

Bankruptcy Worksheet

Instructions

Please answer these questions carefully. The information you give us will be used to compile the schedules the Court requires to have your bankruptcy case approved. Your answers will determine what will be on your bankruptcy petition. Any errors, omissions or misrepresentations may seriously affect the discharge of your debts (meaning that you may need to pay them despite your having filed for bankruptcy). Discuss this with your attorney.

Where space permits, answer the questions on this questionnaire. However, do not let the size of the space available determine the extent of your response. If additional space is necessary, use a separate sheet or the back of this form, identifying by number and letter the question answered. A question asking for a date, or when something happened, can usually be answered with the month and year only. A question asking for an address must include the ZIP code, along with a complete street or post office box address.

There are many parts of the worksheet that will ask you to place a value on property that you own. Please use the following as a guideline for determining those values:

Personal Property & Household Goods: When filling out this part of the worksheet, use a "replacement value" without deductions for cost of sale or marketing. That means the price a retail merchant would charge for property of that kind considering the age and condition of the property at the time the value is determined (consignment shops, eBay, etc.). Cars should be valued by the N.A.D.A. Official Used Car Guide. Your attorney will look this up for you.

Real Property: When valuing real property (land and any structures built on it), indicate the appraised tax value from your yearly property tax statement or, alternatively, base the value upon what similar properties in your area are bringing.

The instructions in this questionnaire should answer most of your questions. In addition, we have tried to eliminate "legalese" (or lawyer talk) by using clear and simple language. Where terms are used that we feel might be unfamiliar to you, we try to provide clear definitions. Nonetheless, if you find any questions unclear, please call, as accuracy at this stage is of utmost importance.

Remember, these questions *must* be answered fully and accurately. If you absolutely cannot remember, find out, or guess with reasonable accuracy, answer "Unknown." The effort you expend now will help determine how quickly your bankruptcy can be filed and how complete your discharge will be.

Documents Needed

You will need to bring the following documents to our office when you come in to go over your completed worksheet. It is very important that you bring these items with you:

- 1. Certificate of Credit Counseling (if you have it)
- 2. Copies of any promissory notes, Deeds of Trust, property tax statements, or contracts on any real estate you own or are buying.
- 3. Copies of any notes or retail installment contracts from banks, credit unions, finance companies or other lenders. Also, any security agreements or other documents listing your property as collateral for the purchase of cars, furniture, mobile homes, other personal property, or cash loans.
- 4. Current statements and bills from **all** creditors. Include creditors even the creditors with a zero balance.
- 5. Tax returns for last four (4) years and corresponding state income tax returns for the same period.
- 6. Pay stubs for the last six (6) months from all employers.
- 7. Proof of Insurance. If the policy is new, please provide the "binder" which is issued until the policy is in full force. If the policy is not new, then please provide the declarations page. Insurance information must state, at a minimum, the names of the insured's (you and other drivers in the case of car insurance), the policy number, the collateral that is insured, and the loss payee (the company(ies) that have liens on the property).
- 8. All legal documents pertaining to divorces or lawsuits which are pending or which have been finalized in the past 24 months.
- 9. Copies of all life insurance policies that have a cash value. You do not need to bring copies of term life policies.
- 10. All judgments or court orders entered against you or in your favor.
- 11. All executory contracts; for instance, leases, contracts for sale or deed and lease-purchase contracts.

Client Information

Part 1: Identify Yourself

Debtor 1 Male Female

1. Your Full Name

SR, JR, _____
First Name Middle Last

Home Address _____

City/ State/ Zip Code _____

Mailing Address (if Different) _____

City/ State/ Zip Code _____

County of Residence _____

Social Security/Tax ID Number _____ / _____

Driver's License Number _____ State _____ Date of birth _____

Debtor 2 Male Female

First Name Middle Last

Home Address _____

City/ State/ Zip Code _____

Mailing Address (if Different) _____

City/ State/ Zip Code _____

County of Residence _____

Social Security/Tax ID Number _____ / _____

Driver's License Number _____ State _____ Date of birth _____

Please Check: Individual Joint
 Partnership
 Other _____

My debts are: Non-Business (Consumer)
 Business
 Other

Marital Status: Single Married Divorced Widowed Life Partner Separated

If married, please fill out Spouse/Joint Debtor section even if your spouse is not filing.

If married, do you and your spouse maintain separate households? Yes No

Venue for Debtor 1

Have you lived at your current address for at least the past 180 days: Yes No

If "No," list previous cities, states, and dates (use additional pages if necessary):

Venue for Debtor 2

Have you lived at your current address for at least the past 180 days: Yes No

If "No," list previous cities, states, and dates (use additional pages if necessary):

Please Initial: Debtor 1 _____

Debtor 2 _____

Firm Name: Dorothy Butler Law Firm Phone: (512) 699-5632 Fax: (512) 369-3535

Contact Information

Enter all contact information and check which you would *prefer* we use.

- Home telephone: _____
- Debtor 1 work: _____ Ext: _____ Cell or text: _____
- Debtor 1 E-mail: _____ Debtor 2 E-mail: _____
- Debtor 2 work: _____ Ext: _____ Cell or text: _____
- Other: E-mail: _____

Emergency contact information: only to be used when we are unable to reach you at any of the above contacts. Discretion will be used.

Name: _____ Relationship: _____

Address: _____

Telephone or other contact: _____

Sole Proprietor Yes No

Name of business, if any

Number Street

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 Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

- No. I am not filing under Chapter 11.
- No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Do you have a business partner or partnership that is currently filing bankruptcy? Yes No

If "Yes," give city, state, case number, and date filed:

Are you a Debtor in a foreign proceeding? Yes No

If "Yes," give city, state, case number, and date filed:

Please Initial: Debtor 1 _____ Debtor 2 _____

BankruptcyPro

Firm Name: Dorothy Butler Law Firm Phone: (512) 699-5632 Fax: (512) 369-3535

Creditor	Phone Number	Reason

Prior Bankruptcies

Have you (Debtor 1) filed for bankruptcy within the last 8 years? If so complete:

Chapter	District (City, State)	When MM/ DD / YYYY	Case Number	Date Discharged or Dismissed

Have you (Debtor 2) filed for bankruptcy within the last 8 years? If so complete:

Chapter	District (City, State)	When MM/ DD / YYYY	Case Number	Date Discharged or Dismissed

Pending/Related Bankruptcies

Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? If so complete:

Chapter	District (City, State)	Date Filed	Case Number	Debtor Name	Association (Spouse, partner, affiliate, etc.)

Dependents

If married and filing individually, please include your spouse/partner as a dependent (use additional sheets if necessary.)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Occupation

	Debtor #1	Debtor #2
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Job #1	Job #1
Occupation	_____	_____
Employer	_____	_____
How Long?	_____	_____
Address	_____	_____
City/State/Zip	_____	_____
Telephone #	_____	_____
	Job #2	Job #2
Occupation	_____	_____
Employer	_____	_____
How Long?	_____	_____
Address	_____	_____
City/State/Zip	_____	_____
Telephone #	_____	_____

Added additional sheets (Please attach)

Real Property

Please complete the following worksheet. Your responses will assist us in determining the most beneficial approach to your case. We ask that you assign a value to your real property. When valuing real property (land and any structures built on it), indicate the appraised tax value from your yearly property tax statement or, alternatively, base the value upon what similar properties in your area are bringing.

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. Answer every question.

Indicate who owns each item by checking the appropriate box for each piece of property.

Debtor 1 Debtor 2 Debtor 1 and Debtor 2 only Another (New Option) C = Community

Part 1 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

YOUR HOMESTEAD

No.

Yes.

Surrender?

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

1.1

Street address, if available, or other description

City State ZIP code

County

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 _____

Who has an interest in the property? Check one

- 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 item, such as local property identification number: _____

Note to Attorney: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$ _____	\$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property

OTHER REAL PROPERTY (1)

If you own or have more than one, piece of real property list here:

Surrender?

1.2

Street address, if available, or other description

City State ZIP code

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 _____

Note to Attorney: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$ _____	\$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Please Initial: Debtor 1 _____

Debtor 2 _____

Firm Name: Dorothy Butler Law Firm

Phone: (512) 699-5632

Fax: (512) 369-3535

County _____

Who has an interest in the property? 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 is community property
(see Instructions)

Other information you wish to add about this item, such as local property identification number: _____

OTHER REAL PROPERTY (2)

Surrender?

1.3

Street address, if available, or other description _____

City _____ State _____ ZIP code _____

County _____

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

Note to Attorney: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$ _____	\$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? 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 is community property
(see Instructions)

Other information you wish to add about this item, such as local property identification number: _____

OTHER REAL PROPERTY (3)

Surrender?

1.4

Street address, if available, or other description _____

City _____ State _____ ZIP code _____

County _____

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

Note to Attorney: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$ _____	\$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? 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 is community property
(see Instructions)

Other information you wish to add about this item, such as local property identification number: _____

Added additional sheets (Please attach)

Please Initial: Debtor 1 _____

Debtor 2 _____

Personal Property

When filling out this part of the worksheet, use a "replacement value" without deductions for cost of sale or marketing. That means the price a retail merchant would charge for property of that kind considering the age and condition of the property at the time the value is determined (consignment shops, eBay, etc). Cars should be valued by the N.A.D.A. Official Used Car Guide or Blue Book. Your attorney will look this up for you.

Please use additional sheets if you are asked to list each piece of property separately.

Indicate who owns each item by checking the appropriate box for each piece of property.

Debtor 1 Debtor 2 Debtor 1 and Debtor 2 only Another (New Option) C = Community

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Leases/Executory Contracts.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No

Yes.

Surrender?

Leased? (If Yes, complete Leases/Executory Contracts section)

3.1. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other Information:

Who has an interest in the property? 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 is community property

Note to Attorney: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

\$ _____

\$ _____

If you own or have more than one vehicle, describe here:

Surrender?

Leased? (If Yes, complete Leases/Executory Contracts section)

3.2. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other Information:

Who has an interest in the property? 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 is community property

Note to Attorney: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

\$ _____

\$ _____

Surrender? Leased? (If Yes, complete Leases/Executory Contracts section)

3.3. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other Information:

Who has an interest in the property? 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 is community property

Note to Attorney: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ _____
Current value of the portion you own? \$ _____

Surrender? Leased? (If Yes, complete Leases/Executory Contracts section)

3.4. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other Information:

Who has an interest in the property? 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 is community property

Note to Attorney: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ _____
Current value of the portion you own? \$ _____

Surrender? Leased? (If Yes, complete Leases/Executory Contracts section)

3.5. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other Information:

Who has an interest in the property? 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 is community property

Note to Attorney: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ _____
Current value of the portion you own? \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No

Yes.

Surrender?

Leased? (If Yes, complete Leases/Executory Contracts section)

4.1. Make: _____
 Model: _____
 Year: _____
 Other Information:

Who has an interest in the property? 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 is community property

Note to Attorney: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ _____
Current value of the portion you own? \$ _____

Please Initial: Debtor 1 _____

Debtor 2 _____

If you own or have more than one watercraft, etc., list here:

No

Yes.

Surrender?

Leased? (If Yes, complete Leases/Executory Contracts section)

4.1. Make: _____

Model: _____

Year: _____

Other Information:

Who has an interest in the property? 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 is community property

Note to Attorney: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

\$ _____

\$ _____

Added additional sheets (Please attach)

Part 3: Describe Your Personal and Household Items

Do 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

Describe:

\$ _____

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

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

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

Describe:

\$ _____

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

Describe:

\$ _____

Please Initial: Debtor 1 _____

Debtor 2 _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

Describe: _____

\$ _____

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

Describe: _____

\$ _____

13. Non-farm animals

Examples: Dogs, cats, birds, horses

Describe: _____

\$ _____

14. Any other personal and household items you did not already list, including any health aids you did not list

Describe: _____

\$ _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3.

\$ _____

Add additional sheets (Please attach if needed) (If you use additional sheets, please indicate item number and description of the property).

Part 4: Describe Your Financial Assets

Do 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 claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

Cash \$ _____

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No. Institution name:
 Yes.

- 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: _____ \$ _____

Please Initial: Debtor 1 _____

Debtor 2 _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No. Institution or issuer name: _____

Yes. _____ \$

_____ \$

_____ \$

_____ \$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No. Name of entity: _____ % of ownership: _____

Yes. Give specific information about them: _____ % \$

_____ % \$

_____ % \$

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No.

Yes. Give specific information about them: Name of entity: _____ \$

_____ \$

_____ \$

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No.

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:	_____	\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No.

Yes. List each account separately

Type of account:	Institution name:	
Electric	_____	\$ _____
Gas	_____	\$ _____
Heating oil:	_____	\$ _____
Security deposit on rental unit:	_____	\$ _____
Prepaid rent:	_____	\$ _____
Telephone:	_____	\$ _____
Water:	_____	\$ _____
Rented furniture:	_____	\$ _____
Other:	_____	\$ _____

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- No.
- Yes.

Issuer name and description	
_____	\$ _____
_____	\$ _____
_____	\$ _____

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):	
_____	\$ _____
_____	\$ _____
_____	\$ _____

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

Give specific information about them:

	\$ _____
--	----------

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

Give specific information about them:

	\$ _____
--	----------

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

Give specific information about them:

	\$ _____
--	----------

Money or property owed to you?	Current value of the portion you own?
	Do not deduct secured claims or exemptions

28. Tax refunds owed to you

Give specific information about them, including whether you already filed the returns and the tax years:

Federal: \$ _____
 State: \$ _____
 Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No.
 Yes.

Give specific information:

Alimony: \$ _____
 Maintenance: \$ _____
 Support: \$ _____
 Divorce settlement: \$ _____
 Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No.
 Yes. Give specific information:

\$ _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No.
 Yes. Name the insurance company of each policy and list its value:

Company name:	Beneficiary	Surrender or refund value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- No.
 Yes. Give specific information:

\$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No.

Yes. Describe each claim:

\$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

Describe each claim:

\$ _____

35. Any financial assets you did not already list

Describe each claim:

\$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4.

\$

Part 5 : Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related 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 commissions you already earned

No.

Yes.

\$ _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No.

Yes. Describe:

\$ _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No.

Yes. Describe: \$ _____

41. Inventory

No.

Yes. Describe: \$ _____

42. Interests in partnerships or joint ventures

No.

<input type="checkbox"/> Yes. Describe:	Name of entity	% of ownership	\$ _____

43. Customer lists, mailing lists, or other compilations

No.

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No.

Yes. Describe: \$ _____

44. Any business-related property you did not already list

No. \$ _____

Yes. Describe: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. \$ _____

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm - or commercial fishing-related property?

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

Examples: Livestock, poultry, farm-raised fish

	\$	
--	----	--

48. Crops - either growing or harvested

Give specific information

	\$	
--	----	--

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

	\$	
--	----	--

50. Farm and fishing supplies, chemicals, and feed

	\$	
--	----	--

51. Any farm - and commercial fishing-related property you did not already list

	\$	
--	----	--

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6.

\$

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

Give specific information

	\$	
	\$	
	\$	

Part 8: (Note for Attorney: Totals for each Part are calculated by BankruptcyPRO)

CREDITORS

Please list SECURED creditors first, followed by PRIORITY and UNSECURED creditors.

If additional space is needed, please provide the same information on a separate page.

What is a secured debt? A secured debt is a debt which has collateral or security in the form of property. Houses, land, cars, large appliances and furniture are all examples of secured debts if they have not already been paid off.

What is a priority debt? A priority debt is a tax or administrative debt. Monies owed to the Internal Revenue Service, child support arrearages, and other taxing authorities are the best examples of priority debt. If past due child support is owed, you must provide the name and address of the agency and the recipient. However, there are many circumstances where the IRS could also be a secured (if they have a lien on property) or even an unsecured debt (if the debt is too old).

What is an unsecured debt? Unsecured creditors do not have any collateral to secure payment of your debt. Examples include most credit cards, medical bills, and signature loans.

If you are not sure of the type of debt list it as unsecured.

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, use additional sheets and attach.

List All Secured Claims	Column A Amount of claim	Column B Value of collateral	Column C Contract payment
List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditor as a noticing party for that creditor (Example collection agency or attorney). As much as possible, list the claims in alphabetical order according to the creditor's name.			

Surrender? Check here if you dispute this claim. Amount disputed: \$ _____.

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name		Co-Debtors (if any) <i>Please provide name and address for each co-debtor</i>
Number Street		
City State Zip Code		

Who owes the debt? Check one **Nature of lien.** Check all that apply

<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is a community debt	<input type="checkbox"/> An agreement you Made (Such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other _____
---	---

Noticing Parties
(Collection agency, attorney for creditor. etc.)

Name: _____
Address: _____

Date debt was incurred: _____ **Date of last payment:** _____ **Account number:** _____ **% Interest Rate (if known):** _____ %

Surrender? Check here if you dispute this claim. Amount disputed: \$ _____.

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name		Co-Debtors (if any) <i>Please provide name and address for each co-debtor</i>
Number Street		
City State Zip Code		

Who owes the debt? Check one **Nature of lien.** Check all that apply

<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is a community debt	<input type="checkbox"/> An agreement you Made (Such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other _____
---	---

Noticing Parties
(Collection agency, attorney for creditor. etc.)

Name: _____
Address: _____

Date debt was incurred: _____ **Date of last payment:** _____ **Account number:** _____ **% Interest Rate (if known):** _____ %

Firm Name: Dorothy Butler Law Firm

Phone: (512) 699-5632

Fax: (512) 369-3535

Surrender? Check here if you dispute this claim. Amount disputed: \$ _____.

Describe the property that secures the claim:

\$ _____ \$ _____ \$ _____

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 is a community 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 _____

Co-Debtors (if any)

Please provide name and address for each co-debtor

Noticing Parties

(Collection agency, attorney for creditor, etc.)

Name: _____

Address: _____

Date debt was _____ **Date of last** _____ **Account number:** _____ **% Interest Rate** _____
Incurred: _____ **payment:** _____ **#** _____ **(if known)%** _____ %

Surrender? Check here if you dispute this claim. Amount disputed: \$ _____.

Describe the property that secures the claim:

\$ _____ \$ _____ \$ _____

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 is a community 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 _____

Co-Debtors (if any)

Please provide name and address for each co-debtor

Noticing Parties

(Collection agency, attorney for creditor, etc.)

Name: _____

Address: _____

Date debt was _____ **Date of last** _____ **Account number:** _____ **% Interest Rate** _____
Incurred: _____ **payment:** _____ **#** _____ **(if known)%** _____ %

Surrender? Check here if you dispute this claim. Amount disputed: \$ _____.

Describe the property that secures the claim:

\$ _____ \$ _____ \$ _____

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 is a community 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 _____

Co-Debtors (if any)

Please provide name and address for each co-debtor

Noticing Parties

(Collection agency, attorney for creditor, etc.)

Name: _____

Address: _____

Date debt was _____ **Date of last** _____ **Account number:** _____ **% Interest Rate** _____
Incurred: _____ **payment:** _____ **#** _____ **(if known)%** _____ %

Please Initial: Debtor 1 _____

Debtor 2 _____

Homework Packet - Page 22 of 54

Surrender? Check here if you dispute this claim. Amount disputed: \$ _____.

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name _____

Number _____ Street _____

City _____ State _____ Zip Code _____

Co-Debtors (if any)

Please provide name and address for each co-debtor

Noticing Parties

(Collection agency, attorney for creditor, etc.)

Name: _____

Address: _____

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 is a community 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 _____

Date debt was

Incurred: _____

Date of last

payment: _____

Account number:

% Interest Rate

(if known)% _____ %

Surrender? Check here if you dispute this claim. Amount disputed: \$ _____.

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name _____

Number _____ Street _____

City _____ State _____ Zip Code _____

Co-Debtors (if any)

Please provide name and address for each co-debtor

Noticing Parties

(Collection agency, attorney for creditor, etc.)

Name: _____

Address: _____

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 is a community 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 _____

Date debt was

Incurred: _____

Date of last

payment: _____

Account number:

% Interest Rate

(if known)% _____ %

Added additional sheets (Please attach)

List All of Your PRIORITY Unsecured Claims

List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than five priority unsecured claims, . If more than one creditor holds a particular claim, list the other creditors as a noticing party.

Be as complete and accurate as possible. Use this section for creditors with PRIORITY unsecured claims and for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on the Real Property section, the Personal Property section and the Leases/Executory Contracts section . Do not include any creditors with partially secured claims that are listed on the Secured Creditors section above if more space is needed, add additional sheets and attach.

Firm Name: Dorothy Butler Law Firm

Phone: (512) 699-5632

Fax: (512) 369-3535

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

Check here if you dispute this claim. Amount disputed: \$_____.

_____	Account number	_____	\$	_____	\$	_____	\$
Creditor's Name	Date incurred?	_____					
Address _____							

City	State	Zip Code					

Who incurred the debt? Check one

Type of PRIORITY unsecured claim:

Noticing Parties

(Collection agency, attorney for creditor. etc.)

- | | |
|--|---|
| <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Domestic support obligations |
| <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Taxes and certain other debts you owe the government |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated _____ |
| <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Other Specify _____ |
| <input type="checkbox"/> Check if this is a community debt | |

Name: _____

Address: _____

Check here if you dispute this claim. Amount disputed: \$_____.

_____	Account number	_____	\$	_____	\$	_____	\$
Creditor's Name	Date incurred?	_____					
Address _____							

City	State	Zip Code					

Who incurred the debt? Check one

Type of PRIORITY unsecured claim:

Noticing Parties

(Collection agency, attorney for creditor. etc.)

- | | |
|--|---|
| <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Domestic support obligations |
| <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Taxes and certain other debts you owe the government |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated _____ |
| <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Other Specify _____ |
| <input type="checkbox"/> Check if this is a community debt | |

Name: _____

Address: _____

Check here if you dispute this claim. Amount disputed: \$_____.

_____	Account number	_____	\$	_____	\$	_____	\$
Creditor's Name	Date incurred?	_____					
Address _____							

City	State	Zip Code					

Who incurred the debt? Check one

Type of PRIORITY unsecured claim:

Noticing Parties

(Collection agency, attorney for creditor. etc.)

- | | |
|---|---|
| <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Domestic support obligations |
| <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Taxes and certain other debts you owe the government |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | |

Name: _____

Address: _____

Please Initial: Debtor 1 _____

Debtor 2 _____

Firm Name: Dorothy Butler Law Firm Phone: (512) 699-5632 Fax: (512) 369-3535

- At least one of the debtors and another Claims for death or personal injury while you
 Check if this is a community debt were intoxicated _____
 Other Specify _____

Check here if you dispute this claim. Amount disputed: \$ _____.

Account number _____ \$ _____ \$ _____ \$ _____
Date incurred? _____
Creditor's Name _____
Address _____
City _____ State _____ Zip Code _____

Who incurred the debt? Check one

Type of PRIORITY unsecured claim:

Noticing Parties

(Collection agency, attorney for creditor, etc.)

- Debtor 1 only Domestic support obligations
 Debtor 2 only Taxes and certain other debts you owe the
 Debtor 1 and Debtor 2 only government Name: _____
 At least one of the debtors and another Claims for death or personal injury while you Address: _____
 Check if this is a community debt were intoxicated _____
 Other Specify _____

Check here if you dispute this claim. Amount disputed: \$ _____.

Account number _____ \$ _____ \$ _____ \$ _____
Date incurred? _____
Creditor's Name _____
Address _____
City _____ State _____ Zip Code _____

Who incurred the debt? Check one

Type of PRIORITY unsecured claim:

Noticing Parties

(Collection agency, attorney for creditor, etc.)

- Debtor 1 only Domestic support obligations
 Debtor 2 only Taxes and certain other debts you owe the
 Debtor 1 and Debtor 2 only government Name: _____
 At least one of the debtors and another Claims for death or personal injury while you Address: _____
 Check if this is a community debt were intoxicated _____
 Other Specify _____

List All of Your NONPRIORITY Unsecured Claims

List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in the Secured Creditor section or the Priority Unsecured section. If more than one creditor holds a particular claim, list the other creditors as a noticing party.

Be as complete and accurate as possible. Use this section for creditors with PRIORITY unsecured claims and for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on the Real Property section, the Personal Property section and the Leases/Executory Contracts section. Do not include any creditors with partially secured claims that are listed on the Secured Creditors section above. If more space is needed, add additional sheets and attach.

Please Initial: Debtor 1 _____ Debtor 2 _____
BankruptcyPro

Firm Name: Dorothy Butler Law Firm

Phone: (512) 699-5632

Fax: (512) 369-3535

Total claim

_____ **Account number** _____ \$ _____
 Creditor's Name **Date incurred?** _____

 Address _____

 City _____ State _____ Zip Code _____

Who 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 is a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other Specify _____

Noticing Parties

(Collection agency, attorney for creditor, etc.)

Name: _____

Address: _____

_____ **Account number** _____ \$ _____
 Creditor's Name **Date incurred?** _____

 Address _____

 City _____ State _____ Zip Code _____

Who 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 is a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other Specify _____

Noticing Parties

(Collection agency, attorney for creditor, etc.)

Name: _____

Address: _____

_____ **Account number** _____ \$ _____
 Creditor's Name **Date incurred?** _____

 Address _____

 City _____ State _____ Zip Code _____

Who 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 is a community debt

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other Specify _____

Noticing Parties

(Collection agency, attorney for creditor, etc.)

Name: _____

Address: _____

Please Initial: Debtor 1 _____

Debtor 2 _____

Account number _____ \$
Creditor's Name _____ Date incurred? _____

Address _____

City _____ State _____ Zip Code _____

Who incurred the debt? Check one

Type of NONPRIORITY unsecured claim:

Noticing Parties

(Collection agency, attorney for creditor, etc.)

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this is a community debt

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other Specify _____

Name: _____

Address: _____

Account number _____ \$
Creditor's Name _____ Date incurred? _____

Address _____

City _____ State _____ Zip Code _____

Who incurred the debt? Check one

Type of NONPRIORITY unsecured claim:

Noticing Parties

(Collection agency, attorney for creditor, etc.)

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this is a community debt

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other Specify _____

Name: _____

Address: _____

Account number _____ \$
Creditor's Name _____ Date incurred? _____

Address _____

City _____ State _____ Zip Code _____

Who incurred the debt? Check one

Type of NONPRIORITY unsecured claim:

Noticing Parties

(Collection agency, attorney for creditor, etc.)

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this is a community debt

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other Specify _____

Name: _____

Address: _____

Please Initial: Debtor 1 _____

Debtor 2 _____

Creditor's Name **Account number** _____ \$ _____
Date incurred? _____

Address

City State Zip Code

Who 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 is a community debt

Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other Specify _____

Noticing Parties
(Collection agency, attorney for creditor. etc.)
Name: _____
Address: _____

Creditor's Name **Account number** _____ \$ _____
Date incurred? _____

Address

City State Zip Code

Who 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 is a community debt

Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other Specify _____

Noticing Parties
(Collection agency, attorney for creditor. etc.)
Name: _____
Address: _____

DOMESTIC SUPPORT OBLIGATION

Please list here the name of the recipient(s) of any child support or alimony you are obligated to pay even if you are current on your payments. If there are more than one recipient please copy this page and complete it for each recipient. We must have the actual address of the recipient, not the address for the Payment Center.

Check here if you dispute this Claim; Amount disputed: \$ _____

Recipient Name: _____

Address: _____

Telephone #: _____

Whose Debt? Debtor 1 Debtor 2 Debtor 1 and Debtor 2

Date of Most Recent Order: _____

Are you current on your payments? Yes No

Court Case No. or Division of Family Support Case No.: _____

Description of Support Type:

Attorney or Staff use only: Secured Priority Special Unsecured

Direct pay starting: _____ In Plan at _____ %

Retain Collateral Surrender Collateral Redeem Collateral Reaffirm Debt

Remarks:

Please Initial: Debtor 1 _____

Debtor 2 _____

Leases and Executory Contracts

(Attach additional sheets if necessary)

Please check "Yes" or "No" in the box indicating whether or not you have unexpired leases or executory contracts of any kind?

Leases include apartment leases, house leases, car leases, etc.

Executory contracts include contracts for services, contracts for deed, contracts for sale, cell phone contracts, etc. If "Yes", please list **all** parties to the contract or lease, describe the nature of the interest, and **attach copies of the lease or contract to this package**. Please indicate whether you wish to assume (keep) or reject (end) the contract or lease by checking "Yes" or "No". **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.**

Do you have any Leases or Executory Contracts?

Yes No

Is the contract/lease in default? Yes No

Person or Company with whom you have the contract or lease

What is the contract or lease for

Co-Debtors (if any)

Please provide name and address for each co-debtor

Creditor's Name

Number Street

City State Zip Code

Who incurred the contract? Check one

How are handling the contract/lease Check one

Debtor 1 only

Assume

Debtor 2 only

Reject

Debtor 1 and Debtor 2 only

Assign

At least one of the debtors and another

Unknown

Check if this is a community debt

Contract payment: \$ _____

Arrearage amount (amount pass due): \$ _____

Term of contract/lease: _____

No of payments remaining: _____

Is the Contract (lease) in default? Yes No

Person or Company with whom you have the contract or lease

What is the contract or lease for

Co-Debtors (if any)

Please provide name and address for each co-debtor

Creditor's Name

Number Street

City State Zip Code

Who incurred the contract? Check one

How are handling the contract/lease Check one

Debtor 1 only

Assume

Debtor 2 only

Reject

Debtor 1 and Debtor 2 only

Assign

At least one of the debtors and another

Unknown

Check if this is a community debt

Contract payment: \$ _____

Arrearage amount (amount pass due): \$ _____

Term of contract/lease: _____

No of payments remaining: _____

Please Initial: Debtor 1 _____

Debtor 2 _____

Is the Contract (lease) in default? Yes No

Person or Company with whom you have the contract or lease

What is the contract or lease for

Co-Debtors (if any)

Please provide name and address for each co-debtor

Creditor's Name

Number Street

City State Zip Code

Who incurred the contract? Check one

How are handling the contract/lease Check one

Debtor 1 only

Assume

Debtor 2 only

Reject

Debtor 1 and Debtor 2 only

Assign

At least one of the debtors and another

Unknown

Check if this is a community debt

Contract payment: \$ _____

Arrearage amount (amount pass due): \$ _____

Term of contract/lease: _____

No of payments remaining: _____

Is the Contract (lease) in default? Yes No

Person or Company with whom you have the contract or lease

What is the contract or lease for

Co-Debtors (if any)

Please provide name and address for each co-debtor

Creditor's Name

Number Street

City State Zip Code

Who incurred the contract? Check one

How are handling the contract/lease Check one

Debtor 1 only

Assume

Debtor 2 only

Reject

Debtor 1 and Debtor 2 only

Assign

At least one of the debtors and another

Unknown

Check if this is a community debt

Contract payment: \$ _____

Arrearage amount (amount pass due): \$ _____

Term of contract/lease: _____

No of payments remaining: _____

Is the Contract (lease) in default? Yes No

Person or Company with whom you have the contract or lease

What is the contract or lease for

Co-Debtors (if any)

Please provide name and address for each co-debtor

Creditor's Name

Number Street

City State Zip Code

Who incurred the contract? Check one

How are handling the contract/lease Check one

Debtor 1 only

Assume

Debtor 2 only

Reject

Debtor 1 and Debtor 2 only

Assign

At least one of the debtors and another

Unknown

Check if this is a community debt

Contract payment: \$ _____

Arrearage amount (amount pass due): \$ _____

Term of contract/lease: _____

No of payments remaining: _____

Your Monthly 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. Answer every question.

	Debtor 1	Debtor 2 or non filing spouse
Pay frequency	<input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> bi-weekly
Gross per month	\$ _____	\$ _____
	Job #1	Job #1
Federal Income Tax	\$ _____	\$ _____
Medicare	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
State Income Tax	\$ _____	\$ _____
Mandatory contributions for retirement plans	\$ _____	\$ _____
Voluntary contributions for retirement plans	\$ _____	\$ _____
Required repayments of retirement fund loans	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Domestic support obligations	\$ _____	\$ _____
Union dues	\$ _____	\$ _____
Other deductions. Specify: (Explain in detail)	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

	Debtor 1	Debtor 2 or non filing spouse
Income from Other Sources		
Net income 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.)	\$ _____	\$ _____
Rental Property	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____

Please Initial: Debtor 1 _____

Debtor 2 _____

Firm Name: Dorothy Butler Law Firm Phone: (512) 699-5632 Fax: (512) 369-3535

Family support payments (Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.) \$ _____ \$ _____

Unemployment compensation \$ _____ \$ _____

Social Security \$ _____ \$ _____

Other government assistance (Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.) \$ _____ \$ _____

Pension or Retirement income \$ _____ \$ _____

Other Monthly Income \$ _____ \$ _____

All other regular contributions: Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included above or amounts that are not available to pay expenses listed in *Schedule J*. \$ _____ \$ _____

Please describe any anticipated changes in household income during the next 12 months.

Monthly Net Income: \$ _____

Monthly Net Income: \$ _____

TOTAL MONTHLY HOUSEHOLD INCOME: \$ _____

Please Initial: Debtor 1 _____

Debtor 2 _____

Your Monthly Expenses

For variable expenses, figure how much you typically spend in a year and divide by twelve. Medical expenses should not include insurance premiums. Do not include any expenses that are deducted from your pay. If home insurance and property taxes are included in your mortgage payment, do not list them separately.

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.

Residence:

Mortgage/Rent	\$	Includes taxes and insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, specify amounts below.
Property Tax	\$	
Insurance on residence	\$	If you have renter's insurance, include it here.
Home Maintenance		
H.O.A/Condo Dues	\$	Any homeowner's association dues
Home Equity Loans, etc.		
Utilities:		
Electricity	\$	
Gas	\$	
Water/Sewer	\$	
Cable T.V.	\$	
Internet	\$	
Telephone		
Home	\$	
Mobile	\$	
Pager	\$	
Other	\$	Describe: _____
Food/housekeeping supplies	\$	
Childcare, children's education	\$	
Clothing/Laundry/Dry Cleaning	\$	
Medical/Dental		
Medical	\$	Do not include monthly insurance premiums or items deducted from your pay. Regular doctor visits or other regular services paid out of pocket.
Dental	\$	Regular dental visits or payments paid out of pocket.
Prescriptions	\$	
Transportation	\$	Fuel, oil, registration, annual maintenance, etc. Not vehicle payments.
Recreation	\$	Clubs, entertainment, newspapers, magazines, etc.
Charity	\$	Do not include items deducted from your paycheck.
Insurance		
Life	\$	Do not include if these payments are deducted from your paycheck.
Health	\$	Do not list deposits for Health Savings Accounts. Please see next page.
Auto	\$	
Other	\$	<input type="checkbox"/> Check this box if you used the back or attached additional pages.

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Taxes \$ Do not include taxes deducted from your pay or included in mortgage payments.
 Specify _____

Other Taxes \$ Do not include taxes deducted from your pay or included in mortgage payments.
 Specify _____

Instalments

Auto 1	\$ <input type="text"/>	
Auto 2	\$ <input type="text"/>	<input type="checkbox"/> Check this box if you used the back or attached additional pages.
Other	\$ <input type="text"/>	
Other	\$ <input type="text"/>	<input type="checkbox"/> Check this box if you used the back or attached additional pages.
Alimony, Support	\$ <input type="text"/>	Alimony, maintenance, and support paid to others.
Other Support	\$ <input type="text"/>	Support of dependents not living in your home (for college see next page).
Business	\$ <input type="text"/>	
SUB-TOTAL	\$ <input type="text"/>	

Please Initial: Debtor 1 _____

Debtor 2 _____

Other Household Expenses
(may be out of the ordinary)

Do not enter amounts for items already deducted from your paycheck or listed above. Again, for yearly or semi-annual expenses, please enter the monthly average.

Higher Education

	\$	
College Tuition	\$	For: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
College Expenses	\$	For: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
College Savings Plan	\$	<input type="checkbox"/> Personal or <input type="checkbox"/> State sponsored savings plans?
Private Schooling	\$	
Special Needs	\$	Education for Special Needs children at home or living elsewhere
HSA	\$	Health Savings Account payments.
Land Maintenance	\$	Please enter the total amount necessary to maintain any land you own. (Examples include brush clearing, well maintenance, fencing, dusting, etc.)
Land Taxes	\$	Taxes on land other than your homestead.
Septic	\$	Maintenance and repair of any septic system(s).
Bldg. Maintenance	\$	Maintenance of buildings/structures you own that are not your homestead.
Farming Vehicles	\$	Maintenance and repair of any farming vehicles.
Farming Equip	\$	Tools and equipment repaired or purchased.
Other	\$	
Specify:	\$	_____
Specify:	\$	_____
Specify:	\$	_____
Specify:	\$	_____
Specify:	\$	_____

SUB-TOTAL.....	\$
-----------------------	----

GRAND TOTAL	\$
--------------------	----

Total of "Monthly Expenses" and "Other Household Expenses"

Check here if the back of this form is used, or additional pages attached.

Business Income & Expenses

Please enter your business income and expenses below. If you have a detailed statement, please submit that instead. Use a separate sheet if additional space is needed.

Other	\$	Specify:
-------	----	----------

A. Gross Business Income for Previous 12 Months

Previous Income.... \$

B. Gross Monthly Income

Current Income..... \$

TOTAL INCOME....	\$	<input style="width: 95%;" type="text"/>
-------------------------	-----------	--

C. Estimated Average Future Monthly Expenses

Payroll.....	\$	<input style="width: 100px;" type="text"/>
Payroll Taxes.....	\$	<input style="width: 100px;" type="text"/>
Unemployment Tax	\$	<input style="width: 100px;" type="text"/>
Worker's Comp.....	\$	<input style="width: 100px;" type="text"/>
Other Taxes.....	\$	<input style="width: 100px;" type="text"/>

Specify:

Inventory.....	\$	<input style="width: 100px;" type="text"/>	Inventory purchases
Consumables.....	\$	<input style="width: 100px;" type="text"/>	Feed, fertilizer, food, etc.
Rent/Lease.....	\$	<input style="width: 100px;" type="text"/>	
Utilities.....	\$	<input style="width: 100px;" type="text"/>	
Supplies.....	\$	<input style="width: 100px;" type="text"/>	
Maintenance.....	\$	<input style="width: 100px;" type="text"/>	Average your yearly expenses on maintenance and repairs
Vehicle Expenses..	\$	<input style="width: 100px;" type="text"/>	Fuel, oil, registration, annual maintenance, etc.
Entertainment.....	\$	<input style="width: 100px;" type="text"/>	Travel, food, hotel, flight, etc.
Equipment Rental..	\$	<input style="width: 100px;" type="text"/>	
Fees.....	\$	<input style="width: 100px;" type="text"/>	Any professional/business fees.
Insurance.....	\$	<input style="width: 100px;" type="text"/>	
Employee Benefits	\$	<input style="width: 100px;" type="text"/>	
Debt Payments			
Specify:	\$	<input style="width: 100px;" type="text"/>	
Other Expenses.....			Enter the total amount here. Use the back or additional paper if needed.
Specify:	\$	<input style="width: 100px;" type="text"/>	
Other Expenses.....			Enter the total amount here. Use the back or additional paper if needed.
	\$	<input style="width: 100px;" type="text"/>	
	\$	<input style="width: 100px;" type="text"/>	
TOTAL	\$	<input style="width: 100px;" type="text"/>	

Check here if the back of this form is used, or if additional pages are attached.

Statement of Financial Affairs

ALL QUESTIONS ARE TO BE ANSWERED COMPLETELY AND HONESTLY. Intentionally omitting or giving false information may be a punishable felony. Further, filing false documents is grounds for the Court to deny a discharge, meaning that your creditors can still pursue you.

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 number. Answer every question.

EACH QUESTION MUST BE ANSWERED. IF THE ANSWER TO ANY QUESTION IS "NONE" OR THE QUESTION IS NOT APPLICABLE, WRITE "NONE" OR "NOT APPLICABLE" IN THE ANSWER BOX.

Information about Spouses.

Spouses filing jointly should fill out a single statement on which the information for both spouses is combined.

If the case is to be filed under **chapter 12** or **chapter 13**, a married client must furnish information for both spouses whether or not the spouse also files, unless the spouses are separated and the absent spouse does not join in filing.

Business Clients.

An individual client engaged in business as a sole proprietor, partner, family farmer or self-employed professional, should provide the information requested on this statement concerning all activities as well as the individual's personal affairs.

All questions **MUST** be completed for all cases.

If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

You. "You" means you, the client. If both husband and wife file, "you" includes both of you. If only one spouse files, "you" may include the non-filing spouse – ***please read the instructions for the question***. If you own an interest in a corporation, "you" does not include the corporation.

In business. A client is "in business" for the purpose of this form if the client is a corporation or partnership. An individual client is "in business" for the purpose of this form if the client is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or self-employed.

Insider. The term "insider" (or *payee*) includes, but is not limited to: relatives of the client; general partners of the client and their relatives; corporations of which the client is an officer, director, or person in control; officers, directors, and any person in control of a corporate client and their relatives; affiliates of the client and insiders of such affiliates; any managing agent of the client. 11 U.S.C. § 101.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. 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
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____		Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	

		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____		Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	

		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____		Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	

3. 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.

Part 2: Explain the Sources of Your Income

4. 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 details.

Job #1	Debtor 1		Debtor 2	
	Sources of income <small>Check all that apply</small>	Gross income <small>(before deductions and exclusions)</small>	Sources of income <small>Check all that apply</small>	Gross income <small>(before deductions and exclusions)</small>
Describe: _____				
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For last calendar year: (January 1 to December 31, _____) <small>YYYY</small>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For calendar year before that: (January 1 to December 31, _____) <small>YYYY</small>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____

Job #2	Debtor 1		Debtor 2	
	Sources of income <small>Check all that apply</small>	Gross income <small>(before deductions and exclusions)</small>	Sources of income <small>Check all that apply</small>	Gross income <small>(before deductions and exclusions)</small>
Describe: _____				
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For last calendar year : (January 1 to December 31, _____) <small>YYYY</small>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For calendar year before that: (January 1 to December 31, _____) <small>YYYY</small>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____

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Job #3

Describe: _____

Debtor 1	
Sources of income	Gross income
Check all that apply	(before deductions and exclusions)

Debtor 2	
Sources of income	Gross income
Check all that apply	(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, tips \$ _____

Operating a business

For last calendar year :

(January 1 to December 31, _____)
YYYY

Wages, commissions, bonuses, tips \$ _____

Operating a business

Wages, commissions, bonuses, tips \$ _____

Operating a business

For calendar year before that:

(January 1 to December 31, _____)
YYYY

Wages, commissions, bonuses, tips \$ _____

Operating a business

Wages, commissions, bonuses, tips \$ _____

Operating a business

	Debtor 1	Debtor 2
	Gross income	Gross income
	\$ _____	\$ _____
Total		
	\$ _____	
Total for Debtor 1 & Debtor 2	\$ _____	

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

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	
Sources of income	Gross income
Describe below	(before deductions and exclusions)

Debtor 2	
Sources of income	Gross income
Describe below	(before deductions and exclusions)

From January 1 of current year until the date you filed for bankruptcy:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Please Initial: Debtor 1 _____

Debtor 2 _____

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For last calendar year:

(January 1 to December 31, _____)
YYYY

Wages, commissions, bonuses, tips \$ _____
 Operating a business _____

Wages, commissions, bonuses, tips \$ _____
 Operating a business _____

For calendar year before that:

(January 1 to December 31, _____)
YYYY

\$ _____

\$ _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has 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."
During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

No.

Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

*Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

No.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was the payment for...
Creditor's name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number Street	_____			<input type="checkbox"/> Car
City State ZIP Code	_____			<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

Creditor's name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number Street	_____			<input type="checkbox"/> Car
City State ZIP Code	_____			<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

Please Initial: Debtor 1 _____

Debtor 2 _____

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_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Creditor's name	_____			<input type="checkbox"/> Car
_____	_____			<input type="checkbox"/> Credit card
Number Street	_____			<input type="checkbox"/> Loan repayment
_____	_____			<input type="checkbox"/> Suppliers or vendors
City State ZIP Code	_____			<input type="checkbox"/> Other _____

Added additional sheets (Please attach)

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No.
 Yes. List all payments to an insider.

	Date of payment	Total amount paid	Amount you still owe	Reason for this payment
_____	_____	\$ _____	\$ _____	
Insider's Name	_____			
Number Street	_____			
City State ZIP Code	_____			

	Date of payment	Total amount paid	Amount you still owe	Reason for this payment
_____	_____	\$ _____	\$ _____	
Insider's Name	_____			
Number Street	_____			
City State ZIP Code	_____			

	Date of payment	Total amount paid	Amount you still owe	Reason for this payment
_____	_____	\$ _____	\$ _____	
Insider's Name	_____			
Number Street	_____			
City State ZIP 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 to an insider.

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	Date of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____ Number Street _____ City State ZIP Code _____	_____	\$ _____	\$ _____	

Insider's Name _____ Number Street _____ City State ZIP Code _____	_____	\$ _____	\$ _____	
--	-------	----------	----------	--

Insider's Name _____ Number Street _____ City State ZIP Code _____	_____	\$ _____	\$ _____	
--	-------	----------	----------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No.
- Yes. Fill in details

Nature of case	Court or agency	Status of case
Case title _____ Case number _____	Court name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title _____ Case number _____	Court name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Please Initial: Debtor 1 _____

Debtor 2 _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- No. Go to line 11.
- Yes. Fill in the information below.

Describe the property	Date	Value of the property
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Creditor's Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Number Street</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">City State ZIP Code</div>	<div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">\$</div>
Explain what happened		
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.		

Describe the property	Date	Value of the property
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Creditor's Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Number Street</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">City State ZIP Code</div>	<div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">\$</div>
Explain what happened		
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- No.
- Yes. Fill in the details.

Describe the action the creditor took	Date action was taken	Amount
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Creditor's Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Number Street</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">City State ZIP Code</div>	<div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">\$</div>
Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>		

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- No.
- Yes.

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No.
- Yes. Fill in details

Gifts with a total value of more than \$600 per person

Person to Whom You Gave the Gift _____

Number Street _____

City State ZIP Code _____

Person's relationship to you _____

Describe the property	Date you gave the gifts	Value
	_____	\$ _____

Gifts with a total value of more than \$600 per person

Person to Whom You Gave the Gift _____

Number Street _____

City State ZIP Code _____

Person's relationship to you _____

Describe the property	Date you gave the gifts	Value
	_____	\$ _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 to any charity?

- No.
- Yes. Fill in details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Charity's Name _____

Number Street _____

City State ZIP Code _____

Describe what you contributed	Date you contributed	Value
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Part 6: List Certain Gifts and Contributions

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No.
- Yes. Fill in details

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. (Note for Attorney List pending insurance claims on line 33 of Schedule A/B: Property.)</small>	Date of your loss	Value of property lost
			\$ _____

Part 7: List Certain Gifts and Contributions

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No.
- Yes. Fill in details.

Describe and value of any property transferred	Date payment or transfer was made	Amount of payment
_____ Person Who Was Paid _____ Number Street _____ City State ZIP Code _____ Email or website address _____ Person Who Made the Payment, if Not You		\$ _____
		\$ _____

Describe and value of any property transferred	Date payment or transfer was made	Amount of payment
_____ Person Who Was Paid _____ Number Street _____ City State ZIP Code _____ Email or website address _____ Person Who Made the Payment, if Not You		\$ _____
		\$ _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- No.
- Yes. Fill in details.

	Describe and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			\$ _____
Number Street			\$ _____
City State ZIP Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No.
- Yes. Fill in details.

	Describe and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you _____			

	Describe and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you _____			

19. **Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices*.)

- No.
 Yes. Fill in details.

	Description and value of the property transferred	Date transfer was made
<hr/> Name of trust <hr/>		<hr/>

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. **Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No.
 Yes. Fill in details.

	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
<hr/> Name of Financial Institution <hr/> Number Street <hr/> City State ZIP Code	XXXX- <hr/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other <hr/>	<hr/>	\$ <hr/>

	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
<hr/> Name of Financial Institution <hr/> Number Street <hr/> City State ZIP Code	XXXX- <hr/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other <hr/>	<hr/>	\$ <hr/>

21. **Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

- No.
 Yes. Fill in details

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Who else had access to it?			Describe the contents			Do you still have it?
Name of Financial Institution			Name			<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street			Number Street			
City	State	ZIP Code	City	State	ZIP Code	

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy??

- No.
- Yes. Fill in details

Who else had access to it?			Describe the contents			Do you still have it?
Name of Storage Facility			Name			<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street			Number Street			
City	State	ZIP Code	City	State	ZIP Code	

Part 9: Identify Property You Hold or Control for Someone Else

23. Do 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.
- Yes. Fill in details

Where is the property?			Describe the contents			Value
Owner's Name						\$ _____
Number Street			Number Street			
City	State	ZIP Code	City	State	ZIP Code	

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Please Initial: Debtor 1 _____

Debtor 2 _____

Firm Name: Dorothy Butler Law Firm Phone: (512) 699-5632 Fax: (512) 369-3535

- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No.
- Yes. Fill in details

			Governmental unit	Environmental law, if you know it	Date of notice
Name of site			Governmental unit		_____
Number	Street		Number Street		
City	State	ZIP Code	City State ZIP Code		

25. Have you notified any governmental unit of any release of hazardous material?

- No.
- Yes. Fill in details

			Governmental unit	Environmental law, if you know it	Date of notice
Name of site			Governmental unit		_____
Number	Street		Number Street		
City	State	ZIP Code	City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No.
- Yes. Fill in details below.

			Court or agency	Nature of the case	Status of the case
Case title			Court Name		<input type="checkbox"/> Pending <input type="checkbox"/> On Appeal <input type="checkbox"/> Concluded
Case Number			Number Street		
			City State ZIP Code		

Please Initial: Debtor 1 _____

Debtor 2 _____

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12. An owner of at least 5% of the voting or equity securities of a corporation
- Yes. Check all that apply above and fill in the details below for each business.

Business Name _____ Number Street _____ City State ZIP Code _____ Business Name _____ Number Street _____ City State ZIP Code _____ Business Name _____ Number Street _____ City State ZIP Code _____	Describe the nature of the business _____ Name of accountant or bookkeeper _____ Describe the nature of the business _____ Name of accountant or bookkeeper _____ Describe the nature of the business _____ Name of accountant or bookkeeper _____	Employer Identification number Do not include Social Security number or ITIN EIN: _____ - _____ Date business existed From _____ To _____ Employer Identification number Do not include Social Security number or ITIN EIN: _____ - _____ Date business existed From _____ To _____ Employer Identification number Do not include Social Security number or ITIN EIN: _____ - _____ Date business existed From _____ To _____
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28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties

	Date issued	
Name _____		MM / DD / YYYY _____
Number Street _____		
City State ZIP Code _____		

Please Initial: Debtor 1 _____

Debtor 2 _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that 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.

x _____ x _____
Signature of Debtor 1 Signature of Debtor 2

Date Date

Fee Disclosure
(Attorney and Staff use only)

<input type="checkbox"/> FIXED FEE or <input type="checkbox"/> HOURLY (If hourly, enter estimated total fees below)	
Total Fee Amount	\$
Amount Paid	\$
Balance Due	\$

Source of Compensation PAID	<input type="checkbox"/> Debtor 1 <input type="checkbox"/> Other (Specify)

Source of Compensation TO BE PAID	<input type="checkbox"/> Debtor 1 <input type="checkbox"/> Other (Specify)

Included/Excluded
No sharing of compensation, EXCEPT
Legal Services INCLUDED in Fee, or <input type="checkbox"/> Use defaults
<input type="checkbox"/> a. Analysis of debtor's financial situation... <input type="checkbox"/> b. Preparation and filing of any petitions, schedules, ... <input type="checkbox"/> c. Representation of the debtor at the meeting of creditors... <input type="checkbox"/> d. Representation of the debtor in adversary proceedings... <input type="checkbox"/> e. Other:

The Fee Does Not Include the Following Services, or <input type="checkbox"/> Use defaults

<input type="checkbox"/> Exclude from schedules	<input type="checkbox"/> Add to creditor list
<input type="checkbox"/> Exclude from matrix	<input type="checkbox"/> Add to SOFA question #9

Designated Attorney: _____

For staff use only

Exemption Scheme to use:	<input type="checkbox"/> State	<input type="checkbox"/> Federal (if applicable)
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Remember, BankruptcyPRO allows state and federal exemptions to be applied at the same time (if your state allows the use of federal bankruptcy exemptions) so that the program can calculate and present both options. Defaults for each property category can also be set.