

DOCUMENTS REQUIRED

Pre-filing counseling – www.debthelper.com

Do Course 1 before your case is filed (cost = \$24.00)

Post-filing debtor education – www.debthelper.com

Do Course 2 after your case is filed (cost = \$14.00)

Credit report – www.annualcreditreport.com

Free – get the Transunion

Billing statements for all debts or collection accounts not listed on your credit report

Homestead deed & property appraisal

Paystubs

Last 7 months thru now

Bank statements

Last 7 months thru now

Vehicle

Title or registration and NADA Retail Value – www.nada.com

Need vehicle appraised? Skip Bonnell – 813-493-1380

Tax returns

Last 3 years

IRA, 401k, 401b

Last 2 statements

Lawsuits

A copy of any lawsuit papers you have.

This document is provided by Deborah Blake of Florida Bankruptcy Services.

If you have any questions call her during business hours at **(727) 322-5881**.

More information is available at her website: <https://flabankruptcy.net> or send her an email at myparalegal@tampabay.rr.com.

Mail Address:

2808 Beach Blvd. South
Unit #9
Gulfport, Florida 33707

Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last **8 years**?

No _____ Yes _____

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business?

No _____ Yes _____

If yes, name of debtor: _____

Relationship to you: _____

Case Number: _____

Date filed: _____

In which bankruptcy court was the case filed? _____

Exhibit "C" to the Voluntary Petition

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

No _____ Yes _____

(If yes, please attach a list and description of the property.)

Debtors Who Reside as Tenants of Residential Property

If you rent your home, does a landlord hold a judgment against you?

No _____ Yes _____

If yes, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

REAL ESTATE
(you are an owner or joint owner)

Property address

Street

City

State

Zip Code

Name on deed _____

Value per county appraiser: _____

Do you claim the homestead exemption?

Yes _____

No _____

Lender name _____

Account number _____

Address _____

City _____

State _____

Zip Code _____

Date incurred _____

Interest rate _____

Balance owed _____

Is the home in foreclosure

Yes _____

No _____

Do you want to keep the home or surrender it?

Keep _____

Surrender _____

Do you have a 2nd mortgage?

Lender name _____

Account number _____

Address _____

City _____ State _____ Zip Code _____

Are you behind in the payments? Yes _____ No _____

Date incurred _____

Interest rate _____

Balance owed _____

Do you owe HOA fees?

HOA name _____

Account number _____

Address _____

City _____ State _____ Zip Code _____

Date incurred _____

Balance owed _____

Did the HOA file a lien against you? Yes _____ No _____

TIMESHARE
(you are an owner or joint owner)

Location _____

Name on deed _____

Company name _____

Account number _____

Address _____

City _____ State _____ Zip Code _____

Date incurred _____

Interest rate _____

Balance owed _____

Week Number _____

Who makes the payments _____

Do you want to keep the timeshare or surrender it? Keep _____ Surrender _____

PERSONAL PROPERTY

<u>LIVING ROOM</u>	Value	Age	<u>LR ELECTRONICS</u>	Value	Age
Sofa	_____	_____	TV	_____	_____
Loveseat	_____	_____	Model	_____	_____
Chair(s)	_____	_____	Size	_____	_____
Coffee Table	_____	_____	Stereo System	_____	_____
End table(s)	_____	_____	Gaming System	_____	_____
Misc.	_____	_____	Misc.	_____	_____

<u>KITCHEN</u>	Value	Age	<u>DINING ROOM</u>	Value	Age
Stove	_____	_____	Table w/2 Chairs	_____	_____
Refrigerator	_____	_____	Table w/4 Chairs	_____	_____
Dishwasher	_____	_____	Table w/6 Chairs	_____	_____
Washer	_____	_____	Table w/8 Chairs	_____	_____
Dryer	_____	_____	China Cabinet	_____	_____
Small Appliances	_____	_____	Buffet	_____	_____
Misc.	_____	_____	Misc.	_____	_____

<u>BEDROOM #1</u>	Value	Age	<u>BEDROOM #2</u>	Value	Age
King Bed	_____	_____	King Bed	_____	_____
Queen Bed	_____	_____	Queen Bed	_____	_____
Full Bed	_____	_____	Full Bed	_____	_____
Twin Bed	_____	_____	Twin Bed	_____	_____
Nite Stand	_____	_____	Nite Stand	_____	_____
Dresser	_____	_____	Dresser	_____	_____
Chest	_____	_____	Chest	_____	_____
Armoire	_____	_____	Armoire	_____	_____
TV	_____	_____	TV	_____	_____
Model	_____	_____	Model	_____	_____
Size	_____	_____	Size	_____	_____

<u>BEDROOM #3</u>	Value	Age
King Bed	_____	_____
Queen Bed	_____	_____
Full Bed	_____	_____
Twin Bed	_____	_____
Nite Stand	_____	_____
Dresser	_____	_____
Chest	_____	_____
Armoire	_____	_____
TV	_____	_____
Model	_____	_____
Size	_____	_____

<u>BEDROOM #4</u>	Value	Age
King Bed	_____	_____
Queen Bed	_____	_____
Full Bed	_____	_____
Twin Bed	_____	_____
Nite Stand	_____	_____
Dresser	_____	_____
Chest	_____	_____
Armoire	_____	_____
TV	_____	_____
Model	_____	_____
Size	_____	_____

<u>GARAGE/SHED</u>	Value	Age
Shed	_____	_____
Hand Tools	_____	_____
Power Tools	_____	_____
Lawn Mower	_____	_____
Riding Mower	_____	_____
Lawn Tools	_____	_____
Misc	_____	_____

<u>COMPUTER</u>	Value	Age
Tablet	_____	_____
Model	_____	_____
Laptop	_____	_____
Model	_____	_____
Desktop	_____	_____
Model	_____	_____
Printer	_____	_____
Model	_____	_____

VEHICLE #1

Year _____ Make _____ Model _____

Date purchased _____ Name on title _____

Lender name _____

Account number _____

Address _____

City _____ State _____ Zip Code _____

Interest rate _____ Payment Amount _____ How many pmts left: _____

Who makes the payments _____

NADA Retail Value _____

Do you want to keep the vehicle or surrender it? Keep _____ Surrender _____

VEHICLE #2

Year _____ Make _____ Model _____

Date purchased _____ Name on title _____

Lender name _____

Account number _____

Address _____

City _____ State _____ Zip Code _____

Interest rate _____ Payment Amount _____ How many pmts left: _____

Who makes the payments _____

NADA Retail Value _____

Do you want to keep the vehicle or surrender it? Keep _____ Surrender _____

BOAT

Year _____ Make _____ Model _____

Date purchased _____ Name on title _____

Lender name _____

Account number _____

Address _____

City _____ State _____ Zip Code _____

Interest rate _____ Payment Amount _____ How many pmts left: _____

Who makes the payments _____

NADA Retail Value _____

Do you want to keep the vehicle or surrender it? Keep _____ Surrender _____

RECREATIONAL VEHICLE

Year _____ Make _____ Model _____

Date purchased _____ Name on title _____

Lender name _____

Account number _____

Address _____

City _____ State _____ Zip Code _____

Interest rate _____ Payment Amount _____ How many pmts left: _____

Who makes the payments _____

NADA Retail Value _____

Do you want to keep the vehicle or surrender it? Keep _____ Surrender _____

PERSONAL PROPERTY

Cash on hand Balance _____

Checking account #1 Balance _____

Name of Bank _____ Last 4 digits of acct _____

Name on account _____

Checking account #2 Balance _____

Name of Bank _____ Last 4 digits of acct _____

Name on account _____

Savings account #1 Balance _____

Name of Bank _____ Last 4 digits of acct _____

Name on account _____

Savings account #2 Balance _____

Name of Bank _____ Last 4 digits of acct _____

Name on account _____

Certificates of Deposit Balance _____

Name of Bank _____ Last 4 digits of acct _____

Name on account _____

Security deposits held by landlord, utility, etc. Amount _____

Name _____ Date paid _____

Address _____ City _____ State _____ Zip Code _____

Antiques & collectibles Value _____

Item _____

Personal clothing Value _____

Furs and jewelry Value _____

Item _____

Sports equipment Value _____

Item _____

Surrender value for whole life insurance policies Value _____

Company name _____

Name of beneficiary _____

Annuities Value _____

Company name _____

Name of beneficiary _____

Interests in an IRA Value _____

Company name _____

Interests in pension or profit sharing plans (include 401k thru employer) Value _____

Company name _____

Stock and interests in incorporated/ unincorporated business Value _____

Stock name _____

Number of shares _____

Interests in partnerships/joint ventures Value _____

Company name _____

Percentage of interest _____

Bonds Value _____

Issuer of bond _____

Name on bond _____

Other liquidated debts owed to you, including anticipated income tax refunds Value _____

Equitable or future interests or life estates Value _____

Name of Estate _____

Interests in estate of decedent or life insurance plan or trust Value _____

Name of estate or trust _____

Address _____ City _____ State _____ Zip Code _____

Patents, copyrights, other intellectual property Value _____

Description _____

Patent/copyright number _____

Licenses, franchises Value _____

Name _____

Address _____ City _____ State _____ Zip Code _____

Customer list or other compilation Value _____

Describe _____

Aircraft & accessories Value _____

Year _____ Make _____ Model _____

Date purchased _____ Name on title _____

Lender name _____

Account number _____

Address _____

City _____ State _____ Zip Code _____

Interest rate _____ Payment Amount _____ How many pmts left: _____

Who makes the payments? _____

Appraised value _____

Do you want to keep the plane or surrender it? Keep _____ Surrender _____

Office equipment & supplies Value _____

Describe _____

Machinery, fixtures etc. for business Value _____

Describe _____

Inventory Value _____

Describe _____

Domestic animals (dogs, cats, etc.) Value _____

Describe _____

Crops growing or harvesting Value _____

Describe _____

Farm equipment or implements Value _____

Describe _____

Farm supplies, chemicals & feed Value _____

Describe _____

LEASED VEHICLES & RENT TO OWN
(anything leased such as a vehicle or furniture)

Date purchased _____ Item financed _____

Name on contract _____

Lender name _____

Account number _____

Address _____

City _____ State _____ Zip Code _____

Length of contract _____ Payment Amount _____ How many pmts left: _____

Who makes the payments _____

Do you want to keep the item or surrender it? Keep _____ Surrender _____

Date purchased _____ Item financed _____

Name on contract _____

Lender name _____

Account number _____

Address _____

City _____ State _____ Zip Code _____

Length of contract _____ Payment Amount _____ How many pmts left: _____

Who makes the payments _____

Do you want to keep the item or surrender it? Keep _____ Surrender _____

FEDERAL TAXES (IRS)

Tax year _____ Amount owed _____

Name on tax debt _____

Has a lien been recorded against you? Yes _____ No _____ Unknown _____

Tax year _____ Amount owed _____

Name on tax debt _____

Has a lien been recorded against you? Yes _____ No _____ Unknown _____

Tax year _____ Amount owed _____

Name on tax debt _____

Has a lien been recorded against you? Yes _____ No _____ Unknown _____

Tax year _____ Amount owed _____

Name on tax debt _____

Has a lien been recorded against you? Yes _____ No _____ Unknown _____

Tax year _____ Amount owed _____

Name on tax debt _____

Has a lien been recorded against you? Yes _____ No _____ Unknown _____

STATE TAXES

Tax year _____ Amount owed _____

Name on tax debt _____

Has a lien been recorded against you? Yes _____ No _____ Unknown _____

Tax year _____ Amount owed _____

Name on tax debt _____

Has a lien been recorded against you? Yes _____ No _____ Unknown _____

Tax year _____ Amount owed _____

Name on tax debt _____

Has a lien been recorded against you? Yes _____ No _____ Unknown _____

Tax year _____ Amount owed _____

Name on tax debt _____

Has a lien been recorded against you? Yes _____ No _____ Unknown _____

Tax year _____ Amount owed _____

Name on tax debt _____

Has a lien been recorded against you? Yes _____ No _____ Unknown _____

OVER-PAYMENTS
(Social security, workers compensation, unemployment, etc.)

Who do you owe? _____

Year owed _____ Amount owed _____

Address _____

City _____ State _____ Zip Code _____

Name on overpayment _____

Has a lien been recorded against you? Yes _____ No _____ Unknown _____

Who do you owe? _____

Year owed _____ Amount owed _____

Address _____

City _____ State _____ Zip Code _____

Name on overpayment _____

Has a lien been recorded against you? Yes _____ No _____ Unknown _____

Who do you owe? _____

Year owed _____ Amount owed _____

Address _____

City _____ State _____ Zip Code _____

Name on overpayment _____

Has a lien been recorded against you? Yes _____ No _____ Unknown _____

CHILD SUPPORT OR ALIMONY

Does anyone owe you child support?

Date _____ Amount owed _____

Who _____

Address _____

City _____ State _____ Zip Code _____

Date _____ Amount owed _____

Who _____

Address _____

City _____ State _____ Zip Code _____

Does anyone owe you alimony?

Date _____ Amount owed _____

Who _____

Address _____

City _____ State _____ Zip Code _____

Date _____ Amount owed _____

Who _____

Address _____

City _____ State _____ Zip Code _____

PERSONAL LOANS
(friends, family members, internet loans, payday loans)

Date owed _____ Amount owed _____

Name of person _____

Address _____

City _____ State _____ Zip Code _____

Year owed _____ Amount owed _____

Name of person _____

Address _____

City _____ State _____ Zip Code _____

Year owed _____ Amount owed _____

Name of person _____

Address _____

City _____ State _____ Zip Code _____

Year owed _____ Amount owed _____

Name of person _____

Address _____

City _____ State _____ Zip Code _____

MEDICAL DEBT

Please list all medical debt that does not appear on your credit report.

Name of medical provider _____

Account number _____

Address _____

Date incurred _____ Amount owed _____

Collection agency _____

Name of medical provider _____

Account number _____

Address _____

Date incurred _____ Amount owed _____

Collection agency _____

Name of medical provider _____

Account number _____

Address _____

Date incurred _____ Amount owed _____

Collection agency _____

Name of medical provider _____

Account number _____

Address _____

Date incurred _____ Amount owed _____

Collection agency _____

CREDIT CARD DEBT

Please list all credit card debt that does not appear on your credit report.

Company name _____

Account number _____

Address _____

Date incurred _____ Amount owed _____

Collection agency _____

Company name _____

Account number _____

Address _____

Date incurred _____ Amount owed _____

Collection agency _____

Company name _____

Account number _____

Address _____

Date incurred _____ Amount owed _____

Collection agency _____

Company name _____

Account number _____

Address _____

Date incurred _____ Amount owed _____

Collection agency _____

INCOME - EMPLOYMENT

Marital Status: Single Married Divorced Separated Widowed

Dependents:	First Name	Age	Relationship
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Debtors Income

Spouse's Income

1. Occupation _____
2. Name & address of employer

3. How long? _____
4. How often do you get paid?
 Weekly Bi-Weekly
 Monthly Bi-Monthly
 Other _____
5. Gross income _____
6. Taxes _____
7. Insurance _____
8. 401k _____
9. Pension _____
10. Garnishment _____
11. Other _____
12. Net income _____

1. Occupation _____
2. Name & address of employer

3. How long? _____
4. How often do you get paid?
 Weekly Bi-Weekly
 Monthly Bi-Monthly
 Other _____
5. Gross income _____
6. Taxes _____
7. Insurance _____
8. 401k _____
9. Pension _____
10. Garnishment _____
11. Other _____
12. Net income _____

SPOUSE'S INCOME MUST BE LISTED EVEN IF HE/SHE IS NOT FILING.

INCOME – OTHER THAN EMPLOYMENT

	DEBTOR		DEBTOR'S SPOUSE	
1.	Social Security	_____	Social Security	_____
2.	SS Disability	_____	SS Disability	_____
3.	Pension	_____	Pension	_____
4.	VA Pension	_____	VA Pension	_____
5.	VA Disability	_____	VA Disability	_____
6.	Annuity	_____	Annuity	_____
7.	Child Support	_____	Child support	_____
8.	Alimony	_____	Alimony	_____
9.	Food Stamps	_____	Food Stamps	_____
10.	Other	_____	Other	_____
		_____		_____
		_____		_____
		_____		_____
		_____		_____
		_____		_____
		_____		_____

SPOUSE'S INCOME MUST BE LISTED EVEN IF NOT FILING BANKRUPTCY.

EXPENSES

Do you and your spouse maintain separate households? Yes _____
If yes, fill one page out for your household and another for your spouse.

No _____

MONTHLY

RENT

Renter's insurance

1ST MORTGAGE

2ND MORTGAGE

Taxes (if not included in mortgage)

Insurance (if not included in mortgage)

HOA fees

Home maintenance

SECURED DEBT

Vehicle payment #1

Vehicle payment #2

Financed furniture

Financed electronics

Other

UTILITIES

Electric

Gas

Water, sewage, trash

ENTERTAINMENT

Cable tv

Cell phone

Internet

Netflix, Amazon Prime, Roku, Hulu, Sling tv, etc.

NECESSITIES

Food

Clothing

Laundry and dry cleaning

Medical and dental

Transportation

INSURANCE

Life insurance

Health insurance

Vehicle insurance

Other insurance

Taxes not deducted from paycheck _____

Child support/alimony not deducted from paycheck _____

Entertainment (movies, eating out, etc.) _____

Court ordered payments not deducted from paycheck _____

Payments for support of dependents not living at home _____

Additional Expenses (707(b) Expenses)

Mandatory payroll deductions not already listed _____

Court ordered payments not already listed _____

Education necessary to maintain employment _____

Education for a physically or mentally challenged child _____

Child care _____

Disability insurance (if not listed above or a payroll deduction) _____

Health savings accounts (if not a payroll deduction) _____

Care for elderly, chronically ill, or disabled family members _____

Protection from family violence _____

Non-mandatory contributions to retirement accounts
(including loan repayment) _____

Other expenses not listed above _____

STATEMENT OF FINANCIAL AFFAIRS

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly. If you have no information to report for a question, check the "NONE" box.

1. Income from employment or operation of business.

State your gross income from employment or operation of a business: If you have not received an income from employment during the two years immediately preceding this calendar year, check this box:

NONE

DEBTOR	SOURCE	AMOUNT
This year to date gross	_____	_____
Last year gross	_____	_____
Year before gross	_____	_____

JOINT DEBTOR	SOURCE	AMOUNT
This year to date gross	_____	_____
Last year gross	_____	_____
Year before gross	_____	_____

2. Income other than from employment or operation of business (i.e. Social Security). State the amount of income received other than from employment or operation of business during the two years immediately preceding the commencement of this case:

NONE

DEBTOR	SOURCE	AMOUNT
This year to date gross	_____	_____
Last year gross	_____	_____
Year before gross	_____	_____

JOINT DEBTOR	SOURCE	AMOUNT
This year to date gross	_____	_____
Last year gross	_____	_____
Year before gross	_____	_____

3. Payments to creditors

a. If your debts are primarily consumer debts, list all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within 90 days immediately preceding the commencement of this case. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation, or that were made as part of an alternative repayment plan.

NONE

Name of Creditor _____
Address of Creditor _____
Dates of payment _____
Amount paid _____ Amount still owing _____

b. If your debts are not primarily consumer debts, list each payment or other transfer, aggregating more than \$5,000 to any creditor made within 90 days immediately preceding the commencement of this case.

NONE

Name of Creditor _____
Address of Creditor _____
Dates of payment _____
Amount paid _____ Amount still owing _____

c. All debtors. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were "insiders". ("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

NONE

Name of Creditor _____
Address of Creditor _____
Dates of payment _____
Amount paid _____ Amount still owing _____

4. Suits, executions, garnishments and attachments

a. List all suits and administrative proceedings to which you are or were a party within one year preceding the filing of this case.

NONE

Creditor name _____
Case number _____
Court name _____
Status _____

b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within one year immediately preceding the commencement of this case.

NONE

Creditor name _____
Date of seizure _____
Item description _____
Estimated value _____

5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within one year immediately preceding the commencement of this case.

NONE

Creditor name _____
Creditor address _____
Date of repossession _____
Item description _____
Estimated value _____

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case.

NONE

Assignee name _____
Assignee address _____
Date of assignment _____
Terms of settlement _____
Item description _____

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.

NONE

Custodian name _____
Custodian address _____
Court name _____
Case number _____
Item description _____
Estimated value _____

7. Gifts

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

Recipient name _____
Recipient address _____
Relationship to you _____
Item description _____
Estimated value _____

8. Losses

List all losses from fire, theft, gambling or other casualty within one year immediately preceding the commencement of this case or since the commencement of this case.

NONE

Item description _____
Date of loss _____
Circumstances _____
Insurance company _____
Amount paid _____
To whom paid _____

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of the case.

NONE

Payee name _____
Date of payment _____
Amount of payment _____
Who paid fees _____

10. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within two years immediately preceding the commencement of this case.

NONE

Transferee name	_____
Address	_____
Date of transfer	_____
Item description	_____
Estimated value	_____
Relationship	_____

b. List all property you transferred within 10 years immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

NONE

Trust name	_____
Trust address	_____
Date of transfer	_____
Item description	_____
Estimated value	_____

11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case.

NONE

Bank name	_____
Bank address	_____
Account number	_____
Date closed	_____
Final balance	_____

12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within one year immediately preceding commencement of this case.

NONE

Bank name	_____
Bank address	_____
Contents description	_____
Who has access	_____

13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within 90 days preceding the commencement of this case.

NONE

Creditor name _____
Creditor address _____
Amount setoff _____
Date of setoff _____

14. Property held for another person

List all property that you hold or control that is owned by another person.

NONE

Owner name _____
Owner address _____
Property Description _____
Property Value _____
Property Location _____

15. Prior address of debtor

If you have moved within the three years immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

NONE

Address _____
Date moved in _____
Date moved out _____

Address _____
Date moved in _____
Date moved out _____

Address _____
Date moved in _____
Date moved out _____

16. Spouses and Former Spouses

If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

NONE

Name _____

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NONE

Site name _____
Site address _____
Date of notice _____
Government unit _____
Disposition _____

b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE

Site name _____
Site address _____
Date of notice _____
Government unit _____
Disposition _____

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NONE

Government unit	_____
Address	_____
Docket number	_____
Disposition	_____

18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NONE

Business name	_____
Business address	_____
Taxpayer ID	_____
Date opened	_____
Date closed	_____
Description	_____

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NONE

Business name	_____
Business address	_____
Taxpayer ID	_____
Description	_____

CONTRACT & FEE AGREEMENT

I, the undersigned, hereby attest and affirm that all debts, whether joint debts, co-signed debts, claims, or lawsuits for collection of debts, whether disputed or not, have been listed on my questionnaire or contained in the credit report and/or billing statement I provided.

I further attest and affirm that I have disclosed in this questionnaire all assets, receivables, and claims for money or property owed to me.

I acknowledge that my petition preparer will rely on the information provided in this questionnaire, credit report, and/or billing statement in order to properly prepare my bankruptcy documents.

I attest and affirm that my petition preparer did not give me any legal advice.

I attest that the petition preparer charged me a flat rate of \$250.00.

Date_____

Signature_____