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### WHAT TO DO NEXT

Check when  
Completed

\_\_\_\_\_ Complete Bankruptcy Questionnaire

\_\_\_\_\_ Complete the pre-bankruptcy counseling session.

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

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

**OR,**

B. IF YOU HAVE INTERNET ACCESS,

You will need to pay my office \$30.00 if you choose this option.  
log on to [www.startfreshtoday.com](http://www.startfreshtoday.com) for your pre-bankruptcy counseling.  
Click on "Consumers Start Here"

Log in using the login name and password that I give to you.

Begin the 90 minute counseling session at your leisure. (You can save your answers, take a break and come back to the counseling session as you please.)

\_\_\_\_\_ Gather all documents necessary to complete your bankruptcy filing.

\_\_\_\_\_ Schedule second appointment with my office and bring the following:

- a. Completed Bankruptcy Questionnaire
- b. All necessary documents
- c. Money order in the amount of \$250.00 (attorney's fees)

\_\_\_\_\_ Keep and provide attorney's office with copies of all bills received from now until the date the bankruptcy is filed.

\_\_\_\_\_ Keep and provide attorney's office with all paystubs earned from now and the date the bankruptcy is filed.



**DEPENDENTS**

Please list all of your dependents below:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Name and address of your current employer:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How long at this job? \_\_\_\_\_ Job title: \_\_\_\_\_

Name and address of your spouse's current employer:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How long at this job? \_\_\_\_\_ Job title: \_\_\_\_\_

**CURRENT MONTHLY WAGE AND INCOME INFORMATION**

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

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

**PRIOR BANKRUPTCIES**

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

Date your bankruptcy case was filed: \_\_\_\_\_ Case # \_\_\_\_\_

City and state bankruptcy was filed: \_\_\_\_\_

Date your spouse's bankruptcy case was filed: \_\_\_\_\_ Case # \_\_\_\_\_

City and state bankruptcy was filed: \_\_\_\_\_

**REAL ESTATE**

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

Address of the property:

Street: \_\_\_\_\_ City, State: \_\_\_\_\_

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

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

Name of mortgage holder(s) \_\_\_\_\_

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

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

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

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

**HOMES INCLUDING PRIOR HOMES AND MOBILE HOMES**

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

If so, what was the source of the additional payment? \_\_\_\_\_

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

## PERSONAL PROPERTY

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

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

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

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

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

**OTHER PEOPLE IN YOUR HOUSEHOLD (Except current spouse)**

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

\_\_\_\_\_ [ ] Yes [ ] No \$ \_\_\_\_\_

\_\_\_\_\_ [ ] Yes [ ] No \$ \_\_\_\_\_

\_\_\_\_\_ [ ] Yes [ ] No \$ \_\_\_\_\_

\_\_\_\_\_ [ ] Yes [ ] No \$ \_\_\_\_\_

**TAXES**

What do you think you will receive in for the 2009 tax year? (The taxes that are due April 15, 2010.)

Federal: \$ \_\_\_\_\_ State \$ \_\_\_\_\_

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

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

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

**CONTRACTS/LEASES**

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

Type of contract \_\_\_\_\_

Who is the contract with? \_\_\_\_\_

Address of this person/company: \_\_\_\_\_

Do you want to keep this contract? \_\_\_\_ Yes \_\_\_\_ No

Type of contract \_\_\_\_\_

Who is the contract with? \_\_\_\_\_

Address of this person/company: \_\_\_\_\_

Do you want to keep this contract? \_\_\_\_ Yes \_\_\_\_ No

**CODEBTORS**

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

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

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

**ESTIMATE OF AVERAGE FUTURE MONTHLY EXPENSES**

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

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

Any changes to the above expenses expected in the next year? \_\_\_\_\_

**INCOME INFORMATION**

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

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

Your total wages before any deductions for the year 2008: \$ \_\_\_\_\_

Your total wages before any deductions for the year 2009: \$ \_\_\_\_\_ (so far this year)

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

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

Year 2007: Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Year 2008: Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Year 2009: Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 (so far this year)

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

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

Spouse's total wages before any deductions for the year 2008: \$ \_\_\_\_\_

Spouse's total wages before any deductions for the year 2009: \$ \_\_\_\_\_  
 (so far this year)

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

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

Year 2007: Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Year 2008: Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Year 2009: Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 (so far this year)

**CREDITOR PAYMENTS**

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

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

**LAW SUITS (including divorce and eviction cases.)**

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

**Name of lawsuit** \_\_\_\_\_ vs. \_\_\_\_\_

Name of court \_\_\_\_\_ Case Number \_\_\_\_\_

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

**Name of lawsuit** \_\_\_\_\_ vs. \_\_\_\_\_

Name of court \_\_\_\_\_ Case Number \_\_\_\_\_

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

**Name of lawsuit** \_\_\_\_\_ vs. \_\_\_\_\_

Name of court \_\_\_\_\_ Case Number \_\_\_\_\_

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

**GARNISHMENTS**

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

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

\_\_\_\_\_  
\_\_\_\_\_

**REPOSSESSION AND FORECLOSURES**

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

Property returned: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_ Date: \_\_\_\_\_

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

Property repossessed: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENTS AND GIFTS TO FAMILY MEMBERS AND CHARITABLE ORGANIZATIONS**

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

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

Name of person that received the payment or benefit: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Reason for payment \_\_\_\_\_

Name of person that received the gift: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Reason for payment \_\_\_\_\_

Name of person that received the gift: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Reason for payment \_\_\_\_\_

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

Name of charity \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of charity \_\_\_\_\_ Amount \$ \_\_\_\_\_

## SPECIAL PAYMENTS

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

Amount: \$ \_\_\_\_\_ What is it for? \_\_\_\_\_

Amount: \$ \_\_\_\_\_ What is it for? \_\_\_\_\_

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

Name of Creditor \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

Name of Creditor \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

Name of creditor \_\_\_\_\_

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

Name of Creditor \_\_\_\_\_ Amount: \$ \_\_\_\_\_

## LOSSES

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

## PAYMENTS FOR DEBT COUNSELING/BANKRUPTCY

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

\_\_\_\_\_

## SALE OR TRANSFER OF PROPERTY?

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

\_\_\_\_\_

\_\_\_\_\_

**BANK ACCOUNTS**

Have you closed any bank accounts in the last year?

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

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

**PRIOR ADDRESS INFORMATION**

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

**Prior:** \_\_\_\_\_ City, State: \_\_\_\_\_

Dates at this address: \_\_\_\_\_ to \_\_\_\_\_

**Prior:** \_\_\_\_\_ City, State: \_\_\_\_\_

Dates at this address: \_\_\_\_\_ to \_\_\_\_\_

**Prior:** \_\_\_\_\_ City, State: \_\_\_\_\_

Dates at this address: \_\_\_\_\_ to \_\_\_\_\_

**RESIDENCY/IDENTIFICATION INFORMATION**

Within the last eight years have you resided in a community property state (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Washington, or Wisconsin)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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

You: \_\_\_\_\_ Other social security number: \_\_\_\_\_

Your Spouse: \_\_\_\_\_ Other social security number: \_\_\_\_\_

**MISCELLANEOUS**

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

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

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

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

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

Name of insurance company: \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

## **REAFFIRMATION AGREEMENTS**

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

## **STUDENT LOANS**

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

# BUSINESS INFORMATION

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

Have you been any of the following: owned own business \_\_\_\_\_ incorporated \_\_\_\_\_ partner \_\_\_\_\_

Type of Business \_\_\_\_\_ address \_\_\_\_\_

Business Name \_\_\_\_\_ Tax ID # \_\_\_\_\_

Date Started \_\_\_\_\_ Date Stopped \_\_\_\_\_

## BOOKS, RECORDS, AND FINANCIAL STATEMENTS

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

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

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

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

## INVENTORIES

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

## ENVIRONMENTAL ISSUES

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

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

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

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# READ THIS PAGE VERY CAREFULLY!

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

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

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

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

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

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

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

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

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

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

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# READ THIS PAGE VERY CAREFULLY!

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

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**IMPORTANT INSTRUCTIONS:**

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

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Name and complete mailing address  
of creditor:

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

**EXAMPLE:**

*Ford Motor Credit*

*PO Box 219686*

*Kansas City, MO 64121*

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

What is the collateral? *2003 Ford*

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

Who is obligated on the account?  Husband  Wife  Both

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

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

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

Name and complete mailing address  
of creditor:

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

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

What is the current market value of the collateral? \$ \_\_\_\_\_  
Who is obligated on the account?  Husband  Wife  Both  
Is anyone else obligated (like a cosignor)? \_\_\_\_\_ If so, name and address: \_\_\_\_\_

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

Name and complete mailing address  
of creditor:

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

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

What is the current market value of the collateral? \$ \_\_\_\_\_  
Who is obligated on the account?  Husband  Wife  Both  
Is anyone else obligated (like a cosignor)? \_\_\_\_\_ If so, name and address: \_\_\_\_\_

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

**SECTION A - SECURED CREDITORS ONLY**

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

Name and complete mailing address  
of creditor:

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

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

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

Who is obligated on the account?  Husband  Wife  Both

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

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

Name and complete mailing address  
of creditor:

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

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

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

Who is obligated on the account?  Husband  Wife  Both

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

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

## SECTION B - ALL OTHER CREDITORS

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

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

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Name and complete mailing address of creditor:  
**EXAMPLE:**

*Citibank Visa*

*123 N. Main*

*Chicago, IL 60601*

Collection agency or attorney name and address:

*ABC Collection Agency*

*PO Box 789*

*Wichita, KS 67201*

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What is the debt for?  Medical Services  Credit Card  Other \_\_\_\_\_

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

Who is obligated on the account?  Husband  Wife  Both

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

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Name and complete mailing address of creditor:

Collection agency or attorney name and address:

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What is the debt for?  Medical Services  Credit Card  Other \_\_\_\_\_

Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

Who is obligated on the account?  Husband  Wife  Both

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

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Name and complete mailing address of creditor:

Collection agency or attorney name and address:

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What is the debt for?  Medical Services  Credit Card  Other \_\_\_\_\_

Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

Who is obligated on the account?  Husband  Wife  Both

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

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Name and complete mailing address of creditor:

Collection agency or attorney name and address:

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What is the debt for?  Medical Services  Credit Card  Other \_\_\_\_\_

Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

Who is obligated on the account?  Husband  Wife  Both

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

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Name and complete mailing address of creditor:

Collection agency or attorney name and address:

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What is the debt for?  Medical Services  Credit Card  Other \_\_\_\_\_

Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

Who is obligated on the account?  Husband  Wife  Both

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

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Name and complete mailing address of creditor:

Collection agency or attorney name and address:

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What is the debt for?  Medical Services  Credit Card  Other \_\_\_\_\_

Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

Who is obligated on the account?  Husband  Wife  Both

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

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Name and complete mailing address of creditor:

Collection agency or attorney name and address:

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What is the debt for?  Medical Services  Credit Card  Other \_\_\_\_\_

Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

Who is obligated on the account?  Husband  Wife  Both

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

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Name and complete mailing address of creditor:

Collection agency or attorney name and address:

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What is the debt for?  Medical Services  Credit Card  Other \_\_\_\_\_

Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

Who is obligated on the account?  Husband  Wife  Both

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

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Name and complete mailing address of creditor:

Collection agency or attorney name and address:

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What is the debt for?  Medical Services  Credit Card  Other \_\_\_\_\_

Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

Who is obligated on the account?  Husband  Wife  Both

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

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Name and complete mailing address of creditor:

Collection agency or attorney name and address:

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Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

Who is obligated on the account?  Husband  Wife  Both

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What is the debt for?  Medical Services  Credit Card  Other \_\_\_\_\_

Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

Who is obligated on the account?  Husband  Wife  Both

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

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Collection agency or attorney name and address:

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Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

Who is obligated on the account?  Husband  Wife  Both

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Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

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Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

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Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

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Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

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Approximate amount owed: \$ \_\_\_\_\_ Year debt incurred \_\_\_\_\_

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

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