



## Robert Russell Law Group

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## ***BANKRUPTCY WORKSHEETS***

Thank you for allowing us to be of assistance to you. We understand about some of the stresses you are under. We have helped thousands of people and businesses with their financial issues. We can help you, too! We look forward to working with you, helping to reduce your stress, and adding you to our growing list of satisfied and relieved clients.

**INSTRUCTIONS** – To best help you, we need you to take the following steps:

1. Fill out these *Worksheets* to the best of your ability.
2. Fill out a *Debt/Lease Form* for every debt you have (even the ones you want to pay).
3. Call to make a quick appointment to deliver the completed *Worksheets, Debt/Lease Forms*, related documents and any necessary funds. (**Your Initial Consultation is free.**)
4. RELAX a little; you are on your way to getting your financial problems behind you.

If you need help getting a list of your creditors, getting copies of your tax returns or getting a copy of your credit report, just let us know.

We look forward to hearing from you very soon.

(Note: We generally do not provide copies of these Worksheets when completed. So, if you want a copy, please either make a copy or let us know when you drop them off. Thanks!)

## ***WE CAN HELP!***



Robert C. Russell, P.C., designated as a Federal Debt Relief Agency by an Act of Congress and the President of the United States, has proudly assisted consumers seeking relief under the U.S. Bankruptcy Code for over 20 years.

A Member of the National Association of Consumer Bankruptcy Attorneys  
Graduate of the O. Max Gardner III Bankruptcy Bootcamp



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## IMPORTANT INFORMATION ABOUT FILLING OUT YOUR WORKSHEETS

We know this is difficult and time-consuming for you. There is a huge amount of data that we need in order to help you and we are dependent on you to give us accurate and complete information.

The Worksheets and Debt Forms need to be filled out completely with no blank lines or spaces. If something doesn't apply to your situation, then just put "N/A" or "doesn't apply" in the appropriate place. For example, if you bring us your tax returns, you still need to put the gross income for yourself (and separately for your spouse, if it applies) for those years in the Worksheets where it asks for it.

**Having you fill out the Worksheets completely is part of helping us help you. If you don't do it, you may be asked to take them back and return them when they are complete.**

People are often confused about how to value their possessions. We do not expect you to inventory every pot and pan! An average family of 3-4 has about \$1,500 - \$3,000 worth of household goods and furniture. This is based on what it would cost you to replace everything you own in its current condition - which would most likely be at the Goodwill, eBay or Craigslist. This is assuming you don't have things like valuable antiques or new leather furniture.

An average adult has about \$250-\$500 worth of clothes depending on your occupation and whether you have to dress up for work or not.

Cars and other vehicles should be valued according to Kelley Blue Book, private party value. Follow their directions about how to determine the condition of your car. You can do this on [www.kbb.com](http://www.kbb.com). Jewelry should be valued in one of two ways: 1) ask a jeweler what would be a reasonable selling price to a private party or 2) take it to a pawn shop and double what they tell you its worth. EBay and Craigslist might also work. This should be close to fair market value.

Please provide recent statements for any investment and retirement accounts. If you don't have your paystubs, get a printout from your employer of your wages and deductions for the last 6 complete calendar months. If you are receiving Social Security or other fixed income (like unemployment), bring a printout from the agency showing how much you get each month.

Good luck and please know that the faster and more completely you can do your part, the better we can help you.

## CLIENT INFORMATION

### HUSBAND OR SINGLE DEBTOR

Full name (first, middle, last, generation)	
Other names used (doing business as, etc.)	
Social Security No. / Date of birth	/
Street address	
City, State, Zip	
Phone number(s)	Home:                      Work:                      Cell:
County of residence (or principal place of business if business filing)	
Mailing address (if different than residence)	
E-mail address for <b><u>confidential</u></b> matters only*	

### SPOUSE

Please complete this information even if you believe your spouse is not filing for bankruptcy relief with you.

Full name	
Other names used (maiden, business, etc.)	
Social Security No. / Date of birth	/
Street address	
City, State, Zip	
Phone number(s)	Home:                      Work:                      Cell:
County of residence or principal place of business	
Mailing address (if different than residence)	
E-mail address for <b><u>confidential</u></b> matters only*	

\* If you have an **e-mail address** we can use to contact you about your **confidential** financial matters, we would really appreciate you listing it. We love to use e-mail; it really speeds things up and allows us to answer your questions the same day, if not the same hour. If you do **not** have an e-mail address or it cannot be used for **confidential matters**, no problem. In that case, **do not list the email address**; the phone, fax and the US Mail will work just great. Thanks.

## QUESTIONS FOR DEBTOR(S) ENGAGED IN BUSINESS

If you or your spouse are currently engaged in your own business, please provide the following:

Name of Business	
Is the Business a Corporation, LLC, Partnership, Sole Proprietorship?	
Street address of business	
City, State and Zip Code	
Federal Tax ID Number	
Name of authorized signor on bank accounts	
Title of authorized signor on bank account(s) and account number(s)	

### PRIOR BANKRUPTCIES

If you have filed a bankruptcy within the last 8 years, please provide the following information:

Name Used			
Location of Court where filed			
Case Number / Chapter		<b>7</b>	<b>13</b> (circle one)
Date prior case filed			
Result of case (circle one)	<i>Completed</i>	<i>Dismissed</i>	

Name Used			
Location of Court where filed			
Case Number / Chapter		<b>7</b>	<b>13</b> (circle one)
Date prior case filed			
Result of case (circle one)	<i>Completed</i>	<i>Dismissed</i>	

Are there any current bankruptcy cases filed by your spouse or business associate that are not yet dismissed, discharged or otherwise completed?

Name Used			
Case Number / Chapter		<b>7</b>	<b>13</b> (circle one)
Date case was filed			
Relationship to debtor			
District where case filed			
Judge assigned			

**REAL PROPERTY (LAND)**  
(SCHEDULE "A")

List your real property. Please do not include property you are leasing under a rental agreement. If you are married, please indicate whether you both own the property or if only one spouse owns it. If any of your creditors claim a security interest in any of your real property (deed of trust, mortgage or other lien) state the creditor and the debt. **PLEASE COMPLETE A DEBT FORM FOR EACH DEBT YOU OWE AGAINST THESE PROPERTIES.**

<b>Description and location of real property:</b>	<u><b>Type of Property:</b></u> Home, mobile home, bare land, etc?  Please identify.	<u><b>Ownership:</b></u> In whose name is the property?  Husband, wife, both or other?	<u><b>Value:</b></u> How much could you sell it for "as is"?	<u><b>Debt:</b></u> How much do you owe against the property?  To whom?	<u><b>Foreclosure Status:</b></u> Is the property in foreclosure?  If so, what is the sale date, if set?
Street Address  City  State  ZIP					
Street Address  City  State  ZIP					
Street Address  City  State  ZIP					
Street Address  City  State  ZIP					

## PERSONAL PROPERTY (SCHEDULE "B")

Please list all your personal property of any and all kinds. In the box marked "**Current Value**" list the value of the property. The value is normally the price you would be willing to pay to buy the exact item(s) in its/their current condition (old, broken, etc) from someone else. Simply, what would you have to pay to buy the exact items in the exact same condition? If you don't have any property for a specific category, please put an "X" in the box marked "None". Note: If you have "clothing" but it is not worth much, you still must estimate a value for what you have.

Type of Property	N O N E	Description of Property and Location (if other than at your home)	Husband, Wife or Jointly Owned	Current Value
Cash				
Bank Account(s): <u>IDENTIFY</u> the (1) Name of the Bank(s), (2) Type of Account(s), and (3) Account Number(s).				
Security deposits with a utility company, telephone company, landlord, etc. Please state the name of the party holding the deposit.				
Total of all household goods and furnishings, including audio, video, and computer equipment.  If any single item is worth \$500 or more, please identify it and its value individually.				
Books, pictures and other art objects; antiques, stamp, coin, record, tape, compact disc, and other collectibles.				
Clothing.				
Furs and jewelry.				
Firearms, fishing poles and other sports and hobby equipment.				
Cash value in insurance policies (indicate whether term or whole life insurance).				
Annuities.				

Type of Property	N O N E	Description of Property and Location (if other than at residence)	Husband, Wife or Jointly Owned	Current Value
Retirement Accounts: Interests in pension or profit sharing plans such as a 401(k), 403(b) or IRA's. Itemize and give account numbers.				
Stocks.				
Interests in partnerships or joint ventures (itemize).				
Government and corporate bonds and other negotiable and non-negotiable instruments.				
Accounts receivable (List anyone that owes you money and the amount of money even if it is unlikely that you will ever collect it.)				
Past-due alimony, maintenance, support, and property settlements to which you are or may be entitled. Give details.				
Other debts owed to you, including tax refunds. Give details.				
Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.				
Contingent and noncontingent interests in estate of decedent, death benefit plan, life insurance policy, or trust.				
Claims for personal injury or property damage including the name of the person/entitled that might owe you money EVEN IF YOU HAVE NOT RECEIVED ANY MONEY OR MAY NEVER RECEIVE MONEY.				
Other contingent and unliquidated claims you have against others of every nature.				
Patents or copyrights. Give details.				
Licenses or franchises. Give details.				

Type of Property	N O N E	Description of Property and Location (if other than residence)	Husband, Wife or Jointly Owned	Current Value
Automobiles, trucks, trailers, and other vehicles and accessories. List year, make, model, and mileage.  NOTE: If you owe money against the vehicle, it needs to be listed here <b>and</b> on a <b>“Debt Form.”</b>		Year/Make/Model/Mileage:		
Boats, motors and accessories.				
Aircraft and accessories.				
Office equipment, furnishings, and supplies used in business.				
Machinery, fixtures, equipment, and supplies used in business.				
Business Inventory.				
Animals				
Crops--growing or harvested. Give details.				
Farming equipment and implements.				
Farm supplies, chemicals, and feed.				
Other personal property of <u>any kind</u> not already listed. Itemize. (IF IT IS NOT LISTED ABOVE, LIST IT HERE.)				



## CONTRACTS AND LEASES (SCHEDULE "G")

If you are a party to a contract or lease, other than a monthly rental agreement for a house or apartment, please provide the following information. **Also, make sure to fill out a Debt Form for this obligation.**

Who is the Creditor?	What is the Contract or Lease for?
Name:	What is the leased property? (car, apartment, etc)
Street Address:	What is your interest in the contract or lease?  <div style="display: flex; justify-content: space-around;"> <span>Buyer [ ]</span> <span>Seller [ ]</span> </div> <div style="display: flex; justify-content: space-around;"> <span>Lease to [ ]</span> <span>Leasing from [ ]</span> </div>
City:	Is lease for nonresidential real property? Yes [ ]                      No [ ]
State and Zip:	If government contract, please give contract number:

## CODEBTORS (SCHEDULE "H")

**Is anyone else liable with you on any of your debts?** Examples would be a co-signor, guarantor, or ex-spouse. Do not put your spouse as a co-debtor unless you are married and only one of you is filing bankruptcy. **Please remember to complete a Debt Form for this debt and note of the Debt Form that a codebtor exists.**

Who is the Creditor?	Who also owes money with you on this debt?
Name:	Name:
Street Address:	Street Address:
City:	City:
State and Zip:	State and Zip:

Who is the Creditor?	Who also owes money with you on this debt?
Name:	Name:
Street Address:	Street Address:
City:	City:
State and Zip:	State and Zip:

(Use additional sheets if necessary.)

## EMPLOYMENT & DEPENDENT INFORMATION

**Marital Status:**      **Single**       **Married**       **Separated**       **Divorced**       **Widowed**

### DEPENDENTS OF DEBTOR AND/OR SPOUSE

Name	Age	Relationship	Does this person live with you?	If "no," with whom does the person live and where?

### DEBTOR

### SPOUSE

**NOTE: List your spouse's income even if you do not plan on him/her filing with you in this case.**

Name of Employer		
Address of Employer  <b>REMINDER:</b> Please include your paycheck stubs for the last six months.	_____ Street Address  _____ City  _____ State                                  Zip  _____ Phone Number	_____ Street Address  _____ City  _____ State                                  Zip  _____ Phone Number
Occupation / Job Title		
How long have you been employed by this employer?	Since:	Since:
Is your work seasonal? If "yes," what are the high and low income periods?		
Do you expect any changes in income in the next 12 months? If "yes," explain.		

**CURRENT INCOME  
FROM ALL SOURCES**

**NOTE: Do NOT say "see attached" and leave blank.**

	<i>DEBTOR</i>	<i>SPOUSE</i>
<b>GROSS WAGES</b> (before deductions): <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	\$ _____ \$ _____	\$ _____ \$ _____
<b>ESTIMATED OVERTIME:</b>		
<b>DEDUCTIONS (per pay period):</b>  Taxes, Social Security & Medicare:	\$ _____	\$ _____
Insurance:	\$ _____	\$ _____
Union Dues:	\$ _____	\$ _____
Retirement – <i>new</i> contribution:	\$ _____	\$ _____
Retirement - <i>loan</i> repayment:	\$ _____	\$ _____
Other (specify) : _____	\$ _____	\$ _____
<b>NET/TAKE HOME (per pay period)</b> (After the above deductions)	\$ _____	\$ _____
<b>OTHER MONTHLY INCOME:</b>  Regular Income from Business:	\$ _____	\$ _____
Income from Real Property (including rent from a roommate):	\$ _____	\$ _____
Interest or Dividend Income:	\$ _____	\$ _____
Pension or Retirement Income:	\$ _____	\$ _____
Alimony/Child Support Received:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Worker's Compensation:	\$ _____	\$ _____
Other: (welfare, food stamps, etc.) Specify: _____	\$ _____	\$ _____

**PAST GROSS INCOME – LAST 6 MONTHS**  
**DEBTOR**

Fill in your **GROSS** monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your ACTUAL GROSS income for all six months. Please use your **PAYDATE** or **CHECK DATE (not pay period)**. **Do NOT leave blank** and say "see attached."

	Month 1 (last month) ___/___	Month 2 (2 months ago) ___/___	Month 3 (3 months ago) ___/___	Month 4 (4 months ago) ___/___	Month 5 (5 months ago) ___/___	Month 6 (6 months ago) ___/___	Office Use Only
GROSS wages, salary, tips, bonuses, overtime, commissions (before taxes etc. are deducted):							
Social Security income:							
Unemployment Compensation:							
Pension and retirement income (NOT Social Security):							
Interest, dividends, and royalties:							
Regular contributions from others to the household expenses, including child support:							
Any other contribution(s), from anyone, for anything:							
Income from operation of business:	a.	a.	a.	a.	a.	a.	
a. Gross Income	b.	b.	b.	b.	b.	b.	
- b. Expenses	c.	c.	c.	c.	c.	c.	
= c. Net Income							
Rent and other real property income:	a.	a.	a.	a.	a.	a.	
a. Gross Income	b.	b.	b.	b.	b.	b.	
- b. Expenses	c.	c.	c.	c.	c.	c.	
= c. Net Income							

**PAST GROSS INCOME – LAST 6 MONTHS**  
**SPOUSE (if any)**

Fill in your **GROSS** monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your ACTUAL GROSS income for all six months. Please use your **PAYDATE** or **CHECK DATE (not pay period)**. Do **NOT** leave blank and say "see attached."

	Month 1 (last month) ___/___	Month 2 (2 months ago) ___/___	Month 3 (3 months ago) ___/___	Month 4 (4 months ago) ___/___	Month 5 (5 months ago) ___/___	Month 6 (6 months ago) ___/___	Office Use Only
GROSS wages, salary, tips, bonuses, overtime, commissions (before taxes etc. are deducted):							
Social Security income:							
Unemployment Compensation:							
Pension and retirement income (NOT Social Security):							
Interest, dividends, and royalties:							
Regular contributions from others to the household expenses, including child support:							
Any other contribution(s), from anyone, for anything:							
Income from operation of business:	a.	a.	a.	a.	a.	a.	
a. Gross Income	b.	b.	b.	b.	b.	b.	
- b. Expenses	c.	c.	c.	c.	c.	c.	
= c. Net Income							
Rent and other real property income:	a.	a.	a.	a.	a.	a.	
a. Gross Income	b.	b.	b.	b.	b.	b.	
- b. Expenses	c.	c.	c.	c.	c.	c.	
= c. Net Income							

**Is your income going to change in the next 12 months? If it is going to change, please tell me how it is going to change in the space below:**

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**Is there anything else we should know about your present or future income? Please write in anything else you would like us to know in the space below:**

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**MONTHLY PERSONAL EXPENSES**  
(SCHEDULE "J")

Please estimate your monthly personal expenses for you and your family. Please prorate on a monthly basis any payments made bi-weekly, quarterly, semi-annually, etc to show the monthly amount.

\$ \_\_\_\_\_ Rent or home mortgage payment (include lot rental for mobile home)  includes real estate taxes  includes insurance  
 \_\_\_\_\_ 2<sup>nd</sup> Mortgage (if any)  
 \_\_\_\_\_ 3<sup>rd</sup> Mortgage payment (if any)  
 Utilities:  
 \_\_\_\_\_ Electricity, heating fuel and/or natural gas  
 \_\_\_\_\_ Water and sewer  
 \_\_\_\_\_ Telephone  
 \_\_\_\_\_ Cell Phone - we use the cell phone(s) for: \_\_\_\_\_  
 \_\_\_\_\_ Cable  
 \_\_\_\_\_ Garbage  
 \_\_\_\_\_ Internet service  
 \_\_\_\_\_ Other utility (describe): \_\_\_\_\_  
 \_\_\_\_\_ Home maintenance (repairs and upkeep)  
 \_\_\_\_\_ Food (include such non-food items as paper towels, etc)  
 \_\_\_\_\_ Clothing  
 \_\_\_\_\_ Laundry and dry cleaning (detergent, etc)  
 \_\_\_\_\_ Medical and dental expenses NOT covered by insurance (co-pays, prescriptions, counseling, etc.)  
 \_\_\_\_\_ Transportation (including gas, oil, tires, tune-ups, regular maintenance, etc.) Gas ALONE is: \$ \_\_\_\_\_  
 \_\_\_\_\_ Recreation, clubs and entertainment, newspapers, magazines, etc.  
 \_\_\_\_\_ Charitable contributions: Paid to: \_\_\_\_\_  
 Insurance (not already deducted from wages or included in home mortgage payments):  
 \_\_\_\_\_ Homeowner's or renter's  
 \_\_\_\_\_ Life  
 \_\_\_\_\_ Health  
 \_\_\_\_\_ Auto  
 \_\_\_\_\_ Disability  
 \_\_\_\_\_ Other (describe): \_\_\_\_\_  
 \_\_\_\_\_ Taxes (not deducted from wages or included in home mortgage payments) - specify: \_\_\_\_\_  
 Installment/lease payments:  
 \_\_\_\_\_ Auto - year/make/model:  
 \_\_\_\_\_ Auto - year/make/model:  
 \_\_\_\_\_ Other:  
 \_\_\_\_\_ Alimony, maintenance, and child support paid to others  
 \_\_\_\_\_ Regular expenses from operation of business or profession (ask for and *attach detailed* statement for business expenses)  
 \_\_\_\_\_ Mandatory payroll deductions not already listed  
 \_\_\_\_\_ Health savings accounts  
 \_\_\_\_\_ Non-mandatory contributions to retirement accounts (including loan repayment)  
 \_\_\_\_\_ Court-ordered payments not already listed  
 \_\_\_\_\_ Education necessary to maintain employment  
 \_\_\_\_\_ Education for a physically or mentally challenged child OR Education expense for your children under age 18  
 \_\_\_\_\_ Child care: Is this amount paid all year or just during the summer? (Circle one) All year / Summer only  
 \_\_\_\_\_ Care for elderly, chronically ill or disabled family members OR Protection from family violence  
 \_\_\_\_\_ Other expenses not listed above (describe): \_\_\_\_\_

# STATEMENT OF FINANCIAL AFFAIRS

**Every debtor must complete this section of the worksheet. A married person must furnish information for both spouses whether or not both spouses are filing bankruptcy.**

## 1. INCOME FROM WAGES/EMPLOYMENT

State the **gross** income you have received from your job or the **gross** receipts from the operation of your business. **Do NOT** leave blank or say "see attached."

SOURCE	AMOUNT	SOURCE	AMOUNT	
	DEBTOR	DEBTOR	SPOUSE	
THIS YEAR				
LAST YEAR				
YEAR BEFORE LAST				

## 2. INCOME OTHER THAN FROM YOUR JOB

State the gross income you have received other than from your job or the operation of your business. This includes but is not limited to unemployment, Social Security, pensions, L&I payments, and food stamps. Please be specific about the source of this income. **Do NOT** leave blank or say "see attached."

SOURCE	AMOUNT	SOURCE	AMOUNT	
	DEBTOR	DEBTOR	SPOUSE	
THIS YEAR TO				
LAST YEAR				
YEAR BEFORE LAST				

## 3a. PAYMENTS TO CREDITORS

In the last three months have you made any payments to any **one** creditor that total more than \$600.00? For example, if you paid one creditor \$200 for each of the last three months, that would be \$600 in total in the last three months and it should be listed below.

NAME OF CREDITOR	DATE OF EACH PAYMENT	PAYMENT(S)	AMOUNT STILL OWING
Name _____ Street Address _____ City, State, Zip _____			



NAME OF CREDITOR	DATE OF EACH PAYMENT	PAYMENT(S)	AMOUNT STILL OWING
Name _____ Street Address _____ City, State, Zip _____			
Name _____ Street Address _____ City, State, Zip _____			

**3b.** In the last year have you made any payments to a relative or business associate?

NAME OF RELATIVE OR ASSOCIATE	RELATIONSHIP TO YOU	DATE OF EACH PAYMENT	AMOUNT OF EACH PAYMENT	AMOUNT YOU STILL OWE, IF ANY
Name _____ Street Address _____ City, State, Zip _____				

**4a. LAWSUITS**

List all lawsuits in the last year in which you were involved, including a divorce.

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING (collection, divorce, etc)	COURT AND LOCATION	STATUS OR DISPOSITION

**4b. GARNISHMENTS OR SEIZURES OF YOUR PROPERTY**

Has any of your property been attached, garnished or seized in the last year?

NAME OF CREDITOR	DATE(S) OF SEIZURE	PROPERTY TAKEN; AMOUNT OF WAGES TAKEN
Name _____ Street Address _____ City, State, Zip _____		
Name _____ Street Address _____ City, State, Zip _____		

**5. REPOSSESSIONS, SURRENDERS, FORECLOSURES AND RETURNS**

In the last year has any of your property been repossessed or voluntarily returned to any of your creditors?

IDENTITY OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Name _____ Street Address _____ City, State, Zip _____		
Name _____ Street Address _____ City, State, Zip _____		

**6a. ASSIGNMENTS AND RECEIVERSHIPS**

In the last four months have you assigned any of your property to another person for the benefit of your creditors?

IDENTITY OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
Name _____ Street Address _____ City, State, Zip _____		
Name _____ Street Address _____ City, State, Zip _____		

**6b.** In the last year has any of your property been held by another person for the benefit of your creditors?

IDENTITY OF CUSTODIAN	NAME AND LOCATION OF COURT/CASE TITLE AND NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
Name _____ Street Address _____ City, State, Zip _____			
Name _____ Street Address _____ City, State, Zip _____			

**7. GIFTS**

In the last year have you given away anything worth more than \$200.00 to a friend or relative, or more than \$100.00 to a charity or church?

IDENTITY OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
Name _____ Street Address _____ City, State, Zip _____			
Name _____ Street Address _____ City, State, Zip _____			

**8. LOSSES**

In the last year have you lost any property due to a fire, theft, gambling or similar event?

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS

**9. PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY**

In the last year have you paid anyone for debt counseling or bankruptcy advice?

IDENTITY OF PAYEE	DATE OF PAYMENT NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Name _____ Street Address _____ City, State, Zip _____		
Name _____ Street Address _____ City, State, Zip _____		

**10. OTHER TRANSFERS**

Is there anything you had **TWO YEARS** ago that you do NOT have today? In the last **TWO YEARS** have you sold or transferred any of your property, or used any of your property as collateral for a debt? Also, fill this section out if you have refinanced your home or vehicle(s) within the last one year.

TO WHOM TRANSFERRED	DATE	DESCRIPTION OF PROPERTY TRANSFERRED AND VALUE RECEIVED
Name _____ Street Address _____ City, State, Zip _____		
Name _____ Street Address _____ City, State, Zip _____		

**11. CLOSED FINANCIAL ACCOUNTS**

Have you or your bank or credit union closed a bank account in the last year?

NAME OF BANK	TYPE OF ACCOUNT, ACCOUNT NUMBER, & AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Name _____ Street Address _____ City, State, Zip _____		
Name _____ Street Address _____ City, State, Zip _____		

**12. SAFE DEPOSIT BOXES**

Have you had a safe deposit box in the last year?

NAME OF BANK	NAME(S) OF THOSE PERSON(S) WITH ACCESS TO BOX	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
Name _____ Street Address _____ City, State, Zip _____			
Name _____ Street Address _____ City, State, Zip _____			

**13. SETOFFS**

In the last year have any of your creditors (including the IRS) retained any of your property (including tax refunds) in full or partial satisfaction of a debt you owed to them?

NAME OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF AND VALUE RECEIVED
Name _____ Street Address _____ City, State, Zip _____		
Name _____ Street Address _____ City, State, Zip _____		

**14. PROPERTY HELD FOR ANOTHER PERSON**

Do you have in your possession at home or elsewhere any property that belongs to somebody else? Is your name on anyone else's bank account? Is your name on the title of anyone else's car? Are you storing anything for anyone else? Are you borrowing anything from someone else? (This property can be lost to the Trustee if not disclosed.)

NAME OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
Name _____ Street Address _____ City, State, Zip _____		
Name _____ Street Address _____ City, State, Zip _____		

**15. PRIOR ADDRESS OF DEBTOR**

List all addresses for the last three years (not including your present address).

OLD ADDRESSES (including city and state)	NAME USED	DATES OF OCCUPANCY

**16. SPOUSE AND FORMER SPOUSE**

If you were married within the last eight years, including current and former spouses, please fill out the following.

NAME(S) OF (EX)SPOUSE(S)	THE STATES IN WHICH YOU LIVED WHILE MARRIED	YEAR(S) IN WHICH YOU WERE MARRIED AND DIVORCED	INCOME OF THE EX-SPOUSE FOR THE LAST THREE YEARS OF THE MARRIAGE (List the year and the dollar amount)

**17. ENVIRONMENTAL INFORMATION**

Have you ever been advised in writing by any governmental entity/agency that you may be liable for violation of any environmental law?

Circle one YES / NO

If "yes", give the details:

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Have you ever provided written notice to a governmental entity/agency the at fact that released hazardous material into the environment?

Circle one YES / NO

If "yes", give the details:

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Have you ever been a party to any lawsuit or administrative proceeding concerning environmental issues?

Circle one YES / NO

If "yes", give the details:

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**THE REMAINING QUESTIONS ARE REQUIRED TO BE FILLED OUT  
ONLY IF YOU HAVE OWNED OR OPERATED  
**A BUSINESS IN THE LAST SIX YEARS.****

**18. NATURE, LOCATION AND NAME OF BUSINESS**

NAME OF BUSINESS	TYPE OF BUSINESS	BEGINNING & ENDING DATES OF OPERATION	CORPORATION, PARTNERSHIP, LLC OR SOLE PROPRIETOR
Name _____ Street Address _____ City, State, Zip _____			
Name _____ Street Address _____ City, State, Zip _____			

**19a. BOOKS, RECORDS AND FINANCIAL STATEMENTS**

In the last six years who kept or supervised the keeping of the books and records for the business?

NAME OF BOOKKEEPER OR ACCOUNTANT	DATE KEPT OR SUPERVISED
Name _____ Street Address _____ City, State, Zip _____	
Name _____ Street Address _____ City, State, Zip _____	

**19b.** In the last two years has anyone audited the business books or records?

IDENTITY	DATE OF AUDIT
Name _____ Street Address _____ City, State, Zip _____	
Name _____ Street Address _____ City, State, Zip _____	

**19c.** Who had the books and records at the time these worksheets were completed?

IDENTITY	IF BOOKS OR RECORDS ARE NOT AVAILABLE BRIEFLY EXPLAIN BELOW
Name _____ Street Address _____ City, State, Zip _____	
Name _____ Street Address _____ City, State, Zip _____	

**19d.** In the last two years has the business given a Financial Statement to any person or bank?

TO WHOM GIVEN	DATE OF FINANCIAL STATEMENT
Name _____ Street Address _____ City, State, Zip _____	
Name _____ Street Address _____ City, State, Zip _____	

**20a. INVENTORIES**

Please provide the following for the last two inventories of the business assets.

WHO DID THE INVENTORY	DATE	VALUE OF ASSETS	COST OR MARKET
Name _____ Street Address _____ City, State, Zip _____			
Name _____ Street Address _____ City, State, Zip _____			



**20b.** List the name and address of any person who has possession of the records of any of the inventories listed above.

NAME OF PERSON	DATE OF INVENTORY
Name _____ Street Address _____ City, State, Zip _____	
Name _____ Street Address _____ City, State, Zip _____	

**21a. CURRENT PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS**

If the business is a partnership list the nature and percentage of ownership for each partner.

NAME OF PARTNER	NATURE OF INTEREST	PERCENT OWNED
Name _____ Street Address _____ City, State, Zip _____		
Name _____ Street Address _____ City, State, Zip _____		

**21b.** If the business is a corporation list the Officers, Directors and Shareholders.

IDENTITY	OFFICER, DIRECTOR OR SHAREHOLDER	PERCENT OWNED
Name _____ Street Address _____ City, State, Zip _____		
Name _____ Street Address _____ City, State, Zip _____		
Name _____ Street Address _____ City, State, Zip _____		

**22a. FORMER PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS**

If the business is a partnership list each partner who withdrew from the partnership in the last year.

IDENTITY	DATE OF WITHDRAWAL
Name _____ Street Address _____ City, State, Zip _____	
Name _____ Street Address _____ City, State, Zip _____	

**22b.** If the business is a corporation list each Officer, Director or Shareholder who withdrew from the corporation in the last year.

IDENTITY	DATE OF WITHDRAWAL
Name _____ Street Address _____ City, State, Zip _____	
Name _____ Street Address _____ City, State, Zip _____	

**23. DISTRIBUTION FROM BUSINESS TO OWNERS**

List all payments, distributions, bonuses, loans or other forms of compensation given by the business to any owners in the last year.

IDENTITY	AMOUNT	DATE
Name _____ Street Address _____ City, State, Zip _____		
Name _____ Street Address _____ City, State, Zip _____		

## OTHER INFORMATION

1. **Expected Inheritances** - Do you expect to receive any inheritances or distributions from a trust in the next 12 months? [If "yes", give particulars such as the property and/or money you may receive.]

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2. **Bounced Checks** - Have any of your checks "bounced" in the last 12 months that have not been paid by either yourself or your bank? [Note: Fill out a Debt Form for each check.]

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3. **Credit Cards** - Have you put any more than \$500 in total on any one credit card or account within the last 90 days? [If "yes", how much and on which account/card?]

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Have you used any of your credit cards to pay taxes? Answer: \_\_\_\_\_

4. **Sale of Collateral** - Have you sold any item of property that was collateral for one of your debts? [Debts owed to creditors such as Les Schwab and Best Buy are secured by items purchased.]

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5. **Student Loans** - If you have any student loans, please indicate the date you are/were to begin making payments. This date is usually six months after you graduate or immediately upon leaving school.

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6. **Tax Returns** – Do you have any unfiled tax returns? Which years?

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**7. Tax Refunds** - In the last two years have you received tax refunds? [If “yes”, indicate the year(s), the amount(s) and from whom, e.g., IRS, State of Oregon.]

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**8. Claims Against Others** - In the last three years have you been in a car accident or suffered another injury? [If “yes”, give particulars including how much you might expect to receive.]

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**9. Debts Not Listed** – Do you have any debts that are not listed on a Debt Form, including debts owed to family and friends? If “yes”, who is the creditor and how much do you owe them?

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