	Copy here➔ ₅
40.	Find out whether there is a presumption of abuse. Chec	ck the box that applies:		
	The line 39d is less than \$10,275*. On the top of page to Part 5.	3 1 of this form, check box 1, 7	here is no presumption	of abuse. Go
	The line 39d is more than \$17,150*. On the top of pag may fill out Part 4 if you claim special circumstances. The special circumstances.		There is a presumption	of abuse. You
	☐ The line 39d is at least \$10,275*, but not more than a	\$17.150 *. Go to line 41		
			ofter the date of adjust	nont
	* Subject to adjustment on 4/01/28, and every 3 years	aner that for cases liled on or	aner the date of aujusti	nent.

Middle Name

Last Name

Case number (if known)

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

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address	FOR COURT USE ONLY
 Debtor(s) appearing without attorney Attorney for Debtor 	
	ANKRUPTCY COURT LIFORNIA - <u>Name of</u> DIVISION
In re:	CASE NO.: CHAPTER:
Debtor(s).	VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)]
Debior(s).	

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of _____ sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date:	Signature of Debtor 1
Date:	Signature of Debtor 2 (joint debtor) (if applicable)
Date:	Signature of Attorney for Debtor (if applicable)

This form is optional. It has been approved for use in the United States Bankruptcy Court for the Central District of California

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

Official Form 101B

Statement About Payment of an Eviction Judgment Against You 12/15

Fill out this form only if:

- you filed Initial Statement About an Eviction Judgment Against You (Official Form 101A); and
- you served a copy of Form 101A on your landlord; and
- you want to stay in your rented residence for more than 30 days after you file your Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101).

File this form within 30 days after you file your *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). Also serve a copy on your landlord within that same time period.

Certification About Applicable Law and Payme	ent of Eviction Judgment
I certify under penalty of perjury that (Check all that apply):
Under the state or other nonbankruptcy law that applies judgment), I have the right to stay in my residence by particular to stay in my residence by particular to stay.	
Within 30 days after I filed my Voluntary Petition for Ind. Form 101), I have paid my landlord the entire amount I (eviction judgment).	
Signature of Debtor 1	Signature of Debtor 2
Date	Date

You must serve your landlord with a copy of this form.

Check the Bankruptcy Rules (<u>www.uscourts.gov/rulesandpolicies/rules.aspx</u>) and the court's local website (go to <u>http://www.uscourts.gov/Court_Locator.aspx</u> to find your court's website) for any specific requirements that you might have to meet to serve this statement.

UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA		
In re:		CASE NUMBER:
	Debtor(s).	DEBTOR'S REQUEST TO <u>ACTIVATE</u> ELECTRONIC NOTICING (DeBN)

Debtor Electronic Bankruptcy Noticing (DeBN) is a voluntary program that enables a debtor to receive by email the orders and court-generated notices normally sent by U.S. mail to a mailing address. A debtor must complete and file this form with the court to activate a DeBN account. Joint debtors must each complete and file a separate form.

ACTIVATION REQUEST

Pursuant to Federal Rule of Bankruptcy Procedure 9036, I request that the court deliver orders and court-generated
notices to my email address rather than by U.S. mail to my mailing address.

DEBTOR'S NAME AND EMAIL ADDRESS

My name is:		
My email address is: (CAPITAL letters only)		
Confirm email address: (CAPITAL letters only)		
Select one:		
I am the Debtor in this bankruptcy case.		
The Debtor in this bankruptcy case is a corporation, partnership, or other legal entity, and I am the authorized representative.		
DEBTOR'S SIGNATURE		
 I understand that my request is limited to the email delivery of only orders and court-generated notices that are filed by the U.S. Bankruptcy Court. Documents filed by a bankruptcy trustee, creditors, and other parties that require service upon me must continue to be served by U.S. mail or in person as required by court rules. 		
 I understand that by requesting email notification, the court may establish my DeBN account and deliver to me, by email, documents filed by the court in any current or future case from any bankruptcy court in which I am listed with the same name and mailing address, including cases in which I am a creditor, plaintiff or defendant. 		
 I understand that I will be assigned a DeBN account number and my DeBN account will be activated after I complete, sign, and file this "Debtor's Request to Activate Electronic Noticing (DeBN)" form. 		
4. I understand that emails sent by the court's noticing center may arrive in my email spam folder and I should regularly check it for electronic delivery of my orders and court-generated notices. I understand further that my DeBN account will be deactivated by the court if an email is returned undelivered or "bounces back," and the court will instead serve orders and court-generated notices delivered by U.S. mail to my mailing address.		
I have read and understand the requirements set forth above and I agree to the terms and conditions of the Debtor Electronic Bankruptcy Noticing (DeBN) program. I request delivery of orders and court-generated notices to my email address indicated above rather than to my mailing address.		

Date:

Signature: