Client Questionnaire

Section 1 - Basic Information

Part A. Name and Address

Name:_____

Have you used any other names in the past eight years? ☐ No ☐ Yes

If yes, please list other names used:

Have you used any business names or Employer Identification Numbers (EIN) in the last 8 years?

If yes, please list business names and/or EINs used:

Telephone Numbers\Email address:

Home:_____

Work:_____

Cell:_____

Email:_____

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Driver's License Number: _____ Expiration Date:_____ State:_____

Date of Birth:_____

Address:_____

City:_____ State:_____ Zip:_____ County:_____

Have you lived at this address for at least 180 days? ☐ No ☐ Yes

Have you lived at this address for at least 730 days (2 years)? ☐ No ☐ Yes

If you answered no to either of the questions above, please list your previous address:

Address:_____

City:_____ State:_____ Zip:_____ County:_____

If you have a different mailing address, please list:

Mailing Address:_____

City:_____ State:_____ Zip:_____ County:_____

Marital Status: ☐ Never Married ☐ Married and living together ☐ Widowed
☐ Married and living apart ☐ Divorced

Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name:_____

Has your spouse used any other names in the past 8 years? ☐ No ☐ Yes

If yes, please list other names used:

Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years?

If yes, please list business names and/or EINs used:

Telephone Numbers\Email address:

Home:_____

Work:_____

Cell:_____

Email:_____

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Driver's License Number: _____ Expiration Date:_____ State:_____

Date of Birth:_____

If your spouse lives at a different address, please list:

Address:_____

City:_____ State:_____ Zip:_____ County:_____

Has your spouse lived at this address for at least 180 days? ☐ No ☐ Yes

Has your spouse lived at this address for at least 730 days (2 years)? ☐ No ☐ Yes

If you answered no to either of the questions above, please list your spouse's previous address:

Address:_____

City:_____ State:_____ Zip:_____ County:_____

If your spouse has a different mailing address, please list:

Mailing Address:_____

City:_____ State:_____ Zip:_____ County:_____

Part C. Prior and/or Pending Bankruptcy Cases

Have you filed a bankruptcy case in the last 8 years? ☐ No ☐ Yes

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

Case Number:_____

Date Filed:_____

Date Discharged: _____

Was the case dismissed (you did not complete the bankruptcy)? ☐ No ☐ Yes

If so, what date was it dismissed? _____

Are any bankruptcy cases pending or being filed by your spouse, a business partner, or an affiliate? ☐ No ☐ Yes

If yes, name of debtor:_____

Relationship to you: _____

Case Number:_____

Date Filed:_____

District (If known): _____

Part D. Debtors Who Reside as Tenants of Residential Property

Do you have an eviction pending against you? ☐ No ☐ Yes

If yes, please provide your landlord's name and address:

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Part E. Business Owned as a Sole Proprietor

Are you the sole proprietor of a full- or part-time business?

If yes, please provide the name and location of the business:

Name of business:_____

Address:_____

City:_____ State:_____ Zip:_____

Description of business:

Part F. Hazardous Property or Property That Needs Immediate Attention

Do you own or have any property that needs immediate attention or that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? ☐ No ☐ Yes

If yes, please describe the hazard:

If immediate attention is needed, why is it needed?

Where is the property? Address: _____

City: _____ State: _____ Zip: _____

Section 2 - Property *(Schedule A/B)*

Separately list and describe assets in each category below. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. If more space is needed, attach a separate page to this questionnaire.

Part A. Residence, Building, Land, Other Real Estate

Address and Description of Property	**List all mortgages, home equity loans and other liens against the property:** Please provide details requested below.	Estimated **Value** of Property	**Owned by:** You, your spouse, both you and your spouse, you and at least one person other than your spouse	**If you are not the only owner:** Please enter the % of the property you own	**Office Use Only** *Exemptions?*
Address: What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other:	Who issued the mortgage, lien or loan? *(Name and Address)* What is the amount of the mortgage, lien or loan? What is your current interest rate on the loan? What is your monthly payment? Does payment include taxes and/or insurance? ☐ No ☐ Yes How many payments are left?		☐ You ☐ Spouse ☐ Joint ☐ Other:		
Address: What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other	Who issued the mortgage, lien or loan? *(Name and Address)* What is the amount of the mortgage, lien or loan? What is your current interest rate on the loan? What is your monthly payment? Does payment include taxes and/or insurance? ☐ No ☐ Yes How many payments are left?		☐ You ☐ Spouse ☐ Joint ☐ Other:		

Part B. Cars, Vans, Trucks, Tractors, SUVs, Motorcycles, RVs, Watercraft, Aircraft, Motor Homes, ATVs, Other Vehicles

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	Office Use Only *Exemptions?*
Vehicle #1	☐ No ☐ Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information:		☐ You ☐ Spouse ☐ Joint ☐ Other:	
Vehicle #2	☐ No ☐ Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information:		☐ You ☐ Spouse ☐ Joint ☐ Other:	
Vehicle #3	☐ No ☐ Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information:		☐ You ☐ Spouse ☐ Joint ☐ Other:	
Watercraft/Aircraft/Motor Homes/ATVs/Other (*list year, make, and model*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Part C. Personal and Household Items

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	Office Use Only *Exemptions?*
Household Goods and Furnishings (*Major appliances, furniture, linens, china, kitchenware, etc.*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Electronics (*TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Collectibles of value (*art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, etc.*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Sports, photo, exercise, and other hobby equipment; musical instruments	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Firearms, ammunition, and related equipment	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Clothing (*everyday clothes, furs, leather coats, designer wear, shoes, accessories*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Jewelry	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Pets/non-farm animals	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	Office Use Only *Exemptions?*
Health aids and all other household items not listed	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Part D. Financial Assets

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	Office Use Only *Exemptions?*
Cash (*spare change/money in your purse or wallet, cash not in accounts*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Checking account #1 (*list name(s) on account, bank name, and account number*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Checking account #2 (*list name(s) on account, bank name, and account number*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Savings account #1 (*list name(s) on account, bank name, and account number*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Savings account #2 (*list name(s) on account, bank name, and account number*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	Office Use Only *Exemptions?*
Certificate of deposit (*list name(s) on account, bank name, and account number*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Other financial account #1 (*list name(s) on account, bank name, and account number*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Other financial account #2 (*list name(s) on account, bank name, and account number*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Other financial account #3 (*list name(s) on account, bank name, and account number*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Other financial account #4 (*list name(s) on account, bank name, and account number*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Bonds, mutual funds, and publicly traded stocks	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Non-publicly traded stocks and interests in businesses, corporations, LLCs, partnerships, and joint ventures (*list % of ownership*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Government and corporate bonds and instruments (*including U.S. Savings Bonds*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	Office Use Only *Exemptions?*
Retirement, pension, or profit-sharing plan #1 (*IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan*) (*list type of plan and where the account is held*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Retirement, pension, or profit-sharing plan #2 (*IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan*) (*list type of plan and where the account is held*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Retirement, pension, or profit-sharing plan #3 (*IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan*) (*list type of plan and where the account is held*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Security deposits (*typically with landlord or utility*) (*list holder*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Prepayments (*prepaid rent, layaway, gift cards, etc.*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Annuities (*list company*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Education IRA, Sec. 529 or Sec. 530 account, state tuition plan	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Trusts, life estates, future, and equitable interests in property or assets	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only *Exemptions?*
Patents, copyrights, trademarks, trade secrets, and other intellectual property	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Licenses, franchises, and other general intangibles	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Tax refunds owed to you (*list years due*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Alimony and child support	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Other amounts someone owes you (*unpaid wages, disability benefits, sick pay, vacation pay, workers' compensation, unpaid loans made by you, etc.*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Cash value of insurance policies (*whole or universal life, health, disability, HSA, etc.*) (*list insurance company and beneficiary*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Inheritances, estate distributions, and death benefits	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Personal injury claims or awards	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	Office Use Only *Exemptions?*
Lawsuits or claims against anyone for anything	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
All other claims or rights to sue someone	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Any other financial asset not listed	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Part E. Business-Related Assets

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only *Exemptions?*
Accounts receivable or commissions earned (*list*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Office equipment, furnishings, and supplies (*list*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Machinery, fixtures, equipment, business supplies, and tools of your trade (*list*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Business inventory (*list*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Interests in partnerships or joint ventures (*name and type of business, % interest*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Customer and mailing lists	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Other business-related property not already listed	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Part F. Farm and Commercial Fishing-Related Property

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only *Exemptions?*
Farm animals (*livestock, poultry, farm-raised fish, etc.*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Crops (*growing or harvested*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Farm and commercial fishing equipment, implements, machinery, fixtures, and tools of trade (*list*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Farm and commercial fishing supplies, chemicals, and feed (*list*)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Part G. Miscellaneous

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	Office Use Only *Exemptions?*
All other property of any kind not previously listed	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Section 3 - Debts *(Schedule D/E/F)*

Part A. Debts Secured by Property

Please list below all debts that you owe OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or mortgage	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	
Home loan and/or mortgage	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	

Type of Debt	Creditor Information	Property Information	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or mortgage	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	
Home loan and/or mortgage	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	

Car loans	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	
Car loans	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	

Car loans	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	
Other property loans	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	

Other property loans	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	
Other property loans	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	

Other property loans	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	
Other property loans	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	

Part B. Credit Card Debts

Please list below all credit card debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	

Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	

Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	

Department store credit card debts	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	
Department store credit card debts	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	

Other credit card debts (gas cards, phone cards, etc.)	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	
Other credit card debts (gas cards, phone cards, etc.)	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	

Other credit card debts (gas cards, phone cards, etc.)	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	
Other credit card debts (gas cards, phone cards, etc.)	1. Amount Owed *(amount of claim)*: 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? ☐ Self ☐ Spouse ☐ Joint ☐ Other: Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes **If yes,** please provide name and address:	☐ No ☐ Yes	