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WHAT TO DO NEXT

1. Complete Bankruptcy Questionnaire
2. Complete the pre-bankruptcy counseling session.

YOU HAVE SEVERAL OPTIONS TO ARRANGE THIS COUNSELING. TWO OF THESE OPTIONS ARE BELOW:

A. Call 1-877-895-2227 for your pre-bankruptcy counseling. This phone call will take about an hour and you will need to use the financial information you put in your Bankruptcy Questionnaire regarding your income and expenses. Be prepared to give the person on the phone your checking account or debit card information so you can pay for the counseling. The cost should be around \$50.00. **Be sure to ask that they fax your certificate to my office at 316/267-8069.**

OR,

B. IF YOU HAVE INTERNET ACCESS,

You will need to pay my office \$30.00 if you choose this option.
log on to www.startfreshtoday.com for your pre-bankruptcy counseling.
Click on "Consumers Start Here"
Log in using the login name and password that I give to you.
Begin the 90 minute counseling session at your leisure. (You can save your answers, take a break and come back to the counseling session as you please.)

3. Gather all documents necessary to complete your bankruptcy filing.
4. Schedule second appointment with my office and bring the following:
 - a. Completed Bankruptcy Questionnaire
 - b. All necessary documents
 - c. Money order in the amount of \$250.00 (attorney's fees)
5. Keep and provide attorney's office with copies of all bills received from now until the date the bankruptcy is filed.
6. Keep and provide attorney's office with all paystubs earned from now and the date the bankruptcy is filed.

BANKRUPTCY QUESTIONNAIRE

You may download additional copies of this form from our web site at www.milbylaw.com

After you've completed this questionnaire call my office for an appointment at which time we will go over it together. My phone number is (316) 267-8677. If you live out of town you may mail (or fax at 316-267-8069) the materials back to me and I'll set up a phone appointment.

FILING STATUS:
(CHECK ONE)

Individual and unmarried
 Individual, married, and living apart
 Individual, married, and living together
 Husband and wife and living together
 Husband and wife but living apart

CLIENT INFORMATION

Name: _____
(First) (Full Middle Name) (Last)

Your social security number: | _ | _ | _ | - | _ | _ | - | _ | _ | _ | _ | .

Phone: Home: (_) _____ Work: (_) _____ Cell: (_) _____

If this is an individual bankruptcy, or if your spouse is not filing, don't answer the questions about your spouse.

Name of spouse: _____
(First) (Middle Name) (Last)

Spouse's social security: | _ | _ | _ | - | _ | _ | - | _ | _ | _ | _ | .

Spouse's Phone: Home: (_) _____ Work: (_) _____ Cell: (_) _____

REFERENCE INFORMATION

Name and address of someone living locally who will always know where you can be contacted.

Name: _____ Relationship: _____
Address: _____ City, State: _____ Phone: _____

Have you been a resident of Kansas for the last ninety days? Yes No

Your driver's license number: _____ State _____ D.O.B. _____

Spouse's driver's license number: _____ State _____ D.O.B. _____

CURRENT ADDRESS INFORMATION:

Current street address: _____ City, State, Zip: _____

Mailing address (if different): _____ City, State, Zip: _____

Spouse current (if different) _____ City, State, Zip: _____

Your County: _____ Spouse's County: _____

Current E-mail address: | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | .

May we communicate with you at this email address? Yes No

DEPENDENTS

Please list all of your dependents below:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

EMPLOYMENT INFORMATION

Name and address of your current employer:

Company Name: _____

Address: _____ City _____ Zip _____

How long at this job? _____ Job title: _____

Name and address of your spouse's current employer:

Company Name: _____

Address: _____ City _____ Zip _____

How long at this job? _____ Job title: _____

CURRENT MONTHLY WAGE AND INCOME INFORMATION

other	Your wage information	Income of member of household
Gross pay per month before payroll deductions.....	\$ _____	
\$ _____		
Deduction for payroll taxes and social security per month.....	\$ _____	
	\$ _____	
Deduction for insurance (health, life, disability) per month.....	\$ _____	\$ _____
Deduction for pension / retirement / 401(k) per month.....	\$ _____	\$ _____
Deduction for union dues per month.....	\$ _____	\$ _____
Deduction for alimony _____ child support _____	\$ _____	\$ _____
Other deductions (describe below)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Pension, social security or other retirement income (describe below)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Any other monthly income from any sources (describe below)		
_____	\$ _____	\$ _____
If you or your spouse expect your income to increase or decrease by more than 10% with in the next year state how much you expect your income to change.....		\$ _____
		\$ _____

***IMPORTANT NOTE:** Even if you are an individual bankruptcy but are married and living with your spouse, you spouse's wage, income, and expense information must be provided. If there is any other person providing regular monthly income their wages and income must also be provide.

PRIOR BANKRUPTCIES

If you or your spouse ever filed a bankruptcy before, please answer the following:

Date your bankruptcy case was filed: _____ Case # _____
City and state bankruptcy was filed: _____

Date your spouse's bankruptcy case was filed: _____ Case # _____
City and state bankruptcy was filed: _____

REAL ESTATE

The following questions only need to be answered if you own or have any legal interest in real estate. It also pertains to real estate outside of Kansas and if you own real estate with a former spouse. If you own more than one interest in real estate attach additional sheets as necessary.

Address of the property:

Street: _____ City, State: _____

What do you think the property could sell for today? \$ _____

How much do you owe on the property? \$ _____

Name of mortgage holder(s) _____

If the property is inside an incorporated city limits is it less than one acre? []Yes []No

If it's outside an incorporated city limits is it less than 160 acres? []Yes []No

Are you living in this property? _____ If not, are tenants living on the property? _____

If tenants, how much rent do they pay? \$ _____

HOMES INCLUDING PRIOR HOMES AND MOBILE HOMES

Over the last ten years have you paid anything on a home, including prior homes and including mobile homes and trailers (anything that was your home) other than regular monthly payments? []Yes []No

If so, what was the source of the additional payment? _____

If so, in what years were the additional payments made? _____

PERSONAL PROPERTY

This questionnaire is designed to assist you in preparing a complete list of all of your property and debts. If after you have completed this list, you recall any additional property or debts, omitted information of any sort or if this information changes in any way please contact this office. For "value" list replacement value which means the price a retail merchant would charge for the same property (for example Goodwill Shop, VA, pawn shop).

Type of Property	Market Value or Amount
1. Cash on hand.....	\$ _____
2. List all checking or savings, credit union accounts, certificates of deposits, or other type accounts (even those recently closed):	
Bank name _____ Open _____ Closed _____....	\$ _____
Bank name _____ Open _____ Closed _____....	\$ _____
Bank name _____ Open _____ Closed _____....	\$ _____
For the next 30 days list the date of each direct deposit in any account (month/day): ____/____, ____/____, ____/____, ____/____.	
If you have a bank or credit union account and owe money to that bank or credit union, you may need to close that account before filing bankruptcy.	
Safe deposit box contents: _____	
3. Security deposits with:	
Phone company.....	\$ _____
Electric Company.....	\$ _____
Landlord.....	\$ _____
Other: (describe _____).....	\$ _____
4. Household goods & furnishings including audio, video & computer equipment ...	\$ _____
5. Books, pictures or art objects and collections	\$ _____
6. Wearing apparel	\$ _____
7. Furs and jewelry (describe _____).....	\$ _____
8. Sporting equipment, firearms (describe _____).....	\$ _____
9. Interests in insurance policies.....	\$ _____
10. Annuities.....	\$ _____
11. Interests in IRA, ERISA, 401(k), KPERS or other pension plans.....	\$ _____
12. Amount in educational IRA or other similar accounts.....	\$ _____
13. Stocks or interests in incorporated or unincorporated business.....	\$ _____
14. Interests in partnerships or joint ventures.....	\$ _____
15. Government or corporate bonds.....	\$ _____
16. Accounts receivable.....	\$ _____
17. Unpaid alimony, maintenance, support or property settlements which you are receiving or entitled to.....	\$ _____
18. Money owed to you, including tax refunds that are currently owed to you.....	\$ _____

- 19. Equitable or future interests, life estates and/or rights or powers exercisable for the benefit of the debtor other than those listed in real property..... \$ _____
- 20. Interests in an estate, death benefit plan, life insurance policy, or trust..... \$ _____
- 21. Other claims of every nature, including counter-claims of the debtor, and rights to set off claims..... \$ _____
- 22. Patents, copyrights, licenses, franchises, etc..... \$ _____
- 23. Automobiles, trucks, manufactured housing, mobile homes, trailer or accessories, all terrain vehicles, and other vehicles **whether paid for or not:**

Note: Provide a copy of the registration of all vehicles or mobile homes.

Year	Make of Vehicle	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
24.	Boats, water craft, motors, and/or their accessories	\$ _____
25.	Aircraft and/or accessories.....	\$ _____
26.	Office equipment, furnishings, & supplies.....	\$ _____
27.	Customer lists (of a business).....	\$ _____
27.	Machines, tools or supplies used in business.....	\$ _____
28.	Inventory.....	\$ _____
29.	Livestock, poultry, or other animals.....	\$ _____
30.	Crops - growing or harvested.....	\$ _____
31.	Farming supplies chemicals, feed or implements.....	\$ _____
32.	Other personal property of any kind not already listed (describe: _____).....	\$ _____

OTHER PEOPLE IN YOUR HOUSEHOLD (Except current spouse)

Age Relationship (son, daughter, mother, friend) Does this person help you pay household expenses?

_____ [] Yes [] No \$ _____

_____ [] Yes [] No \$ _____

_____ [] Yes [] No \$ _____

_____ [] Yes [] No \$ _____

TAXES

What do you think you will receive in for the 2008 tax year? (The taxes that are due April 15, 2009.)

Federal: \$ _____ State \$ _____

NOTE: Your income tax refunds are **not exempt property and can be lost by filing bankruptcy**. There are several ways this might be avoided. We will discuss this during our next appointment.

If there are any years that you did not file a tax return provide the following:

Tax Year	Tax Return not filed		Reason not filed
_____	Fed()	State()	_____
_____	Fed()	State()	_____

CONTRACTS/LEASES

Please list all information regarding contracts that you are obligated to make payment on (i.e. cell phones, residential leases, etc.)

Type of contract _____

Who is the contract with? _____

Address of this person/company: _____

Do you want to keep this contract? ____ Yes ____ No

Type of contract _____

Who is the contract with? _____

Address of this person/company: _____

Do you want to keep this contract? ____ Yes ____ No

CODEBTORS

If you have cosigned on a loan or anyone else has cosigned one of your loans or is obligated on a debt with you, please list their name, address and the contract that they (or you) cosigned.

1) Name of cosignor: _____
 Address: _____
 Which debt did they (or you) cosign? _____

2) Name of cosignor: _____
 Address: _____
 Which debt did they (or you) cosign? _____

ESTIMATE OF AVERAGE FUTURE MONTHLY EXPENSES

Rent or home first mortgage payment (include lot rent)..... \$ _____
 Are property taxes included? []Yes []No
 Is insurance included? []Yes []No
 Home second mortgage payment.....\$ _____
 Electricity and heat \$ _____
 Water and sewer.....\$ _____
 Telephone and cell phone.....\$ _____
 Trash.....\$ _____
 Security.....\$ _____
 Cable/satellite/internet.....\$ _____
 Other utilities (describe: _____).....\$ _____
 Home maintenance.....\$ _____
 Food (including school lunches, cleaning supplies, paper products etc).....\$ _____
 Clothing.....\$ _____
 Laundry/dry cleaning.....\$ _____
 Medical and dental expenses.....\$ _____
 Transportation (including gas, oil, maintenance, tires, etc. but do not include car payments or insurance).....\$ _____
 Charitable contributions.....\$ _____
 Recreation, club, entertainment, newspapers/periodicals.....\$ _____
 Homeowners/renters insurance (if not included in house payment).....\$ _____
 Life insurance (not deducted from wages)..... \$ _____
 Health insurance (not deducted from wages)..... \$ _____
 Vehicle insurance.....\$ _____
 Other insurance not previously listed (described: _____)..... \$ _____
 Real estate taxes not included in mortgage payments..... \$ _____
 Other taxes, for example personal property taxes on vehicles (describe: _____)..... \$ _____
 Vehicle Payments for any vehicles you'll be keeping
 Year _____ Make _____ Payments.....\$ _____
 Year _____ Make _____ Payments.....\$ _____
 Year _____ Make _____ Payments.....\$ _____
 Other installment payments for loans you will be reaffirming or keeping through bankruptcy (describe: _____)..... \$ _____
 Alimony you pay (not deducted from wages)..... \$ _____

Child support you pay (not deducted from wages).....\$ _____
 Child care expenses.....\$ _____
 Any other payments you make as a result of a divorce or separation..... \$ _____
 School tuition/fees/expenses.....\$ _____
 Any other expenses not listed above (describe)
 _____.....\$ _____
 _____.....\$ _____

Any changes to the above expenses expected in the next year? _____

INCOME INFORMATION

Please list the following wage information (approximations are acceptable):

Your total wages before any deductions for the year 2006: \$ _____

Your total wages before any deductions for the year 2007: \$ _____

Your total wages before any deductions for the year 2008: \$ _____ (so far this year)

Do you expect to receive any bonus, commissions or similar type of compensation in the future?
 ____ Yes ____ No If yes, how much do you expect? \$ _____

If you have received income or money in the last three years from sources **other than your employment** (for example: unemployment, social security, sale of property, inheritance, sale of stocks or bonds, etc.) please give the following information (approximations are acceptable):

Year 2006: Source: _____ Amount \$ _____
 Year 2007: Source: _____ Amount \$ _____
 Year 2008: Source: _____ Amount \$ _____
 (so far this year)

For your **spouse's** job please list the following wage information (approximations are acceptable):

Spouse's total wages before any deductions for the year 2006: \$ _____

Spouse's total wages before any deductions for the year 2007: \$ _____

Spouse's total wages before any deductions for the year 2008: \$ _____
 (so far this year)

Does your spouse expects to receive any bonus, commissions or similar type of compensation in the future? ____ Yes ____ No If yes, how much does your spouse expect? \$ _____

If your spouse has received income in the last three years from sources **other than her employment** (for

example unemployment, social security, sale of stocks or bonds, etc.) please give the following information (approximations are acceptable).

Year 2005: Source: _____ Amount \$ _____

Year 2006: Source: _____ Amount \$ _____

Year 2007: Source: _____ Amount \$ _____
(so far this year)

CREDITOR PAYMENTS

If any creditor has been paid a **total** of \$600.00 or more within the last 90 days provide the following: (for example a house or car payment of \$400.00 every month would **total** \$600.00 or more in the last 90 days):

Creditors	Amount Paid	Dates of payments
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

LAW SUITS (including divorce and eviction cases.)

Answer the following for each lawsuit you are involved in. Please provide copies of any documents you have received in connection with any lawsuits. **IMPORTANT!! If money is still owed you must list the company or person that sued you on the list of creditors at the end of this questionnaire.**

Name of lawsuit _____ vs. _____

Name of court _____ Case Number _____

If garnished, how much was taken in the last 90 days? \$ _____

Name of lawsuit _____ vs. _____

Name of court _____ Case Number _____

If garnished, how much was taken in the last 90 days? \$ _____

Name of lawsuit _____ vs. _____

Name of court _____ Case Number _____

If garnished, how much was taken in the last 90 days? \$ _____

GARNISHMENTS

Have you had money taken out of your paycheck or bank account?

If so, please state the name of the creditor, the date of the garnishment and how much was taken?

REPOSSESSION AND FORECLOSURES

If you have had any property voluntarily returned to a creditor within the last 12 months please state what property was returned the date it was returned, and the name of the creditor.

Property returned: _____

Name of Creditor: _____ Date: _____

If you have had any property repossessed within the last 12 months please state what property was repossessed, the date it was repossessed, and the name of the creditor.

Property repossessed: _____

Name of Creditor: _____ Date: _____

PAYMENTS AND GIFTS TO FAMILY MEMBERS AND CHARITABLE ORGANIZATIONS

Have you made any gifts to a charitable organization or family member in the last year?

List any payments to family members, friends, acquaintances, or relatives within the last two years (other than incidental gifts totaling less than \$100) **and** any payments you made for their benefit (for example you paid a bill for a family member).

Name of person that received the payment or benefit: _____

Amount Paid: \$_____ Reason for payment _____

Name of person that received the gift: _____

Amount Paid: \$_____ Reason for payment _____

Name of person that received the gift: _____

Amount Paid: \$_____ Reason for payment _____

List all charitable contributions totaling more than \$100.00 over the last 12 months.

Name of charity _____ Amount \$ _____

Name of charity _____ Amount \$ _____

SPECIAL PAYMENTS

List all **payroll deductions** which are used to pay any of your debts (for example, an automatic payroll deduction for a car payment or house payment).

Amount: \$ _____ What is it for? _____

Amount: \$ _____ What is it for? _____

If you **incurred debt within the last 90** days totaling more than \$500.00 provide the following:

Name of Creditor _____ Amount: \$ _____

If you have received **cash advances** totaling more than \$750.00 from a creditor within the last 70 days, provide the following:

Name of Creditor _____ Amount: \$ _____

If there have been a significant increase in a number or amount of charges on any **credit cards** during the past few months (for example, charges totaling several hundred dollars or more) list the name of the creditor and be prepared to discuss the amounts and dates of the charges.

Name of creditor _____

If you have taken out or **refinanced a loan** within the last 90 days list the creditor's name and the approximate amount financed.

Name of Creditor _____ Amount: \$ _____

LOSSES

Have you had any **losses** from theft, fire, other casualty or gambling within the last year? If so when and how much? _____

PAYMENTS FOR DEBT COUNSELING/BANKRUPTCY

Have you made any payments to anyone regarding debt counseling or bankruptcy counseling?

SALE OR TRANSFER OF PROPERTY?

Have you sold or transferred any property in the last year? If yes, please list the property sold, the person who purchased the property, the value of the property and how much you sold the property for:

BANK ACCOUNTS

Have you closed any bank accounts in the last year?

Name of bank _____ Type of account _____ Date closed _____ Balance \$ _____

Name of bank _____ Type of account _____ Date closed _____ Balance \$ _____

PRIOR ADDRESS INFORMATION

List your addresses for the last three years. If you don't know the street address, list the city and state.

Prior: _____ City, State: _____

Dates at this address: _____ to _____

Prior: _____ City, State: _____

Dates at this address: _____ to _____

Prior: _____ City, State: _____

Dates at this address: _____ to _____

RESIDENCY/IDENTIFICATION INFORMATION

Within the last eight years have you resided in a community property state (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Washington, or Wisconsin)?
_____ Yes _____ No

If you or your spouse used any other names or social security numbers in the last eight years please list them below.

You: _____ Other social security number: _____
Your Spouse: _____ Other social security number: _____

MISCELLANEOUS

If you or your spouse have any possible **claims or lawsuits against any other person** or business, describe the claims:

Is the claim part of a current lawsuit? []Yes []No

Have you ever been convicted of a felony? []Yes []No

Has your spouse ever been convicted of a felony? []Yes []No

If you or your spouse have any **policies of insurance with a cash or loan value**, answer the following:

Name of insurance company: _____

Date policy taken out: _____ Approximate current cash value \$_____

If you or your spouse have any ownership interest in property which is presently in the name of another person or business, describe the property and list the name of the person who has it:

If there is any property in which you or your spouse have any ownership interest that is presently in the possession of a third party or business, give the name of the party and describe the property:

If you or your spouse are the **beneficiaries** of any sort of trust, probate estate, or inheritances of any type, please list it here: _____

If you are aware of any money or property you may **inherit** from an estate in the next six months, please list it here: _____

If you have sold or pawned any property for \$100 or more in the last year list it here: _____

If you or your spouse own any property or any interest in any property which you have not already described in this Questionnaire, please describe it here: _____

If you own or have possession of any property that poses or is alleged to pose imminent and identifiable harm to public health or safety please describe it here: _____

REAFFIRMATION AGREEMENTS

In my conversations with you we talked about **reaffirmation** of certain debts. Reaffirmation means you **voluntarily** want to keep a particular debt. Most reaffirmation agreements continue your present payment schedule. Your final decision whether or not you wish to reaffirm a debt does not need to be made until the actual reaffirmation papers are presented to you following the filing of your bankruptcy. Even after you agree to reaffirm you have at least sixty days in which you can change your mind and cancel the reaffirmation.

STUDENT LOANS

If you list a debt in your bankruptcy that involves a **government guaranteed student loan** or other educational benefits, you should be aware that these debts are not dischargeable in bankruptcy unless it can be shown that repayment of the debt would be a hardship for you. Dischargeability of the debt for hardship reasons is a separate court proceeding and will be handled under a separate fee agreement.

BUSINESS INFORMATION

Complete if you have been in business within the last 8 years.

Have you been any of the following: owned own business____ incorporated____ partner____

Type of Business _____ address _____

Business Name _____ Tax ID # _____

Date Started _____ Date Stopped _____

BOOKS, RECORDS, AND FINANCIAL STATEMENTS

List name and address of bookkeeper or accountant who within the last **two years** has kept or supervised keeping of record for the business. _____

List name and address of any firm or individual who within the last **two years** has audited the books or prepared a financial statement. _____

If prepared has the financial statement been given to anyone within the last **two years**? _____ If yes, list name and address. _____

List name and address of all firms or individuals who currently have possession of the books of accounts and records of the debtor. If not available explain why. _____

INVENTORIES

Has an inventory of the property been done? _____ If yes, list who supervised preparation and when inventory was done. _____

ENVIRONMENTAL ISSUES

Have you ever received notice that you may be liable under or in violation of an environmental law.

Have you provided a notice to a governmental unit of a release of hazardous material. _____

List all judicial or administrative proceedings relating to any environmental law, including settlements and orders.

READ THIS PAGE VERY CAREFULLY!

List **all** debts on the following pages even if the debt is mentioned in the preceding pages.

Even if the debt is not primarily yours (you are a cosigner, or an ex-spouse was ordered to pay) still list the debt.

Even if you plan on paying a debt (like a car or house you want to keep) **you must still list the debt.**

Even if a debt may not be dischargeable (like taxes or student loans) **you must still list the debt.**

In Section A list only secured creditors. These include your home loan, vehicle loan or any other loans in which the creditor has a lien on some property.

In Section B list unsecured creditors. These include medical bills, most credit card bills, support obligations, taxes, student loans, back rent, past due utility bills, and all other debt.

List any child support, spousal maintenance, and any person owed the money (like your ex-spouse) and any agency collecting it (Kansas Payment Center, SRS, an attorney) even though it is not dischargeable in bankruptcy.

You must provide a **complete** mailing address for each creditor. If an address is not provided the debt cannot be included on the bankruptcy. Provide a copy of the current bill if available.

Please provide proof of insurance, such as your insurance identification card, for any vehicles not paid for.

Return a copy of the registration of any vehicle or mobile home.

READ THIS PAGE VERY CAREFULLY!

SECTION A - SECURED CREDITORS ONLY
(for example: home loan, car loan and any other secured loans)

IMPORTANT INSTRUCTIONS:

- 1) **DO NOT** put credit cards, medical, or any other unsecured loans in this section. These go in Section B starting on page 18.
- 2) We need a copy of the registration of any vehicle or mobile home not paid for.

Name and complete mailing address
of creditor:

If a collection agency or attorney
is collecting give name & address:

EXAMPLE:

Ford Motor Credit

PO Box 219686

Kansas City, MO 64121

Approximate amount owed: \$10,000 Year debt incurred: 2003

What is the collateral? 2003 Ford

What is the current market value of the collateral? \$12,000

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

SECTION A - SECURED CREDITORS ONLY

(for example: home loan, car loan and any other secured loans)

Name and complete mailing address
of creditor:

If a collection agency or attorney
is collecting give name & address:

Approximate amount owed: \$ _____ Year debt incurred: _____
What is the collateral? _____

What is the current market value of the collateral? \$ _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

Name and complete mailing address
of creditor:

If a collection agency or attorney
is collecting give name & address:

Approximate amount owed: \$ _____ Year debt incurred: _____
What is the collateral? _____

What is the current market value of the collateral? \$ _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

SECTION A - SECURED CREDITORS ONLY

(for example: home loan, car loan and any other secured loans)

Name and complete mailing address
of creditor:

If a collection agency or attorney
is collecting give name & address:

Approximate amount owed: \$ _____ Year debt incurred: _____
What is the collateral? _____

What is the current market value of the collateral? \$ _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

Name and complete mailing address
of creditor:

If a collection agency or attorney
is collecting give name & address:

Approximate amount owed: \$ _____ Year debt incurred: _____
What is the collateral? _____

What is the current market value of the collateral? \$ _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

SECTION B - ALL OTHER CREDITORS

DO NOT put home loans, car loans, or any other secured loan in this section.

DO put credit cards, medical bills, student loans, taxes and other unsecured debt in this section.

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

EXAMPLE:

Citibank Visa

ABC Collection Agency

123 N. Main

PO Box 789

Chicago, IL 60601

Wichita, KS 67201

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ 4,000 Year debt incurred 2001-2004

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: Collection agency or attorney name and address:

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: Collection agency or attorney name and address:

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: Collection agency or attorney name and address:

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: Collection agency or attorney name and address:

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: Collection agency or attorney name and address:

What is the debt for? Medical Services Credit Card Other _____

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