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BANKRUPTCY INTAKE FORM

It has been our experience that most clients prefer to provide us the information we need to prepare the petition, schedules, statement of financial affairs, and related papers from the privacy of their homes, having all of their data at their fingertips, rather than coming into the office and being asked questions by us. Accordingly, we have developed the following questionnaire for you to review and answer the questions that pertain to your particular situation.

I. Petition

1. Your last name: _____
2. Your first name: _____
3. Your middle name: _____
4. Do you have any aliases or do your creditors know you by any other names, including maiden names? Yes No
If so, those names are: _____

5. Your social security number: _____
6. Have you ever used any other social security numbers: Yes No
If so, that number is/was: _____
7. Your marital status: Single Married Divorced
 Separated Widowed Engaged
8. If married or separated, your spouse's last name: _____
9. If married or separated, your spouse's first name: _____
10. If married or separated, your spouse's middle name: _____
11. Does your spouse have any aliases or does your spouse's creditors know your spouse by any other names? Yes No
If so, those names are: _____

12. If married or separated, your spouse's social security number: _____

13. Your residential address: _____

14. When did you move into your current residence? _____ (month)/ _____ (year)

15. Have you ever filed bankruptcy before: ___ Yes ___ No
If so, how many times have you filed bankruptcy? ___ once ___ more than once
Prior case name: _____

Prior case number: _____

Prior case chapter: _____

Date filed: _____

Judge's name: _____

Did you receive a discharge? ___ Yes ___ No

Were any of your assets liquidated by the Court-appointed bankruptcy trustee?
___ Yes ___ No

Was an order entered in your prior case giving a secured creditor relief from the automatic stay with respect to your real property? ___ Yes ___ No

If so, please provide the following information:

Creditor to whom relief was granted: _____

Date on which relief was granted: _____

16. Have you ever been married to anyone who, while you were married, filed bankruptcy? ___ Yes ___ No

If so, how many times: ___ once ___ more than once

17. If your spouse has filed bankruptcy before, please provide full case name: _____

Case number: _____

Date filed: _____

Judge's name: _____

Did spouse receive a discharge? ___ Yes ___ No

Were any of spouse's assets liquidated by the Court-appointed bankruptcy trustee?
___ Yes ___ No

18. Have you lived outside of the State of Florida at anytime within the past two years?
___ Yes ___ No

If so, list the time periods at which you have lived within and outside of the State of Florida within the past two years:

From Date	To Date	State
_____	_____	_____
_____	_____	_____

19. Have you completed the consumer credit counseling program now required by the Bankruptcy Abuse Prevention and Consumer Protection Act Of 2005? ___ Yes ___ No

If so: Date completed: _____

Name of counseling program: _____

II. Schedule of Assets

20. Do you own or are you purchasing real property located anywhere in the world? ___ Yes ___ No

21. If so, is it your residence you own or are purchasing? ___ Yes ___ No

22. If you own or are purchasing your residence, indicate what type of property it is you own or are purchasing:

___ single family residence

___ both units in a duplex

___ one unit in a duplex

___ townhouse

___ condominium

___ mobile home

___ other: _____

23. If you own or are purchasing your residence, indicate on what date or approximate date you acquired your interest in the property, whether by purchase, transfer, foreclosure, or inheritance:

Date: _____

24. If you own or are purchasing your residence, indicate what you believe to be the value of the property: \$ _____

25. How did you arrive at your estimate of the value of the property?

___ an appraisal

___ a real estate broker's estimate

___ personal knowledge of the neighborhood

___ a recent refinancing or attempted sale

___ other: _____

26. State the names of all of the people appearing on title to the property:

27. Do you take the position that you are on title to the property solely for estate planning purposes? ___Yes ___No

28. Have there been any events within the past five years that caused physical injury or death in which you either committed, have been accused of committing, or believe you could be accused of committing a criminal act, intentional tort, willful or reckless misconduct? ___Yes ___No If so, please provide the following information:

Date of incident: _____

Nature of the incident: _____

29. Are you or your spouse on title to any real estate anywhere in the world other than your residence? ___Yes ___No

30. If you are on title to other real estate, it is a:

___single family residence

___both units in a duplex

___one unit in a duplex

___townhouse

___condominium

___mobile home

___apartment building of ___ units

___commercial building

___vacant land

___timeshare

___other: _____

31. The addresses of the other real estate you are on title to is/are:

(a) Street number: _____

Street name: _____

_____ Avenue _____ Street _____ Road _____ Other:

Unit number: _____ Space number: _____

City: _____

State: _____

Zip code: _____

The names of all of the people appearing on title to the property:

You believe to be the value of the property to be:

\$ _____

(b) Street number: _____

Street name: _____
_____ Avenue _____ Street _____ Road _____ Other:
Unit number: _____ Space number: _____
City: _____
State: _____
Zip code: _____

The names of all of the people appearing on title to the property:

You believe to be the value of the property to be:

\$ _____

© Street number: _____

Street name: _____

_____ Avenue _____ Street _____ Road _____ Other:

Unit number: _____ Space number: _____

City: _____

State: _____

Zip code: _____

The names of all of the people appearing on title to the property:

You believe to be the value of the property to be: \$ _____

32. Are you generating any rental income? ___ Yes ___ No

33. The property that you generate rental income from is:

- ___ a room in your residence
- ___ other single family residence
- ___ both units in a duplex
- ___ one unit in a duplex
- ___ townhouse
- ___ condominium
- ___ mobile home
- ___ apartment building of ___ units
- ___ commercial building
- ___ other: _____

34. List the names of all tenants and how much monthly rental income you are supposed to be receiving from each:

Name: _____ Rent: \$ _____
 Name: _____ Rent: \$ _____
 Name: _____ Rent: \$ _____
 Name: _____ Rent: \$ _____

35. How much cash (money not in the bank) do you have, such as in your wallet, coin jar, cookie jar, under the mattress, buried in the backyard?

___ under \$20
 ___ under \$100
 ___ other: \$ _____

36. Do you have any instruments similar to cash, such as uncashed travelers cheques, cashier's checks, and/or money orders? ___ Yes ___ No If so, how much? \$ _____

37. List all open checking accounts, savings accounts, credit union share accounts, certificates of deposits, money market accounts, brokerage accounts, stock trading accounts, and e-trade accounts (do not list retirement accounts, pension accounts, 401k plans, and individual retirement accounts), regardless of the amount in the account(s) (i.e., include all accounts even if overdrawn):

<u>Institution</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

38. Have you contributed any funds in an education individual retirement account (as defined in Internal Revenue Code Section 530(b)(1)) within the past two years?

___ Yes ___ No If so, please provide the following information:

For whose benefit were the funds contributed: _____

What relation to you is the person for whose benefit the funds were contributed, e.g., child, stepchild, grandchild, step grandchild?

Amount contributed within the past two years: \$ _____

Amount contributed within the past one year: \$ _____

39. Have you purchased a tuition credit or certificate or contributed to an account in accordance with Internal Revenue Code Section 529(b)(1)(A) under a qualified state tuition program within the past two years? ___ Yes ___ No

If so, please provide the following information:

For whose benefit was the tuition credit or certificate or the funds contributed: _____

What relation to you is the person for whose benefit the tuition credit or certificate or the funds were contributed, e.g., child, stepchild, grandchild, step grandchild? _____
 Amount contributed within the past two years: \$ _____
 Amount contributed within the past one year: \$ _____

40. If you are renting your residence, did you pay the landlord a security deposit upon moving in or at any other time? ___Yes ___No If so, how much? \$ _____

41. Do you own any antique furniture? ___Yes ___No
 If so, you estimate the value to be: \$ _____

42. Do you own any original or limited edition artwork (i.e., other than "poster-wall art")? ___Yes ___No
 If so, you estimate the value to be: \$ _____

43. Do you own any collectibles, such as a stamp collection, coin collection, sports memorabilia, figurines, lladro, beanie babies, etc.? ___Yes ___No
 If so, you estimate the value to be: \$ _____

44. Do you own any firearms? ___Yes ___No Describe each item and estimate its value:

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

45. Do you own sporting equipment, such as weight machines, treadmills, Stairmasters, golf clubs, exercycles, bicycles, or fishing gear? ___Yes ___No

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

46. You value all of your remaining household goods and furnishings, such as personal computer, televisions, electronics, beds, sofas, dressers, kitchen utensils, etc. (i.e., other than those reflected in the five previous questions and responses) at (note that value is "liquidation value," not original cost or cost to replace; most debtors value their property at between \$1,500.00 and \$5,000.00): \$ _____

47. You value your wearing apparel at (note that value is "liquidation value," not original cost or cost to replace; most debtors value their property at \$500.00 per spouse):\$ _____

48. You value your jewelry, including wedding rings, at (note that value is "liquidation value," not original cost or cost to replace): \$ _____

49. Do you have life insurance? Yes No If so, please provide the following information:

<u>Insurance Company</u>	<u>Death Benefit</u>	<u>Term or Whole Life</u>	<u>Cash Surrender Value</u>	<u>Paid How? Out of Pocket? Employer Payroll Deductions</u>
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____

50. Do you own an annuity (an annuity is a sort of cross between a pension plan and life insurance contract whereby you have paid the annuity company a lump sum and are now receiving monthly, quarterly or annual payments and will continue to receive such payments until death)? Yes No If so, please provide the following information:

<u>Annuity Co.</u>	<u>Date Formed</u>	<u>Amount You're Receiving Annually</u>
_____	_____	_____
_____	_____	_____

51. Do you and/or your spouse have a retirement account, pension account, 401k plan, individual retirement account, or any other form of pension or retirement account, regardless of the amount in the account? Yes No
If so, please provide the following information:

<u>Institution</u>	<u>Husband Wife</u>	<u>Type Of Plan</u>	<u>Balance/\$</u>	<u>Until Death</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

52. Do you own any shares of stock in any publicly traded corporations? Yes No
If so, please provide the following information:

<u>Company Name</u>	<u>Number Of Shares</u>	<u>Price Per Share</u>
_____	_____	_____

53. Do you own any shares in any closely held corporations, such as your own corporation or a family-owned corporation? Yes No

If so, please provide the following information:

Company name: _____

Number of shares: _____

Percentage of ownership: _____%

Year of incorporation: _____

Year company commenced business operations: _____

Number of employees currently: _____

Number of employees at its peak: _____

If you are not the sole shareholder, name the other shareholders and whether they are related to you:

<u>Name</u>	<u>Percentage</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

54. Describe what the company does, i.e., what type of products it sells or services it provides:

55. Does the business operate out of your residence or does it have its own location(s)?
 Residence Its own location(s)

If the business has its own location(s) please provide the following information for each location: Address: _____

Type of property: _____

office space

commercial space

warehouse

land

Square footage: _____

Year occupancy commenced: _____

Year lease commenced: _____

Year lease is scheduled to terminate: _____

Are there options to renew the lease? Yes No

If so, please provide the following information: How many options to extend? _____

The options extend the lease for how many years? _____
 Is the company current on its lease payments? ___ Yes ___ No
 If not, how far behind on the rent is the company? \$ _____

56. List all of the corporation's open checking accounts, savings accounts, certificates of deposits, money market accounts, brokerage accounts, stock trading accounts, and e-trade accounts (do not list retirement accounts, pension accounts, 401k plans, and individual retirement accounts), regardless of the amount in the account(s) (i.e., include all accounts even if overdrawn):

<u>Institution</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

57. The corporation is presently owed the following amount from its clients and customers:

\$ _____ (if fully collectible)
 \$ _____ (likely collectible)

58. The value of the corporation's inventory is:

\$ _____ (valuing it at full retail)
 \$ _____ (valuing it at wholesale)
 \$ _____ (valuing it at cost)
 \$ _____ (valuing it at liquidation)

59. The corporation owns the following equipment free and clear and values it as follows:

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

60. The corporation is purchasing/financing the following equipment and values it as follows:

<u>Description</u>	<u>Lender</u>	<u>Balance</u>	<u>Owed Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

61. The corporation is leasing the following equipment and values it as follows:

Description	Lessor	Monthly Payment	Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

62. The corporation owns office equipment, such as computers, printers, desks, chairs, file cabinets, fax machines, copiers, etc. which you value at: \$ _____

63. The corporation has the following insurance policies (liability, workers compensation, product liability, keyman, etc.):

<u>Type of Coverage</u>	<u>Insurance Co.</u>	<u>Coverage Terms</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

64. Does the corporation have a customer list? Yes No
 If so, the value of that list is: \$ _____

65. Does the corporation have its own website? Yes No
 If so, the site address is: _____

66. Is the corporation suing anyone, does it have any claims pending against any insurance carriers, or have there been any events or incidents which could give rise to a lawsuit or insurance claim that could be pursued in the future even if it has not yet been pursued? Yes No If so, describe:

67. Does the corporation have any other intellectual property or intangibles, such as patents, copyrights, licenses, or franchise agreements?
 Yes No If so, describe:

68. Does the corporation own any other assets other than those reflected above?
 Yes No If so, describe:

69. Does the corporation owe any payroll taxes to the Internal Revenue Service? ___ Yes ___ No If so, please provide the following information:

Quarters owed: _____

Amount owed: \$ _____

70. Does the corporation owe any payroll taxes to the State of Florida? ___ Yes ___ No If so, please provide the following information:

Quarters owed: _____

Amount owed: \$ _____

71. Does the corporation owe its employees any wages? ___ Yes ___ No
If so, please provide the following information:

<u>Employee Name</u>	<u>Employee Address</u>	<u>Amount</u>	<u>Owed</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

72. Are there any creditors of the corporation that have liens against the corporation's assets? ___ Yes ___ No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>	<u>Collateral</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

73. Have you guaranteed any of the obligations owing by the corporation to its creditors? ___ Yes ___ No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

74. Does the corporation have any unsecured (uncollateralized) creditors that you did personally guarantee? ___ Yes ___ No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

75. Are you a partner, general or limited, in any partnerships, whether the business is recognized as a partnership under state law or not? Yes No

If so, please provide the following information:

Company name: _____

general partner limited partner

Percentage of ownership: _____%

Year of partnership formation: _____

Year company commenced business operations: _____

Number of employees currently: _____

Number of employees at its peak: _____

Name the other partners and whether they are related to you:

<u>Name</u>	<u>Percentage</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

76. Describe what the company does, i.e., what type of products it sells or services it provides:

77. Does the business operate out of your residence or does it have its own location(s)? Residence Its own location(s)

If the business has its own location(s) please provide the following information for each location: Address: _____

Type of property:

office space

commercial space

warehouse

land

Square footage: _____

Year occupancy commenced: _____

Year lease commenced: _____

Year lease is scheduled to terminate: _____

Are there options to renew the lease? Yes No

If so, please provide the following information: How many options to extend? _____

The options extend the lease for how many years? _____

Is the company current on its lease payments? Yes No

If not, how far behind on the rent is the company? \$ _____

78. List all of the partnership's open checking accounts, savings accounts, certificates of deposits, money market accounts, brokerage accounts, stock trading accounts, and e-trade accounts (do not list retirement accounts, pension accounts, 401k plans, and individual retirement accounts), regardless of the amount in the account(s) (i.e., include all accounts even if overdrawn):

<u>Institution</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

79. The partnership is presently owed the following amount from its clients and customers:

\$ _____ (if fully collectible)
 \$ _____ (likely collectible)

80. The value of the partnership's inventory is:

\$ _____ (valuing it at full retail)
 \$ _____ (valuing it at wholesale)
 \$ _____ (valuing it at cost)
 \$ _____ (valuing it at liquidation)

81. The partnership owns the following equipment free and clear and values it as follows:

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

82. The partnership is purchasing/financing the following equipment and values it as follows:

<u>Description</u>	<u>Lender</u>	<u>Balance</u>	<u>Owed Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

83. The partnership is leasing the following equipment and values it as follows:

<u>Description</u>	<u>Lessor</u>	<u>Monthly Payment</u>	<u>Value</u>
_____	_____	\$ _____	\$ _____

_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

84. The partnership has the following insurance policies (liability, workers compensation, product liability, keyman, etc.):

<u>Type of Coverage</u>	<u>Insurance Co.</u>	<u>Coverage Terms</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

85. Does the partnership have a customer list? Yes No

If so, the value of that list is: \$ _____

86. Does the partnership have its own website? Yes No

If so, the site address is: _____

87. Is the partnership suing anyone, does it have any claims pending against any insurance carriers, or have there been any events or incidents which could give rise to a lawsuit or insurance claim that could be pursued in the future even if it has not yet been pursued? Yes No If so, describe:

88. Does the partnership have any other intellectual property or intangibles, such as patents, copyrights, licenses, or franchise agreements?

Yes No If so, describe:

89. Does the partnership own any other assets other than those reflected above?

Yes No If so, describe:

90. Does the partnership owe any payroll taxes to the Internal Revenue Service?

Yes No If so, please provide the following information:

Quarters owed: _____

Amount owed: \$ _____

91. Does the partnership owe any payroll taxes to the State of Florida?

Yes No If so, please provide the following information:

Quarters owed: _____

Amount owed: \$ _____

92. Does the partnership owe its employees any wages? ___ Yes ___ No

If so, please provide the following information:

<u>Employee Name</u>	<u>Employee Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

93. Are there any creditors of the partnership that have liens against the partnership's assets? ___ Yes ___ No

If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>	<u>Collateral</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

94. Have you guaranteed any of the obligations owing by the partnership to its creditors? (Note that if you are a general partner of the partnership, you are almost certainly liable for the obligations of the partnership regardless of whether or not you "personally guaranteed" it.) ___ Yes ___ No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

95. Does the partnership have any unsecured (uncollateralized) creditors that you personally guaranteed? (Note that if you are a general partner of the partnership, you are almost certainly liable for the obligations of the partnership regardless of whether or not you "personally guaranteed" it.) ___ Yes ___ No

If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount</u>	<u>Owed</u>
_____	_____		\$ _____
_____	_____		\$ _____
_____	_____		\$ _____
_____	_____		\$ _____

96. Are you a member of a limited liability company (LLC) or limited liability partnership (LLP)? ___ Yes ___ No

If so, please provide the following information:

Company name: _____

managing member non-managing member
 Percentage of ownership: _____ %
 Year of company formation: _____
 Year company commenced business operations: _____
 Number of employees currently: _____
 Number of employees at its peak: _____
 Name the other partners and whether they are related to you:

<u>Name</u>	<u>Percentage</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

97. Describe what the company does, i.e., what type of products it sells or services it provides:

98. Does the business operate out of your residence or does it have its own location(s)? Residence Its own location(s)
 If the business has its own location(s) please provide the following information for each location: Address: _____
 Type of property:
 office space
 commercial space
 warehouse
 land
 Square footage: _____
 Year occupancy commenced: _____
 Year lease commenced: _____
 Year lease is scheduled to terminate: _____
 Are there options to renew the lease? Yes No
 If so, please provide the following information:
 How many options to extend? _____
 The options extend the lease for how many years? _____
 Is the company current on its lease payments? Yes No
 If not, how far behind on the rent is the company? \$ _____

99. List all of the limited liability company's/limited liability partnership's open checking accounts, savings accounts, certificates of deposits, money market accounts, brokerage accounts, stock trading accounts, and e-trade accounts (do not list retirement accounts, pension accounts, 401k plans, and individual retirement accounts), regardless of the amount in the account(s) (i.e., include all accounts even if overdrawn):

<u>Institution</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

100. The limited liability company/limited liability partnership is presently owed the following amount from its clients and customers:

\$_____ (if fully collectible)
 \$_____ (likely collectible)

101. The value of the limited liability company/limited liability partnership's inventory is:

\$_____ (valuing it at full retail)
 \$_____ (valuing it at wholesale)
 \$_____ (valuing it at cost)
 \$_____ (valuing it at liquidation)

102. The limited liability company/limited liability partnership owns the following equipment free and clear and values it as follows:

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

103. The limited liability company/limited liability partnership is purchasing/financing the following equipment and values it as follows:

<u>Description</u>	<u>Lender</u>	<u>Balance Owed</u>	<u>Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

104. The limited liability company/limited liability partnership is leasing the following equipment and values it as follows:

<u>Description</u>	<u>Lessor</u>	<u>Monthly Payment</u>	<u>Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

105. The limited liability company/limited liability partnership has the following insurance policies (liability, workers compensation, product liability, keyman, etc.):

<u>Type of Coverage</u>	<u>Insurance Co.</u>	<u>Coverage Terms</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

106. Does the limited liability company/limited liability partnership have a customer list?
___ Yes ___ No If so, the value of that list is: \$ _____

107. Does the limited liability company/limited liability partnership have its own website? ___ Yes ___ No If so, the site address is: _____

108. Is the limited liability company/limited liability partnership suing anyone, does it have any claims pending against any insurance carriers, or have there been any events or incidents which could give rise to a lawsuit or insurance claim that could be pursued in the future even if it has not yet been pursued? ___ Yes ___ No If so, describe:

109. Does the limited liability company/limited liability partnership have any other intellectual property or intangibles, such as patents, copyrights, licenses, or franchise agreements? ___ Yes ___ No If so, describe:

110. Does the limited liability company/limited liability partnership own any other assets other than those reflected above? ___ Yes ___ No If so, describe:

111. Does the limited liability company/limited liability partnership owe any payroll taxes to the Internal Revenue Service? ___ Yes ___ No

If so, please provide the following information:

Quarters owed: _____

Amount owed: \$_____

112. Does the limited liability company/limited liability partnership owe any payroll taxes to the State of Florida? ___ Yes ___ No

If so, please provide the following information:

Quarters owed: _____

Amount owed: \$_____

113. Does the limited liability company/limited liability partnership owe its employees any wages? ___ Yes ___ No If so, please provide the following information:

<u>Employee Name</u>	<u>Employee Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

114. Are there any creditors of the limited liability company/limited liability partnership that have liens against the partnership's assets? ___ Yes ___ No

If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>	<u>Collateral</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

115. Have you guaranteed any of the obligations owing by the limited liability company/limited liability partnership to its creditors? ___ Yes ___ No

If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

116. Does the limited liability company/limited liability partnership have any unsecured (uncollateralized) creditors that you personally guaranteed? ___ Yes ___ No

If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount</u>	<u>Owed</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

117. Are you presently operating, or have you operated a sole proprietorship/doing business as that still has assets remaining? ___Yes ___No

If so, please provide the following information:

Company name: _____

Year company commenced business operations: _____

Number of employees currently: _____

Number of employees at its peak: _____

118. Describe what the company does, i.e., what type of products it sells or services it provides:

119. Does the business operate out of your residence or does it have its own location(s)?
___Residence ___Its own location(s)

If the business has its own location(s) please provide the following information for each location:

Address: _____

Type of property: _____

___ office space

___ commercial space

___ warehouse

___ land

Square footage: _____

Year occupancy commenced: _____

Year lease commenced: _____

Year lease is scheduled to terminate: _____

Are there options to renew the lease? ___Yes ___No

If so, please provide the following information:

How many options to extend? _____

The options extend the lease for how many years? _____

Is the company current on its lease payments? ___Yes ___No

If not, how far behind on the rent is the company? \$ _____

120. List all of the sole proprietorship's open checking accounts, savings accounts, certificates of deposits, money market accounts, brokerage accounts, stock trading accounts, and e-trade accounts (do not list retirement accounts, pension accounts, 401k plans, and individual retirement accounts), regardless of the amount in the account(s) (i.e., include all accounts even if overdrawn):

<u>Institution</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

121. The sole proprietorship is presently owed the following amount from its clients and customers:

\$ _____ (if fully collectible)

\$ _____ (likely collectible)

122. The value of the sole proprietorship's inventory is:

\$ _____ (valuing it at full retail)

\$ _____ (valuing it at wholesale)

\$ _____ (valuing it at cost)

\$ _____ (valuing it at liquidation)

123. The sole proprietorship owns the following equipment free and clear and values it as follows:

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

124. The sole proprietorship is purchasing/financing the following equipment and values it as follows:

<u>Description</u>	<u>Lender</u>	<u>Balance Owed</u>	<u>Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

125. The sole proprietorship is leasing the following equipment and values it as follows:

<u>Description</u>	<u>Lessor</u>	<u>Monthly Payment</u>	<u>Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

126. The sole proprietorship has the following insurance policies (liability, workers compensation, product liability, keyman, etc.):

<u>Type of Coverage</u>	<u>Insurance Co.</u>	<u>Coverage Terms</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

127. Does the sole proprietorship have a customer list? ___Yes ___No

If so, the value of that list is: \$ _____

128. Does the sole proprietorship have its own website? ___Yes ___No

If so, the site address is: _____

129. Is the sole proprietorship suing anyone, does it have any claims pending against any insurance carriers, or have there been any events or incidents which could give rise to a lawsuit or insurance claim that could be pursued in the future even if it has not yet been pursued? ___Yes ___No If so, describe:

130. Does the sole proprietorship have any other intellectual property or intangibles, such as patents, copyrights, licenses, or franchise agreements? ___Yes ___No If so, describe:

131. Does the sole proprietorship own any other assets other than those reflected above? ___Yes ___No If so, describe:

132. Does the sole proprietorship owe any payroll taxes to the Internal Revenue Service?

Yes No If so, please provide the following information:

Quarters owed: _____

Amount owed: \$ _____

133. Does the sole proprietorship owe any payroll taxes to the State of Florida?

Yes No If so, please provide the following information:

Quarters owed: _____

Amount owed: \$ _____

134. Does the sole proprietorship owe its employees any wages? Yes No

If so, please provide the following information:

<u>Employee Name</u>	<u>Employee Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

135. Are there any creditors of the sole proprietorship that have liens against the sole proprietorship's assets? Yes No

If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>	<u>Collateral</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

136. Does the sole proprietorship have any unsecured (uncollateralized) creditors?

Yes No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

137. Do you own any government bonds? Yes No

If so, please provide the following information:

<u>Type (Series EE?)</u>	<u>Year Purchased</u>	<u>Face Value</u>	<u>Redemption Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

138. Do you own any corporate bonds? ___ Yes ___ No

If so, please provide the following information:

<u>Company</u>	<u>Year Purchased</u>	<u>Face Value</u>	<u>Redemption Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

139. Do you own any creative investment securities such as options to purchase stock, stock warrants, futures, and/or REITs? ___ Yes ___ No If so, describe:

140. Other than accounts receivable owing to a corporation, partnership, limited liability company, limited liability partnership, or sole proprietorship, does anyone owe you any money, such as for a loan that has never been repaid, or a judgment you have already been awarded against someone? ___ Yes ___ No If so, describe:

141. Are you or your spouse entitled to be receiving any child support or alimony? ___ Yes ___ No If so, please provide the following information: Person from whom support is being received or supposed to be received: _____

Is there a Court order in place requiring payment? ___ Yes ___ No

Is the obligor current on his or her payments? ___ Yes ___ No

If there are arrearages, do you believe they are collectible? ___ Yes ___ No

142. Are you currently suing anyone? ___ Yes ___ No

If so, please provide the following information:

Case name: _____

Case number: _____

Court in which the case is pending: _____

The causes of action for which recovery is being sought (such as breach of contract, negligence, personal injuries, etc.):

Current status of the case (pending, discovery pending, settled, etc.):

143. Are you part of a class action suit in which you are suing someone, even if your name does not appear in the title of the suit? ___ Yes ___ No

If so, please provide the following information:

Case name: _____

Case number: _____

Court in which the case is pending: _____

The causes of action for which recovery is being sought (such as breach of contract, negligence, personal injuries, etc.):

Current status of the case (pending, discovery pending, settled, etc.):

144. Do you have any claims pending against insurance carriers for losses sustained or injuries suffered that have not yet ripened into a lawsuit? ___ Yes ___ No

If so, please provide the following information:

Carrier to whom claim has been made: _____

Date on which loss suffered/injury sustained: _____

Describe the nature of the claim: _____

145. Have there been any events or occurrences that could give rise to a possible lawsuit or insurance claim that have not yet ripened into a lawsuit or insurance claim, regardless of whether you intend to file a lawsuit or submit an insurance claim? ___ Yes ___ No

If so, please provide the following information:

Date on which loss suffered/injury sustained: _____

Describe the nature of the potential lawsuit/insurance claim:

146. Are you entitled to receive an income tax refund from either the Internal Revenue Service (federal) or the State of Florida? ___ Yes ___ No

If so, please provide the following information:

IRS/Federal

Or Florida

Tax Year

Amount

147. Are you aware of any tax years you could go back and amend in order to get an income tax refund from either the Internal Revenue Service (federal) or the State of Florida? ___ Yes ___ No If so, please provide the following information:

IRS/Federal

Or State Florida?

Tax Year _____

Amount

148. Are there are any assets that are not in your name but which you arguably own an interest in because you paid for the asset in whole or in part? ___ Yes ___ No

If so, describe: _____

149. Do you own any "future interests," which are assets that presently exist but which will not be distributed to you until some time in the future, say for example a trust or something that looks like a trust that indicates you'll receive something when you reach a certain age? ___ Yes ___ No If so, describe: _____

150. Has anyone died leaving you assets, whether real estate, cash or anything else that for any reason has not yet been distributed to you, such as tied up in probate? ___ Yes ___ No If so, describe: _____

151. Are you, to the best of your knowledge, entitled to receive life insurance proceeds as a result of a death that has already occurred? ___ Yes ___ No If so, describe: _____

152. Are you, to the best of your knowledge, entitled to receive a distribution from an estate or from life insurance proceeds as a result of a death that can be expected to occur in the next twelve months? ___ Yes ___ No If so, describe: _____

153. Are you the beneficiary of a trust, revocable or irrevocable, formed by a third party, such as a relative or friend? ___ Yes ___ No If so, describe: _____

154. Have you ever formed a trust yourself? ___ Yes ___ No If so, please provide the following information:
Name of the trust: _____
Year trust formed: _____
Beneficiaries: _____
Assets originally placed in the trust: _____

Assets presently in the trust: _____

155. Do you hold any patents? Yes No

If so, describe: _____

156. Have you applied for any patents, which application remains pending?

Yes No If so, describe: _____

157. Do you hold any copyrights? Yes No If so, describe: _____

158. Have you written any books, plays, screenplays, or anything else, published or not published, copyrighted or not copyrighted, whether marketed for sale or not yet marketed for sale? Yes No If so, describe: _____

159. Do you receive any royalties or should you be receiving any royalties for any work or projects you have done in the past? Yes No If so, describe: _____

160. Do you receive any residuals or should you be receiving any residuals for any acting or directorial work or acting or directorial projects you have done in the past?

Yes No If so, describe: _____

161. Do you hold any licenses other than a driver's license, such as a license to sell insurance, sell real estate, cut hair, teach, or be a general contractor, handle pesticides, etc., regardless of whether you are using the license or plan to use the license in the future? Yes No If so, describe: _____

162. Are you a franchisor or a franchisee under any franchise agreements?

Yes No If so, describe: _____

163. Do you have a website other than in connection with a business you are operating? Yes No If so, the site address is: _____

164. Do you have any other intellectual property assets? ___ Yes ___ No

If so, describe: _____

165. Do you own a vehicle, including automobiles, trucks, trailers and motorcycles, free and clear of any liens? ___ Yes ___ No

If so, please provide the following information for each vehicle:

Vehicle year: _____

Manufacturer: _____

Model: _____

Mileage: _____

Operational? ___ Yes ___ No

166. Are you purchasing/financing a vehicle, including automobiles, trucks, trailers and motorcycles? ___ Yes ___ No

If so, please provide the following information for each vehicle:

Vehicle year: _____

Manufacturer: _____

Model: _____

Mileage: _____

Date or approximate date of financing agreement: _____

Did you purchase the vehicle and incur the obligation to the financing company simultaneously? ___ Yes ___ No, I already owned the vehicle when I borrowed against it.

Lender name: _____

Lender address: _____

Lender account number: _____

Lender balance: \$ _____

Amount of monthly payment: \$ _____

167. Are you leasing a vehicle, including automobiles, trucks, trailers and motorcycles? ___ Yes ___ No If so, please provide the following information for each vehicle:

Vehicle year: _____

Manufacturer: _____

Model: _____

Mileage: _____

Lessor name: _____

Lessor address: _____

Lessor account number: _____

Number of months in original lease term: _____

Number of months remaining in lease term: _____

Amount of monthly payment: \$ _____

168. Do you own a boat, free and clear of any liens? Yes No

If so, please provide the following information for each boat:

Boat year: _____

Boat manufacturer: _____

Boat model: _____

Boat name: _____

Seaworthy? Yes No

169. Are you purchasing/financing a boat? for each boat:

Boat year: _____

Boat manufacturer: _____

Boat model: _____

Boat name: _____

Lender name: _____

Lender address: _____

Lender account number: _____

Lender balance: \$ _____

Amount of monthly payment: \$ _____

Where is the boat docket/slipped? _____

170. Are you leasing a boat? Yes No

If so, please provide the following information for each boat:

Boat year: _____

Boat manufacturer: _____

Boat model: _____

Boat name: _____

Lessor name: _____

Lessor address: _____

Lessor account number: _____

Number of months in original lease term: _____

Number of months remaining in lease term: _____

Amount of monthly payment: \$ _____

171. Do you own, are you financing, or are you leasing, an airplane?

Yes No If so, describe: _____

172. Other than in connection with a business you may be operating, and other than a personal computer which you included within the "household goods and furnishings" category noted above, do you have any office equipment, such as computers, printers, desks, chairs, file cabinets, fax machines, copiers, etc.? Yes No

If so, describe: _____

173. Other than in connection with a business you may be operating, do you have any machinery, fixtures, equipment or supplies? Yes No

If so, describe: _____

174. Other than in connection with a business you may be operating, do you have any inventory? Yes No If so, describe: _____

175. Do you have animals, including household pets? Yes No

If so, describe: _____

176. Other than gardening and hand tools which you included within the "household goods and furnishings" category noted above, do you have any crops, farming equipment, farming implements, farming supplies, farming chemicals, or feed? Yes No

If so, describe: _____

177. Do you own or are you paying for a cemetery plot? Yes No

If so, please provide the following information:

Name of cemetery: _____

Was it you or someone else that paid for the plot(s)? _____

Year the plot(s) was/were purchased: _____

Original price of the plot(s): \$ _____

Estimated present value of the plots: \$ _____

Are family members already buried in adjacent plots? Yes No

178. Do you own a membership in a country club? Yes No

If so, please provide the following information:

Name of country club: _____

Year interest purchased: _____

Amount paid for membership: \$ _____

Type of membership (golf only? tennis only?): _____

Estimated present value of the membership: \$ _____

Are you aware of any limitations imposed by the country club on your right to sell your interest? Yes No If so, describe: _____

179. Do you own a membership in a health club? Yes No

If so, please provide the following information:

Name of health club: _____

Monthly fee: \$ _____

Do you wish to keep your membership, or would you prefer to discharge any remaining liability to the health club organization Keep Discharge

180. Do you have any frequent flier miles/points? Yes No

If so, please provide the following information for each carrier:

Air carrier: _____

Mileage/points: _____

181. Do you own any assets other than those already reflected above, i.e., miscellaneous assets? Yes No If so, describe: _____

III. Schedules Of Liabilities

182. List all of the creditors that hold liens and/or leases against your assets, such as mortgage lenders, vehicle lenders, vehicle lessors, holders of liens against consumer goods (Best Buy, Good Guys, Circuit City) and UCC-1 lien holders and provide the following information:

Creditor name: _____

Creditor address: _____

Account number: _____

Balance owed: \$ _____

Monthly payment required: \$ _____

Are you current on your payments to this creditor? Yes No

If not, arrearages total \$ _____

Date of purchase/most recent purchase: _____

Collateral description: _____

183. Are you obligated to be paying alimony or child support? Yes No

If so, please provide the following information: Alimony Child support Both

Person to whom you are obligated to make your payments? _____

Amount you are obligated to be paying: \$ _____

Is there a Court order requiring you to be paying alimony or child support?

Yes No

What court issued the order? _____

Are you current on your payments of alimony or support? Yes No

If not, arrearages total \$ _____

184. Do you owe any employees any wages that were earned within the past ninety days?

Yes No If so, please provide the following information:

<u>Employee Name</u>	<u>Employee Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

185. Do you owe any federal income taxes to the Internal Revenue Service?

Yes No If so, please provide the following information:

<u>Tax Year</u>	<u>Return Filed?</u>	<u>When Was Return Filed?</u>	<u>Amount Owed</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

186. Do you owe any state income taxes to the State of Florida? Yes No

If so, please provide the following information:

<u>Tax Year</u>	<u>Return Filed?</u>	<u>When Was Return Filed?</u>	<u>Amount Owed</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

187. Do you owe any student loans, regardless of whether they are current or in arrears, and regardless of whether you were the student or the parent/guarantor? Yes No

If so, please provide the following information:

<u>Lender/Government Entity</u>	<u>Current Or Arrears?</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

188. Have you ever had an asset, such as a home or a vehicle, foreclosed upon or repossessed by a secured lender or lessor? Yes No

If so, please provide the following information for each such foreclosure or repossession:

Lender/Lessor: _____

Lender/Lessor address: _____

Account number: _____

Approximate date debt originally incurred: _____

Approximate date of foreclosure/repossession: _____

Balance outstanding: \$ _____

189. Do you owe any employees any wages that were earned more than ninety days ago?

Yes No If so, please provide the following information:

<u>Employee Name</u>	<u>Employee Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

190. Do you have any outstanding medical/dental obligations? Yes No

If so, please provide the following information for each such creditor:

Doctor/provider: _____

Doctor/provider address: _____

Account number: _____

Approximate date services were provided: _____

Balance outstanding: \$ _____

191. Do you owe any money to family members or friends? Yes No

If so, please provide the following information:

Friend/relative: _____

Friend/relative address: _____

Approximate date obligation arose: _____

How much have you repaid to the friend/relative within the past twelve months?

\$ _____

Balance outstanding: \$ _____

192. Do you owe any money to trade suppliers/vendors? Yes No

If so, please provide the following information:

Trade supplier name: _____

Trade supplier address: _____

Account number: _____

Approximate date obligation arose: _____

Balance outstanding: \$ _____

193. Do you owe any money to credit card companies? Yes No

If so, please provide the following information for each credit card company:

Credit card company name: _____

Credit card company payment address: _____

Credit card company inquiry address: _____

Account number: _____

Balance outstanding: \$ _____

Approximate date account last used for a purchase or a cash advance: _____

Have you charged or taken cash advances totaling more than \$1,500.00 in the past six months? Yes No

If so, how much would you estimate was charged on the account in the past five months?

\$ _____

Have you charged or taken cash advances totaling more than \$750.00 in the past seventy days? Yes No If so, please provide the following information:

Credit card on which cash advance was taken: _____

Date(s) and amounts of cash advances taken:

<u>Dates</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Have you charged more than \$500.00 for the purchase of luxury goods in the past ninety days? Yes No If so, please provide the following information:

Credit card on which such purchase was made: _____

Date(s) and amounts of luxury purchases made:

<u>Dates</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Has the credit card company unreasonably refused to negotiate an alternative repayment schedule? Yes No If so, please provide the following information:

Credit card to whom an alternative repayment schedule was proposed:

Date on which an alternative repayment schedule was proposed: _____

Terms of the alternative repayment scheduled proposed: _____

194. Has anyone sued you and already obtained a judgment against you? Yes No
If so, please provide the following information:

Judgment creditor: _____

Judgment creditor address: _____

Judgment creditor's attorney: _____

Judgment creditor's attorney's address: _____

Case number: _____

Judgment amount: \$ _____

Approximate date the obligation arose: _____

Approximate date the judgment was rendered: _____

Was the judgment by default or defended? Default Defended

195. Has anyone sued you but not yet obtained a judgment against you?

Yes No If so, please provide the following information:

Plaintiff/creditor: _____

Plaintiff/creditor address: _____

Plaintiff/creditor's attorney: _____

Plaintiff/creditor's attorney's address: _____
Case number: _____
Amount sought in suit: \$ _____
Approximate date the obligation arose: _____

IV. Executory Contracts And Unexpired Leases

196. Do you rent or lease your residence (note that your landlord will not be notified of your bankruptcy filing)? ___ Yes ___ No If so, please provide the following information:

Landlord name: _____

Landlord address: _____

Approximate date you moved in? _____

When you first moved in, was there a written lease? ___ Yes ___ No

What was the original length of the lease? _____

Was the lease ever formally renewed? ___ Yes ___ No

Amount of security deposit held by landlord: \$ _____

Amount of present monthly rent: \$ _____

Are you current on your payments of rent to the landlord? ___ Yes ___ No

197. Do you lease anything other than your residence, such as a vehicle or piece of equipment? ___ Yes ___ No If so, please provide the following information:

Lessor name: _____

Lessor address: _____

Lessor account number: _____

Number of months in original lease term: _____

Number of months remaining in lease term: _____

Amount of monthly payment: \$ _____

Are you current on your payments of rent to the lessor? ___ Yes ___ No

If not, arrearages total \$ _____

V. Co debtors

198. Is anyone else, including corporations, partnerships, limited liability companies, limited liability partnerships, family members, friends, and/or nonfiling spouses, liable along with you on any of your debts, either by being co-obligated or a guarantor?

___ Yes ___ No If so, please provide the following information:

Name of co-obligor: _____

Address of co-obligor: _____

Account number, if any, of co-obligor: _____

Approximate date co-obligor obligated itself: _____

Creditor to whom co-obligor is obligated: _____

VI. Budget

199. Describe your job status:

- Employed (W-2 or 1099) by an unrelated third party
- Employed (W-2 or 1099) by a relative/relative's company
- Employed by more than one employer
- Self-employed
- Not currently employed

200. If employed by an unrelated third party, please provide the following information for each job:

Job title: _____
Employer: _____
Address where you physically work: _____
Approximate date your employment commenced: _____
Date of most recent pay stub: _____
Year to date gross income: \$ _____
Year to date taxes withheld: \$ _____
Year to date insurance withheld: \$ _____
Year to date union dues withheld: \$ _____
Year to date pension/retirement/401k withheld: \$ _____
Year to date 401k loan repayment withheld: \$ _____

201. If employed by a relative or a relative's company, please provide the following information for each job:

Job title: _____
Employer: _____
Address where you physically work: _____
What is the relationship between you and your employer? _____

Approximate date your employment commenced: _____
Date of most recent pay stub: _____
Year to date gross income: \$ _____
Year to date taxes withheld: \$ _____
Year to date insurance withheld: \$ _____
Year to date union dues withheld: \$ _____
Year to date pension/retirement/401k withheld: \$ _____
Year to date 401k loan repayment withheld: \$ _____

202. If self-employed, please provide the following information for each job:

Job title: _____
Name of your company: _____
Description of business: _____
Address where you physically work: _____
Approximate date you commenced your business: _____
Year to date gross revenue: \$ _____
Year to date expenses: \$ _____

203. If not currently employed, please provide the following information:

Most recent job title: _____

Most recent employer: _____

Most recent date employed: _____

204. Describe your spouse's job status, even if spouse is not filing bankruptcy with you:

Employed (W-2 or 1099) by an unrelated third party

Employed (W-2 or 1099) by a relative/relative's company

Employed by more than one employer

Self-employed

Not currently employed

205. If spouse is employed by an unrelated third party, please provide the following information for each job, even if spouse is not filing bankruptcy with you:

Job title: _____

Employer: _____

Address where spouse physically works: _____

Approximate date your spouse's employment commenced: _____

Date of most recent pay stub: _____

Year to date gross income: \$ _____

Year to date taxes withheld: \$ _____

Year to date insurance withheld: \$ _____

Year to date union dues withheld: \$ _____

Year to date pension/retirement/401k withheld: \$ _____

Year to date 401k loan repayment withheld: \$ _____

206. If spouse is employed by a relative or a relative's company, please provide the following information for each job, even if spouse is not filing bankruptcy with you:

Job title: _____

Employer: _____

Address where spouse physically works: _____

What is the relationship between your spouse and spouse's employer? _____

Approximate date spouse's employment commenced: _____

Year to date gross income: \$ _____

Year to date taxes withheld: \$ _____

Year to date insurance withheld: \$ _____

Year to date union dues withheld: \$ _____

Year to date pension/retirement/401k withheld: \$ _____

Year to date 401k loan repayment withheld: \$ _____

207. If spouse is self-employed, please provide the following information for each job, even if spouse is not filing bankruptcy with you:

Job title: _____

Name of spouse's company: _____

Description of business: _____

Address where spouse physically works: _____
 Approximate date spouse commenced spouse's business: _____
 Year to date gross revenue: \$ _____
 Year to date expenses: \$ _____

208. If spouse is not currently employed, please provide the following information:
 Most recent job title: _____
 Most recent employer: _____
 Most recent date employed: _____

209. For each person that lives within your home, please provide the following information:

<u>Name</u>	<u>Age</u>	<u>Relationship</u> <u>(son/daughter/parent, etc.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

210. Please provide an estimate of your monthly expenses. Some expenses are paid less frequently than monthly, but expenses should be estimated based upon averages spread out over a typical year. Note that the average is based on what you anticipate for the next twelve months and therefore does not include the repayment of those debts that will likely be discharged in your bankruptcy case.

First mortgage..... \$ _____
 Are county real estate taxes impounded with mortgage? ___ Yes ___ No
 Is homeowners insurance impounded with mortgage? ___ Yes ___ No
 Second mortgage..... \$ _____
 Third mortgage..... \$ _____
 Residential rent..... \$ _____
 Mobile home space rent..... \$ _____
 Utilities: Electrical..... \$ _____
 Water..... \$ _____
 Home gas..... \$ _____
 Trash removal..... \$ _____
 Telephone - landline..... \$ _____
 Telephone - cell..... \$ _____
 Cable/satellite..... \$ _____
 Internet..... \$ _____
 Alarm..... \$ _____
 Other: _____ \$ _____
 Home maintenance: Gardener..... \$ _____
 Pool service..... \$ _____
 Housekeeping..... \$ _____
 Home repairs..... \$ _____

Other: _____	\$ _____
Food/groceries/restaurants.....	\$ _____
Clothing.....	\$ _____
Laundry/dry cleaning.....	\$ _____
Insurance: Life insurance not paid via payroll.....	\$ _____
Health insurance not paid via payroll.....	\$ _____
Dental insurance not paid via payroll.....	\$ _____
Property insur. not paid via impound.....	\$ _____
Automobile insurance.....	\$ _____
Other insurance: _____	\$ _____
Uninsured medical/dental (copays/deductibles).....	\$ _____
Vehicle payments: Financed vehicle (_____)	\$ _____
Financed vehicle (_____)	\$ _____
Leased vehicle (_____)	\$ _____
Leased vehicle (_____)	\$ _____
Transportation: Gasoline.....	\$ _____
Repairs and maintenance.....	\$ _____
Registration.....	\$ _____
Parking.....	\$ _____
Religious organization fees/dues.....	\$ _____
Private school tuition.....	\$ _____
Charitable contributions.....	\$ _____
Recreation/clubs & entertainment/newspapers.....	\$ _____
County real estate taxes not paid via impound.....	\$ _____
Homeowner's association fees/dues.....	\$ _____
Monthly portion of quarterly tax estimates.....	\$ _____
Repayment of prior years' nondischargeable taxes.....	\$ _____
Child support/spousal support-current.....	\$ _____
Child support/spousal support-cure of arrearages.....	\$ _____
Nonreimbursed business expenses: _____	\$ _____
_____	\$ _____
_____	\$ _____
Repayment of nondischargeable student loans.....	\$ _____
Pet food/care/veterinary.....	\$ _____
Cigarettes.....	\$ _____
Emergency/contingency.....	\$ _____

VII. Statement Of Financial Affairs

211. List the gross (pre-tax) income you have earned from each and every job at which you have been employed (either W-2 or 1099) worked this current calendar year, the preceding calendar year, and the calendar year before that:

a. Current employer: _____

Gross earnings this calendar year: \$ _____

(through pay period ending what date?) _____

Gross earnings last calendar year: \$ _____

Gross earnings the calendar year prior: \$ _____

b. Next most recent employer: _____

Gross earnings this calendar year: \$ _____

Gross earnings last calendar year: \$ _____

Gross earnings the calendar year prior: \$ _____

c. Next most recent employer: _____

Gross earnings this calendar year: \$ _____

Gross earnings last calendar year: \$ _____

Gross earnings the calendar year prior: \$ _____

212. List the gross (pre-tax) income your spouse earned from each and every job at which spouse have been employed (W-2) worked this current calendar year, the preceding calendar year, and the calendar year before that:

a. Current employer: _____

Gross earnings this calendar year: \$ _____

(through pay period ending what date?) _____

Gross earnings last calendar year: \$ _____

Gross earnings the calendar year prior: \$ _____

b. Next most recent employer: _____

Gross earnings this calendar year: \$ _____

Gross earnings last calendar year: \$ _____

Gross earnings the calendar year prior: \$ _____

c. Next most recent employer: _____

Gross earnings this calendar year: \$ _____

Gross earnings last calendar year: \$ _____

Gross earnings the calendar year prior: \$ _____

213. If you operate your own business, whether it be in the form of a corporation, partnership, limited liability company or sole proprietorship/dba or have recently operated your own business, list the gross (pre-expenses) revenue and net profit or loss each such business has generated this current calendar year, the preceding calendar year, and the calendar year before that:

a. Name of current business: _____

Gross revenue this calendar year: \$ _____

(through what date? _____)

Expenses this calendar year: \$ _____
Do the expenses reflected on the line above include compensation paid to you?
___ Yes ___ No If so, how much: \$ _____

b. Name of next most recent business: _____
Gross revenue last calendar year: \$ _____
Expenses last calendar year: \$ _____
Do the expenses reflected on the line above include compensation paid to you?
___ Yes ___ No If so, how much: \$ _____

c. Name of next most recent business: _____
Gross revenue the calendar year prior: \$ _____
Expenses the calendar year prior: \$ _____
Do the expenses reflected on the line above include compensation paid to you?
___ Yes ___ No If so, how much: \$ _____

214. If your spouse operates his or her own business, whether it b in the form of a corporation, partnership, limited liability company or sole proprietorship/dba or has recently operated his or her own business, list the gross (pre-expenses) revenue and net profit or loss each such business has generated this current calendar year, the preceding calendar year, and the calendar year before that:

a. Name of spouse's current business: _____
Gross revenue this calendar year: \$ _____
(through what date? _____)
Expenses this calendar year: \$ _____
Do the expenses reflected on the line above include compensation paid to you?
___ Yes ___ No If so, how much: \$ _____

b. Name of spouse's next most recent business: _____
Gross revenue last calendar year: \$ _____
Expenses last calendar year: y\$ _____
Do the expenses reflected on the line above include compensation paid to you?
___ Yes ___ No If so, how much: \$ _____

c. Name of spouse's next most recent business: _____
Gross revenue the calendar year prior: \$ _____
Expenses the calendar year prior: \$ _____
Do the expenses reflected on the line above include compensation paid to you?
___ Yes ___ No If so, how much: \$ _____

215. List all assets, whether real estate, vehicles, shares of stock or other securities, or any other asset, you've sold this year, last year, and/or in the year prior, generating in excess of \$500.00, and provide the following information:

Month/Year	Gross Sales	Amount Actually
------------	-------------	-----------------

<u>Asset Sold</u>	<u>Sold</u>	<u>Proceeds</u>	<u>Received</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

216. List all proceeds generated by pledging your assets, whether real estate, vehicles, shares of stock or other securities, or any other asset, as collateral, this year, last year, and/or in the year prior, generating in excess of \$500.00, and provide the following information:

<u>Asset Pledged As Collateral</u>	<u>Month/Year Pledged</u>	<u>Amount Originally Borrowed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

217. List all funds withdrawn from pension plans, retirement plans, 401k plans, individual retirement accounts, or any other form of retirement instruments this year, last year, and/or in the year prior.

<u>Plan From Which Funds Withdrawn</u>	<u>Year Withdrawn</u>	<u>Amount Withdrawn</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

218. List all loans taken against pension plans, retirement plans, 401k plans, individual retirement accounts, or any other form of retirement instruments this year, last year, and/or in the year prior.

<u>Plan From Which Funds Borrowed</u>	<u>Year Borrowed</u>	<u>Amount Borrowed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

219. List all loans taken against life insurance policies this year, last year, and/or in the year prior.

<u>Insurance Policy</u>	<u>Year Borrowed</u>	<u>Amount Borrowed</u>
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____

220. List all funds generated by winning or settling a lawsuit this year, last year, and/or in

<u>Lawsuit or settled</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

221. List all proceeds received from insurance carriers on insurance claims this year, last year, and/or in the year prior. Include proceeds received from claims made on life insurance policies, automobile insurance policies, disability insurance policies, homeowner's insurance policies, earthquake insurance policies, etc.

<u>Insurance Carrier</u>	<u>Type of Policy</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

222. List all income tax refunds received this year, last year, and/or in the year prior. Include both federal and state refunds.

<u>Income Tax Year</u>	<u>Federal/State?</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

223. List all government assistance received this year, last year, and/or in the year prior. Include unemployment compensation, Social Security Administration benefits, Social Security disability benefits, state disability benefits, welfare, and food stamps.

<u>Type Of Benefit</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

224. List all property, including land, vehicles, stock or other securities, and/or money, inherited this year, last year, and/or in the year prior.

<u>Asset Inherited</u>	<u>Year Received</u>	<u>Amount Or Value Received</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

225. List all lottery winnings received this year, last year, and/or in the year prior.

<u>Lottery Description</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	\$ _____
_____	_____	\$ _____

226. List all gambling winnings received this year, last year, and/or in the year prior. If gambling winnings are offset by gambling losses, it is acceptable net the losses against the gains.

<u>Type Of Gambling</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	\$ _____
_____	_____	\$ _____

227. List all revenue generated by renting or leasing real property this year, last year, and/or in the year prior.

<u>Property Rented Or Leased</u>	<u>Year Received</u>	<u>Gross Rents Received</u>	<u>Net Rents Received</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

228. List all interest income received this year, last year, and/or in the year prior.

<u>Year Received</u>	<u>Amount Received</u>
This year	\$ _____
Last year	\$ _____
Year Prior	\$ _____

229. List all dividend income received this year, last year, and/or in the year prior.

<u>Year</u>	<u>Amount</u>
<u>Received</u>	<u>Received</u>
This year	\$ _____
Last year	\$ _____
Year Prior	\$ _____

230. List all monies received from in the form of either unsecured loans or gifts/assistance from friends and/or family this year, last year, and/or in the year prior.

<u>Loan/Gifts/Assistance</u>	<u>Year</u>	<u>Amount</u>
_____	<u>Received</u>	<u>Received</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

231. Describe any other dollars that came through your door-any income other than that requested in questions 200 through 219 above, received this year, last year, and/or in the year prior.

<u>Source</u>	<u>Year</u>	<u>Amount</u>
_____	<u>Received</u>	<u>Received</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

232. List any and all payments you have made to your mortgage company(ies) or landlord in the past ninety days:

<u>Mortgage Company Or Landlord</u>	<u>Date Paid</u>	<u>Amount Paid</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

233. List any and all payments you have made to your vehicle lender(s) or lessor(s) in the past ninety days:

<u>Lien holder Or Lessor</u> <u>Amount Paid</u>	<u>Date Paid</u>	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

234. Other than payments to your mortgage compan(ies), landlord, vehicle lienholder(s) and vehicle lessors, list any and all payments you have made in the past ninety days totaling in excess of \$600.00 to any one recipient. (For example, say you paid \$250.00 each month for the past three months to the Department Of Water & Power. Since the three payments made within the past ninety days totals more than \$600.00, such payments are to be reflected below). Include payments to family members, the Internal Revenue Service, student loans, medical creditors, creditors holding liens against assets, trade suppliers and vendors, employees, insurance carriers, loan repayments to 401k plans, etc.). Note that reflecting recipients below does not mean that such recipients are being listed as creditors in the bankruptcy schedules or that such recipients will receive notification of your bankruptcy filing.

a. First recipient of over \$600.00: _____
 Address of recipient: _____

Date Paid	Amount Paid
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

b. Second recipient of over \$600.00: _____
 Address of recipient: _____

Date Paid	Amount Paid
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

c. Third recipient of over \$600.00: _____
 Address of recipient: _____

Date Paid	Amount Paid
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

d. Fourth recipient of over \$600.00: _____
 Address of recipient: _____

Date Paid	Amount Paid
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

e. Fifth recipient of over \$600.00: _____
 Address of recipient: _____

Date Paid	Amount Paid
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

235. List all payments you have made to "insiders" within the past twelve months. "Insiders" includes all relatives, in-laws, corporations the shares of which you, your spouse, or a relative of either of you owns, partnerships in which you, your spouse, or a relative of either of you is a general or limited partner, and a limited liability company in which you, your spouse, or a relative of either of you is a member. Payments should include repayments of loans, rent to landlords, gifts, wages to employees, etc.

a. First insider: _____
 Address of insider: _____

Date Paid	Amount Paid
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

_____ \$ _____

a. Second insider: _____

Address of insider: _____

Date Paid	Amount Paid
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

236. Have you had any of your assets, such as real estate, vehicles, or any other assets, foreclosed upon or repossessed in the past twelve months? ___ Yes ___ No

If so, please provide the following information:

Name of foreclosing/repossessing lender/lessor: _____

Address: _____

Asset foreclosed upon/repossessed: _____

Approximate date of foreclosure/repossession: _____

Value of collateral when foreclosed/repossessed? \$ _____

Amount owed when foreclosed/repossessed? \$ _____

237. List all gifts you and/or your spouse have given to anyone, including charitable contributions, in excess of \$200.00 in the past twelve months. Include anyone, such as children and/or parents, to whom you are providing financial assistance.

a. First recipient of gift over \$200.00: _____

Address of recipient: _____

If the gift was other than cash, describe: _____

If cash, please provide the following:

Date Paid	Amount Paid
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

b. Second recipient of gift over \$200.00: _____

Address of recipient: _____

If the gift was other than cash, describe: _____

If cash, please provide the following:

Date Paid	Amount Paid
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

c. Third recipient of gift over \$200.00: _____

Address of recipient: _____

If the gift was other than cash, describe: _____

If cash, please provide the following:

Date Paid	Amount Paid
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

238. Have you suffered any losses in the past twelve months as a result of fire? Yes No If so, please provide the following information:

Approximate date of fire: _____

Property lost: _____

Was the loss insured? Yes No If so, have you received the insurance proceeds? Yes No

239. Have you suffered any losses in the past twelve months as a result of theft/vandalism/burglary/robbery? Yes No

If so, please provide the following information:

Approximate date of incident: _____

Property lost: _____

Was the loss insured? Yes No

If so, have you received the insurance proceeds? Yes No

240. Have you suffered any losses in the past twelve months as a result of casualty, such as an automobile accident, flood, earthquake, "act of God," etc.? Yes No

If so, please provide the following information:

Approximate date of casualty: _____

Property damaged: _____

Was the loss insured? Yes No

If so, have you received the insurance proceeds? Yes No

241. Have you suffered losses in the past twelve months as a result of gambling in excess of \$500.00? ___ Yes ___ No If so, please provide the following information:

Were the gambling losses on one occasion or a combination of various losses spread out over the past one year? ___ One occasion ___ Various occasions If one occasion, approximate date of loss: _____

Amount lost: \$ _____

242. Other than to the Law Offices of Dominguez & Associates, P.A., list all payments you have made to any bankruptcy attorneys, non-bankruptcy attorneys, paralegals, tax specialists, bankruptcy preparation services, debt consolidation organizations, debt negotiation organizations, and/or credit counseling organizations for bankruptcy advice and/or debt negotiation services in the past twelve months.

First recipient: _____

Address: _____

Date Paid	Amount Paid
_____	\$ _____
_____	\$ _____
_____	\$ _____

Second recipient: _____

Address: _____

Date Paid	Amount Paid
_____	\$ _____
_____	\$ _____
_____	\$ _____

243. List all assets you or your spouse has sold in the past forty-eight months (four years) for any reason.

a. Asset sold: _____

Purchaser name: _____

Purchaser address: _____

Approximate date sold: _____

Gross proceeds received: \$ _____

Proceeds remaining after costs of sale and payment of liens: \$ _____

Value of the asset sold at time of sale: \$ _____

b. Asset sold: _____

Purchaser name: _____

Purchaser address: _____

Approximate date sold: _____

Gross proceeds received: \$ _____

List all liens you have granted to anyone as a result of borrowing against your assets in the past forty-eight months (four years) for any reason.

a. Asset lien: _____
Lienholder name: _____
Lienholder address: _____
Approximate date you first borrowed funds: _____
Approximate date lien granted: _____
Approximate date lien perfected/recorded: _____
Amount borrowed: \$ _____
Amount of lien granted: \$ _____

b. Asset lien: _____
Lienholder name: _____
Lienholder address: _____
Approximate date you first borrowed funds: _____
Approximate date lien granted: _____
Approximate date lien perfected/recorded: _____
Amount borrowed: \$ _____
Amount of lien granted: \$ _____

c. Asset lien: _____
Lienholder name: _____
Lienholder address: _____
Approximate date you first borrowed funds: _____
Approximate date lien granted: _____
Approximate date lien perfected/recorded: _____
Amount borrowed: \$ _____
Amount of lien granted: \$ _____

245. Have you traded-in any assets toward the purchase of another asset, such as one vehicle for another, in the past forty-eight months (four years)? ___ Yes ___ No
If so, please provide the following information:

a. Asset traded-in: _____
Asset received: _____
Other party to the trade-in: _____
Other party's address: _____
Approximate date of the trade-in: _____

b. Asset traded-in: _____
Asset received: _____
Other party to the trade-in: _____
Other party's address: _____
Approximate date of the trade-in: _____

246. Other than those assets transferred as reflected in Questions 232, 233 and 234 above, list all other assets transferred for any reason in the past forty-eight months (four years)? (For example, say your parents put you on title to their residence a few years back, but you transferred the property back to them for no consideration or nominal consideration at sometime within the past four years).

a. Asset transferred: _____
Person to whom transferred _____
Person's address: _____
Approximate date of transfer out: _____
Consideration received, if any: \$ _____

b. Asset transferred: _____
Person to whom transferred _____
Person's address: _____
Approximate date of transfer out: _____
Consideration received, if any: \$ _____

247. Have you sold, given away, or transferred any property or a lien against any property within the past ten years that someone, such as a creditor, might maintain was transferred with the intent to hinder, delay or defraud a creditor? For example, you conveyed a valuable vehicle to your brother-in-law just before or just after a judgment was rendered against you. ___ Yes ___ No

If so, please provide the following information:

a. Asset transferred: _____
b. Approximate date of transfer: _____
c. Person or entity to which asset was transferred: _____
d. Consideration received in exchange: _____

248. Have you transferred any assets, such as real estate, money, jewelry, etc., to a trust or similar device, whether or not you are the beneficiary of the trust, within the past ten years? ___ Yes ___ No If so, please provide the following information:

a. Asset transferred: _____
b. Approximate date of transfer: _____
c. Trust or similar device to which asset was transferred? _____

249. Have you closed any bank accounts or similar financial instruments of any kind within the past twelve months? Include checking accounts, savings accounts, credit union share accounts, internet bank accounts, brokerage accounts, stock trading accounts, pension instruments, retirement accounts, 401k plan accounts, and individual retirement accounts. ___ Yes ___ No If so, please provide the following information:

a. Institution: _____
Type of account: _____
Account number: _____

Approximate date account closed: _____
Approximate balance just prior to closing: \$ _____

b. Institution: _____
Type of account: _____
Account number: _____
Approximate date account closed: _____
Approximate balance just prior to closing: \$ _____

250. Have you had a safe deposit box at any time within the past twelve months, whether presently open or closed? Yes No If so, please provide the following information:

a. Institution: _____
Who has/had access to the box? _____
What is/were the contents of the box? Papers only Valuables If valuables, describe: _____
Is the box presently open or closed? Open Closed If closed, approximate date closed: _____

251. Are you listed as a co-owner of anyone else's bank account or similar financial instruments of any kind, including checking accounts, savings accounts, credit union share accounts, internet bank accounts, brokerage accounts, stock trading accounts, pension instruments, retirement accounts, 401k plan accounts, and individual retirement accounts? Yes No If so, please provide the following information:

a. Co-owner of the account: _____
Institution: _____
Type of account: _____
Amount in the account: \$ _____
Whose funds are in the account, yours, the co-owners, or a combination of both?
 Yours Co-owners Both

b. Co-owner of the account: _____
Institution: _____
Type of account: _____
Amount in the account: \$ _____
Whose funds are in the account, yours, the co-owners, or a combination of both?
 Yours Co-owners Both

252. Are you listed as an authorized signer on anyone else's bank account or similar financial instruments of any kind, including checking accounts, savings accounts, credit union share accounts, internet bank accounts, brokerage accounts, stock trading accounts, pension instruments, retirement accounts, 401k plan accounts, and individual retirement accounts? Yes No If so, please provide the following information:

a. Owner of the account: _____
Institution: _____
Type of account: _____
Amount in the account: \$ _____
Whose funds are in the account, yours, the co-owners, or a combination of both?
 Yours Co-owners Both

b. Owner of the account: _____
Institution: _____
Type of account: _____
Amount in the account: \$ _____
Whose funds are in the account, yours, the co-owners, or a combination of both?
 Yours Co-owners Both

253. Are you listed as a co-owner of anyone else's real estate of any kind, including land, buildings, houses, rental properties, and/or apartment buildings? Yes No
If so, please provide the following information:

a. Co-owner of the property: _____
Property address: _____
Date you were added to the title: _____
Did you contribute any portion of the funds used to purchase the property?
 Yes No If so, how much? \$ _____
Is the property mortgaged? Yes No
If so, are you directly responsible to the mortgage company? Yes No
If the property is mortgaged, do you contribute any portion of the funds used to make the monthly mortgage payments? Yes No
If the property is mortgaged, who is claiming the interest expense deduction on their tax returns? You Co-owner
Property's estimated value: \$ _____

b. Co-owner of the property: _____
Property address: _____
Date you were added to the title: _____
Did you contribute any portion of the funds used to purchase the property?
 Yes No If so, how much? \$ _____
Is the property mortgaged? Yes No
If so, are you directly responsible to the mortgage company? Yes No
If the property is mortgaged, do you contribute any portion of the funds used to make the monthly mortgage payments? Yes No
If the property is mortgaged, who is claiming the interest expense deduction on their tax returns? You Co-owner
Property's estimated value: \$ _____

254. Are you provided, and are you in possession of a vehicle supplied to you by your employer? Yes No If so, please provide the following information:

Employer/owner of vehicle: _____
Make/model of vehicle: _____

255. Is anyone storing any physical assets at your residence? ___ Yes ___ No
If so, please provide the following information:

a. Asset in your possession: _____
Owner of the asset: _____
Address of the owner: _____
Estimated value of the asset: \$ _____
b. Asset in your possession: _____
Owner of the asset: _____
Address of the owner: _____
Estimated value of the asset: \$ _____

256. Do your children have any bank accounts for which you are the owner pursuant to the Uniform Gift For Minors Act? ___ Yes ___ No
If so, please provide the following information:

a. Child's name: _____
Institution: _____
Type of account: _____
Account balance: \$ _____
Are any of the funds in the account yours? ___ Yes ___ No If so, how much? \$ _____
b. Child's name: _____
Institution: _____
Type of account: _____
Account balance: \$ _____
Are any of the funds in the account yours? ___ Yes ___ No If so, how much? \$ _____

257. Other than you, your spouse, and your minor children, does anyone else live within your home? ___ Yes ___ No If so, please provide the following information:

a. Occupant's name: _____
Does the occupant have at the residence home furnishings, personal possessions, wearing apparel and jewelry? ___ Yes ___ No
Does the occupant have at the residence anything more than home furnishings, personal possessions, wearing apparel and jewelry? ___ Yes ___ No
If so, describe: _____

b. Occupant's name: _____
Does the occupant have at the residence home furnishings, personal possessions, wearing apparel and jewelry? ___ Yes ___ No

Does the occupant have at the residence anything more than home furnishings, personal possessions, wearing apparel and jewelry? Yes No

If so, describe: _____

258. If you are married but filing bankruptcy without your spouse, does your spouse own any assets that have not already been reflected in prior responses to questions that you and your spouse consider to be the spouse's sole and separate property? Yes No

If so, please provide the following information:

Asset/property: _____

Date purchased: _____

Estimated value: \$ _____

259. Other than your responses to questions 238 through 245 above, are you in possession or control of any other assets of any kind that you believe are not yours?

Yes No If so, please provide the following information:

a. Asset/property: _____

Owner: _____

Did you contribute any portion of the funds used to purchase the property?

Yes No If so, how much? \$ _____ Estimated value: \$ _____

b. Asset/property: _____

Owner: _____

Did you contribute any portion of the funds used to purchase the property?

Yes No If so, how much? \$ _____ Estimated value: \$ _____

260. Have you lived at any other residences in the past thirty-six months (three years)?

Yes No If so, please provide the following information:

a. Most recent prior residence: _____

List all other people who lived at the property during the last thirty-six months while you lived there? _____

List the month and year you moved into the property and the month and year you moved out of the property: _____ to _____

Did you ever own an interest in the prior residence? Yes No

b. Next most recent prior residence: _____

List all other people who lived at the property during the last thirty-six months while you lived there? _____

List the month and year you moved into the property and the month and year you moved out of the property: From _____ to _____

Did you ever own an interest in the prior residence? Yes No

261. Have either you or your spouse been married to anyone other than each other in the past six years? Yes No If so, please provide the following information:

a. Name of former spouse: _____
Years married: From _____ to _____

b. Name of former spouse: _____
Years married: From _____ to _____

262. Are you, to the best of your knowledge, in violation of any federal, state, or local environmental laws? ___ Yes ___ No If so, describe:

263. Are you, to the best of your knowledge, in possession of any hazardous waste or chemicals? ___ Yes ___ No If so, describe:

264. List any and all corporations in which you have owned more than five percent of the voting shares of stock and/or been a director, and/or been an officer in the past six years, regardless of whether you are still a shareholder, director, and/or officer today and regardless of whether the business continues to operate today:

a. Corporation name: _____
Company address: _____
Company's taxpayer identification number: _____
Nature of the business: _____
Number of shares: _____
Percentage of shares: _____
Director? ___ Yes ___ No
Officer? ___ Yes ___ No If so, title: _____
During what period of time are/were you a shareholder, director or officer:
from _____ to _____

b. Corporation name: _____
Company address: _____
Company's taxpayer identification number: _____
Nature of the business: _____
Number of shares: _____
Percentage of shares: _____
Director? ___ Yes ___ No
Officer? ___ Yes ___ No If so, title: _____
During what period of time are/were you a shareholder, director or officer:
from _____ to _____

265. List any and all general and/or limited partnerships in which you have been either a general partner or a limited partner in the past six years, regardless of whether you are

still a general and/or limited partner today and regardless of whether the business continues to operate today:

a. Partnership name: _____
Company address: _____
Company's taxpayer identification number: _____
Nature of the business: _____
Percentage of ownership: _____
During what period of time are/were you a partner: from _____ to _____

b. Partnership name: _____
Company address: _____
Company's taxpayer identification number: _____
Nature of the business: _____
Percentage of ownership: _____
During what period of time are/were you a partner: from _____ to _____

266. List any and all limited liability companies and/or limited liability partnerships in which you have been a member in the past six years, regardless of whether you are still a member today and regardless of whether the business continues to operate today:

a. Limited liability company or partnership name: _____

Company address: _____
Company's taxpayer identification number: _____
Nature of the business: _____
Percentage of ownership: _____
During what period of time are/were you a member: from _____ to _____

b. Limited liability company or partnership name: _____

Company address: _____
Company's taxpayer identification number: _____
Nature of the business: _____
Percentage of ownership: _____

267. List any and all sole proprietorships/dbas in which you have been owner in the past six years, regardless of whether you are still owner today and regardless of whether the business continues to operate today:

a. Sole proprietorship/dba name: _____
Company address: _____
Company's taxpayer identification number: _____
Nature of the business: _____
Percentage of ownership: _____
During what period of time are/were you proprietor: from _____ to _____

b. Sole proprietorship/dba name: _____
Company address: _____
Company's taxpayer identification number: _____
Nature of the business: _____
Percentage of ownership: _____
During what period of time are/were you proprietor: from _____ to _____

268. Have you had a bookkeeper or accountant do anything more for you than prepare tax returns, such as maintain books and records, in the past two years?

___ Yes ___ No If so, please provide the following information:

a. Bookkeeper/accountant's name: _____
Bookkeeper/accountant's address: _____
Years during which bookkeeper/accountant provided services:
from _____ to _____

b. Bookkeeper/accountant's name: _____
Bookkeeper/accountant's address: _____
Years during which bookkeeper/accountant provided services:
from _____ to _____

269. Have you paid anyone to audit your books in the past twenty-four months (two years)? ___ Yes ___ No If so, please provide the following information:

a. Auditor: _____
Auditor's address: _____
Years audited: _____

b. Auditor: _____
Auditor's address: _____
Years audited: _____

270. Have you been audited against your will, including audits by the Internal Revenue Service and/or the California Franchise Tax Board, in the past twenty-four months (two years)? ___ Yes ___ No If so, please provide the following information:

a. Auditor: _____
Auditor's address: _____
Years audited: _____

b. Auditor: _____
Auditor's address: _____
Years audited: _____

271. Are you in possession of your basic financial data, such as tax returns and bank statements, or could you by contacting your accountant and/or your bank be in possession of your basis financial data? ___ Yes ___ No

If not, describe why not: _____

272. Is anyone other than you in possession of your basic financial data, such as tax returns and bank statements? ___Yes ___No

If so, please provide the following information:

Name: _____

Address: _____

Documents in his or her possession: _____

273. Have you issued any financial statements to anyone, such as to a taxing agency or a prospective lender, within the past twenty-four months (two years)? ___Yes ___No

If so, please provide the following information:

Recipient of financial statements: _____

Address of recipient: _____

I certify that the Financial Information contained herein, is a true and accurate statement of my current financial situation. I understand and acknowledge that any action taken by the U.S. Bankruptcy Court Trustee and Creditors on my behalf will be made in strict reliance on the financial information I provided in this form. I hereby authorize the any of the named parties to obtain a copy of my credit report to verify the information contained herein.

Electronic Signature: Typing your name(s) below will have the same effect as your signature. You may fill out the form, print your name(s), date the form, and email it to us.

Print name: _____

Date: _____

Signature: _____

Date: _____

Print name: _____

Date: _____

Signature: _____

Date: _____

Please email this form to cesar@dominguezassociateslaw.com