Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
District of(State)		
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is amended filing

Official Form 101

Part 1: Identify Yourself

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1. Your full name Write the name that is on your First name First name government-issued picture identification (for example, Middle name Middle name your driver's license or passport). Last name Last name Bring your picture identification to your meeting Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) with the trustee. 2. All other names you First name First name have used in the last 8

years
Include your married or maiden names and any assumed, trade names and doing business as names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

Middle name	
Last name	
First name	
Middle name	
Last name	

About Debtor 1:

3.	Only the last 4 digits of
	your Social Security
	number or federal
	Individual Taxpayer
	Identification number
	(ITIN)

xxx	_	xx	 	
OR				
9 xx	_	хх		

Business name (if applicable)

Business name (if applicable)

Busine	ess name (if applicable)	
	, ,,	
XXX	- xx -	
,,,,,	,	

About Debtor 2 (Spouse Only in a Joint Case):

OR		
9 xx - xx	 	

Middle name

Last name

First name

Middle name

Last name

Business name (if applicable)

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Your Employer Identification Number (EIN), if any.	EIN	EIN
5. Where you live		If Debtor 2 lives at a different address:
	Number Street	Number Street
	City State ZIP Code	City State ZIP Code
	County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
6. Why you are choosing this district to file for bankruptcy	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case number (if know)
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Part 2:

Tell the Court About Your Bankruptcy Case

7.	The chapter of the Bankruptcy Code you are choosing to file under		ruptcy (Foter 7 oter 11 oter 12	a brief description of each, see <i>Notic</i> Form 2010)). Also, go to the top of pa		U.S.C. § 342(b) for Individuals Filing appropriate box.
8.	How you will pay the fee	local your subr with I nee Appl I req By la less pay	court for self, you nitting you a pre-part to particular the low, a just than 15 he fee	dge may, but is not required to, v 50% of the official poverty line tha	nay pay. Typicall heck, or money ur attorney may put choose this op Fee in Installme request this optivaive your fee, a at applies to you is option, you m	y, if you are paying the fee order. If your attorney is pay with a credit card or check tion, sign and attach the nts (Official Form 103A). Ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the Application to Have the
9.	Have you filed for bankruptcy within the last 8 years?	□ No □ Yes.	District	When	MM / DD / YYYY	Case number Case number Case number
10	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ No☐ Yes.	District Debtor	When	MM / DD / YYYY	Case number, if known
11	. Do you rent your residence?	☐ No. ☐ Yes.	☐ No.☐ Yes	ur landlord obtained an eviction judg . Go to line 12.		Against You (Form 101A) and file it as

\Box	۵ŀ	٦ta	٦r	1

First Name	Middle Name	Last Name	

Case number (if known)

3:	Report About	Any Businesses	You Own	as a Sole	Proprietor
•	itopoit About	Ally Dusiliesses	. ou ou	as a coic	· · · op· · oto:

2. Are you a sole proprietor of any full- or part-time	☐ No.	. Go to Part 4.			
business?	☐ Yes	s. Name and location of business			
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as		Name of business, if any			
a corporation, partnership, or LLC.		Number Street			
If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.		City		State	ZIP Code
		City		State	ZIP Code
		Check the appropriate box to des	scribe your business:		
		☐ Health Care Business (as de	fined in 11 U.S.C. § 10	01(27A))	
		☐ Single Asset Real Estate (as	defined in 11 U.S.C. §	§ 101(51B))	
		☐ Stockbroker (as defined in 11	U.S.C. § 101(53A))		
		☐ Commodity Broker (as define	d in 11 U.S.C. § 101(6))	
		☐ None of the above			
Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S. C. § 1182(1)?	a smal recent these	documents do not exist, follow the p	ng to proceed under s ions, cash-flow staten procedure in 11 U.S.C	Subchapter nent, and fe . § 1116(1)	V, you must attach your most ederal income tax return or if any of (B).
For a definition of small business debtor, see	☐ NO.	. I am filing under Chapter 11, but Bankruptcy Code.	i am NOT a small bus	siness debic	or according to the definition in the
11 U.S.C. § 101(51D).	☐ Yes	s. I am filing under Chapter 11, I am Bankruptcy Code, and I do not cl			
	☐ Yes	s. I am filing under Chapter 11, I ar Code, and I choose to proceed u			
art 4: Report if You Own	or Have	e Any Hazardous Property or	Any Property Tha	t Needs I	mmediate Attention
. Do you own or have any	□ No				
property that poses or is alleged to pose a threat of imminent and	Yes	s. What is the hazard?			
identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed	d, why is it needed? _		
For example, do you own					
perishable goods, or livestock that must be fed, or a building that needs urgent repairs?					

City

ZIP Code

State

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☐ I received a briefing from an approved credit

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required	to receive	a briefing	about
credit counseling			

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about
credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone or

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6:	Answer These Questions for Reporting Purpose
	16a Are your debts primarily

rei	Answer These Ques	tions for Reporting Purposes				
16.	What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."				
	•	□ No. Go to line 16b.□ Yes. Go to line 17.				
		16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.				
		□ No. Go to line 16c. □ Yes. Go to line 17.				
		16c. State the type of debts you ow	e that are not consumer debts or busines	ss debts.		
17.	Are you filing under Chapter 7?	☐ No. I am not filing under Chapte	er 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?		. Do you estimate that after any exempt e paid that funds will be available to dist			
18.	How many creditors do you estimate that you	1-49	1,000-5,000	25,001-50,000		
	owe?	□ 50-99 □ 100-199 □ 200-999	□ 5,001-10,000 □ 10,001-25,000	☐ 50,001-100,000 ☐ More than 100,000		
19.	How much do you estimate your assets to be worth?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20.	How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		

ebtor 1	t Name Middle Name	Last Name	Case numb	ber (if known)			
Part 7: Sig	gn Below						
For you		I have examined this petition, and I correct.	declare under penalty of per	rjury that the information provided is true and			
				proceed, if eligible, under Chapter 7, 11,12, or 13 under each chapter, and I choose to proceed			
			If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
			fines up to \$250,000, or imp	obtaining money or property by fraud in connecti prisonment for up to 20 years, or both.			
		×	×				
		Signature of Debtor 1		Signature of Debtor 2			
		Executed on MM / DD / YYYY		Executed on MM / DD /YYYY			
For your attorney, if you are represented by one		to proceed under Chapter 7, 11, 12, available under each chapter for wh	or 13 of title 11, United Statich the person is eligible. I	nat I have informed the debtor(s) about eligibility tes Code, and have explained the relief also certify that I have delivered to the debtor(s)			
	ot represented ey, you do not	knowledge after an inquiry that the i		th § 707(b)(4)(D) applies, certify that I have no filed with the petition is incorrect.			
need to file t	this page.	×		Date			
		Signature of Attorney for Debtor		MM / DD /YYYY			
		Printed name					
		Firm name					
		Number Street					
		City		State ZIP Code			

Contact phone _____

Bar number

Email address

State

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?				
□ No □ Yes				
Are you aware that bankruptcy fraud is a serious criminaccurate or incomplete, you could be fined or impris No Yes	, , ,			
Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? ☐ No ☐ Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).				
By signing here, I acknowledge that I understand the have read and understood this notice, and I am awar attorney may cause me to lose my rights or property	e that filing a bankruptcy case without an			
	*			
Signature of Debtor 1	Signature of Debtor 2			
Date MM / DD / YYYY	Signature of Debtor 2 Date MM / DD / YYYY			
Date	Date			
Date MM / DD / YYYY	Date MM / DD / YYYY			

SAMPLE MAILING MATRIX

A mailing matrix is a list of names and addresses of creditors and parties in interest. The names and addresses are added to the case data and are used for notices. Do not include account numbers or dollar amounts in the addresses. Type (or print) addresses in the following format on a clean sheet of paper. Use additional paper if necessary.

BellSouth 85 Annex Atlanta, GA 30385

Macy's P.O. Box 4564 Carol Stream, IL 60197

HOME Federal Credit Union 4000 St. Claude Ave. New Orleans, LA 70117-5456

United States Bankruptcy Court Eastern District of Louisiana

In re		Case No
	Debtor(s)	Chapter
,	VERIFICATION OF CR	REDITOR MATRIX
The above-named Debtors hereby	verify that the attached list of creditor	ors is true and correct to the best of their knowledge.
Date:	Signature of De	ebtor 1
Date:	Signature of De	ebtor 2

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Official Form 121

Statement About Your Social Security Numbers

12/15

Use this form to tell the court about any Social Security or federal Individual Taxpayer Identification numbers you have used. Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

To protect your privacy, the court will not make this form available to the public. You should not include a full Social Security Number or Individual Taxpayer Number on any other document filed with the court. The court will make only the last four digits of your numbers known to the public. However, the full numbers will be available to your creditors, the U.S. Trustee or bankruptcy administrator, and the trustee assigned to your case.

Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	,	
Part 1: Tell the Cou	rt About Yourself and Your spouse if Your Spouse i	s Filing With You
	For Debtor 1:	For Debtor 2 (Only If Spouse Is Filing):
1. Your name		
i. Tour name	First name	First name
	Middle name	Middle name
	Last name	Last name
5.010 T.II.II 0	the Alberta Hard Very Control Consider the Following	ideal Tarress and a steel and
Part 2: Tell the Cou	rt About all of Your Social Security or Federal Indiv	/idual Laxpayer Identification Numbers
2. All Social Security Numbers you have used		
uoou		
	☐ You do not have a Social Security number.	☐ You do not have a Social Security number.
3. All federal Individue Taxpayer	al 9	9
Identification Numbers (ITIN) you have used	9	9
	☐ You do not have an ITIN.	☐ You do not have an ITIN.
Part 3: Sign Below		
	Under penalty of perjury, I declare that the information I have provided in this form is true and correct.	Under penalty of perjury, I declare that the information I have provided in this form is true and correct.
	×	×
	Signature of Debtor 1	Signature of Debtor 2
	Date	Date

Fill in this information to identify your case:		
Debtor 1		
First Name Middle Name	Last Name	
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name	—
United States Bankruptcy Court for the:	District of	
Case number	(State)	
(If known)		
		Check if this is an
		amended filing
Official Form 103A		
Application for Individual	ls to Pay the I	Filing Fee in Installments 12/15
Application for marriada	is to ray the i	ining ree in instanments 12/19
	arried people are filing tog	ether, both are equally responsible for supplying correct
information.		
Part 1: Specify Your Proposed Payment	t Timetable	
Tert I. Speedly Tour Troposed Layment	Timetable	
1. Which chapter of the Bankruptcy Code	☐ Chapter 7	
are you choosing to file under?	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	
2. You may apply to pay the filing fee in up to		
four installments. Fill in the amounts you propose to pay and the dates you plan to	You propose to pay	-
pay them. Be sure all dates are business		☐ With the filing of the
days. Then add the payments you propose to pay.	\$	petition
You must propose to pay the entire fee no		On or before this date MM / DD / YYYY
later than 120 days after you file this bankruptcy case. If the court approves your	\$	On or before this date
application, the court will set your final	·	MM / DD / YYYY
payment timetable.	\$	On or before this date MM / DD / YYYY
	_	
	+ \$	On or before this date MM / DD / YYYY
Total	\$	◀ Your total must equal the entire fee for the chapter you checked in line 1.
		-
Part 2: Sign Below		
By signing here, you state that you are unable t	o pay the full filing fee at o	nce, that you want to pay the fee in installments, and that you
understand that:		
		r transfer any more property to an attorney, bankruptcy petition
preparer, or anyone else for services in conne	ction with your bankruptcy ca	ase.
1 -		nkruptcy, unless the court later extends your deadline. Your
debts will not be discharged until your entire fe	ee is paid.	
	e, your bankruptcy case may	be dismissed, and your rights in other bankruptcy proceedings
may be affected.		
×		×
Signature of Debtor 1 S	ignature of Debtor 2	Your attorney's name and signature, if you used one
Date D	ate	Date
MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
		20

REQUIRED LISTS, SCHEDULES, STATEMENTS, AND FEES Chapter 13 Case

□ Fed.R.Bai	Filing fee of \$235. If the fee is to be paid in installments, the debtor must file a signed application for court approval. Official Form 103A and nkr.P. 1006(b).
	Administrative fee of \$78. If the court grants the debtor's request, this fee is payable in installments.
□ be filed W	Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). Names and addresses of all creditors of the debtor. Must //TH the petition. Fed.R.Bankr.P. 1007(a)(1).
notice has	Notice to Individual Debtor with Primarily Consumer Debts under 11 U.S.C. § 342(b) (Director's Form 2010), if applicable. Required if is an individual with primarily consumer debts. The notice must be GIVEN to the debtor before the petition is filed. Certification that the been given must be FILED with the petition or within 15 days. 11 U.S.C. §§ 342(b), 521(a)(1)(B)(iii), 1307(c)(9). Official Form 101 contains the certification.
□ prepares t	Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Required if a "bankruptcy petition preparer" he petition. Must be submitted WITH the petition. 11 U.S.C. § 110(b)(2).
	Statement of Social Security Number (Official Form 121). Must be submitted WITH the petition. Fed.R.Bankr.P. 1007(f).
	Credit Counseling Requirement (Official Form 101); Certificate of Credit Counseling and Debt Repayment Plan, if applicable; Section certification or § 109(h)(4) request, if applicable. If applicable, the Certificate of Credit Counseling and Debt Repayment Plan must be filed etition or within 14 days. If applicable, the § 109(h)(3) certification or the § 109(h)(4) request must be filed WITH the petition. Fed.R.Bankr.P.), (c).
□ "bankrupt	Statement disclosing compensation paid or to be paid to a "bankruptcy petition preparer" (Director's Form 2800). Required if a cy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. §110(h)(2).
	Statement of Your Current Monthly Income (Official Form 122C). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007.
	Schedules of Assets and Liabilities (Official Form 106). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
□ days. Fed	Schedule of Executory Contracts and Unexpired Leases (Schedule G of Official Form 106). Must be filed with the petition or within 14 l.R.Bankr.P. 1007(b), (c).
□ 11 U.S.C.	Schedules of Current Income and Expenditures (Schedules I and J of Official Form 106). Must be filed with the petition or within 14 days. § 521(1) and Fed.R.Bankr.P. 1007(b), (c).
	Statement of Financial Affairs (Official Form 107). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
☐ the petitio	Copies of all payment advices or other evidence of payment received by the debtor from any employer within 60 days before the filing of n. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
□ 3015.1. N	Chapter 13 Plan. (Official Form 113), or local form plan (check with your local court for required plan version). Fed.R.Bankr.P. dust be filed with the petition or within 14 days. Fed.R.Bankr.P. 3015.
□ within 14	Statement disclosing compensation paid or to be paid to the attorney for the debtor (Director's Form 2030), if applicable. Must be filed days or any other date set by the court. 11 U.S.C. § 329 and Fed.R.Bankr.P. 2016(b).
	Certification About a Financial Management Course (Official Form 423), if applicable. Must be filed no later than the date of the last made under the plan or the date of the filing of a motion for a discharge under § 1328(b), unless the course provider has notified the court that the completed the course. 11 U.S.C. § 1328(g)(1) and Fed.R.Bankr.P. 1007(b)(7), (c).
	Statement concerning pending proceedings of the kind described in § 522(q)(1), if applicable. Required if the debtor has claimed as under state or local law as described in §522(b)(3) in excess of \$189,050*. Must be filed no later than the date of the last payment made under the date of the filing of a motion for a discharge under § 1328(b). 11 U.S.C. § 1328(h) and Fed.R.Bankr.P. 1007(b)(8), (c).

^{*} Amount subject to adjustment on 4/01/25, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

	\$245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law.

Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$571	administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition* for *Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/servicesforms/bankruptcy/credit-counseling-anddebtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this information to identify	your case:			
Debtor 1				
First Name Debtor 2	Middle Name	Last Name		
(Spouse, if filing) First Name	Middle Name	Last Name	_	
United States Bankruptcy Court for the: _	District o	f		
Case number (If known)				Check if this is an amended filing
				C
Official Farms 4000				
Official Form 106Sum				
Summary of Your As	sets and Li	abilities and C	ertain Statistical Info	rmation 12/15
			her, both are equally responsible for on this form. If you are filing amended	
your original forms, you must fill ou	•	•	, ,	·
Part 1: Summarize Your Asse	ets			
				Your assets Value of what you own
Schedule A/B: Property (Official Fo	orm 106A/B)			value of what you own
1a. Copy line 55, Total real estate,	from Schedule A/B.			\$
1h Conviline 62 Total personal pr	onerty from Schedu	ile Δ/R		¢
is. copy into oz, rotal porcontal pr	openy, nom concar			Ψ
1c. Copy line 63, Total of all prope	rty on <i>Schedule A/B</i>			\$
Part 2: Summarize Your Liab	ilities			
				Varia Balanda
				Your liabilities Amount you owe
2. Schedule D: Creditors Who Have	-			
2a. Copy the total you listed in Col	umn A, <i>Amount of ci</i>	laim, at the bottom of the l	ast page of Part 1 of Schedule D	\$
3. Schedule E/F: Creditors Who Have				\$
			chedule E/F	·
3b. Copy the total claims from Part	2 (nonpriority unsec	cured claims) from line 6j o	f Schedule E/F	+ \$
			Your total liabilities	\$
David 2. Cummunanian Variation	man and Francis			
Part 3: Summarize Your Inco	me and Expense	25		
4. Schedule I: Your Income (Official F	Form 106I)			

5. Schedule J: Your Expenses (Official Form 106J)

Copy your combined monthly income from line 12 of Schedule I.....

Copy your monthly expenses from line 22c of Schedule J

D_{Δ}	htor	1

First Name Middle Name Last Name

Case number (if known)

+ \$_____

P	art 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this formation Yes	rm to the court with your other so	hedules.
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.		,
	Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.	of the form. Check this box and s	submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ome from Official	\$
9.	Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :		
		Total claim	
	From Part 4 on Schedule E/F, copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	\$	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	
	9d. Student loans. (Copy line 6f.)	\$	
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

Fill in this in	formation to iden	tify your case and this	filing:
Debtor 1			
_	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for t	he:	
Case number			(State)

Official Form 106A/B

Schedule A/B: Property

12/15

☐ Check if this is an amended filing

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

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

Ye	o. Go to Part 2. es. Where is the property?	What is the property? Check all that apply.		
.1.	Street address, if available, or other description	Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on <i>Schedule</i>
	Street address, if available, or other description	Condominium or cooperativeManufactured or mobile home	Current value of the entire property?	Current value of portion you own
		Land	\$	\$
		☐ Investment property	December the material	
	City State ZIP Code	☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy b
		Who has an interest in the property? Check one.		
		Debtor 1 only		
	County	Debtor 2 only		
		Debtor 1 and Debtor 2 only	Check if this is co (see instructions)	mmunity propert
			(See manuchons)	
		At least one of the debtors and another		
	and the same of th	Other information you wish to add about this ite property identification number:		
ou (own or have more than one, list here:	Other information you wish to add about this ite property identification number:	·	
ou (own or have more than one, list here:	Other information you wish to add about this ite property identification number:	Do not deduct secured cla	
.2.		Other information you wish to add about this its property identification number: What is the property? Check all that apply. Single-family home	·	d claims on <i>Schedule</i>
.2.	own or have more than one, list here: Street address, if available, or other description	Other information you wish to add about this ite property identification number:	Do not deduct secured cla	d claims on Schedule ms Secured by Prope
.2.		Other information you wish to add about this its property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule ns Secured by Prope
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.2.		Other information you wish to add about this its property identification number: 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	Do not deduct secured clathe amount of any securer Creditors Who Have Clair. Current value of the entire property? \$	d claims on Schedule as Secured by Prope Current value or portion you own
2.		Other information you wish to add about this its property identification number: 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	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property?	d claims on Schedule as Secured by Prope Current value of portion you own \$ of your ownership
.2.	Street address, if available, or other description	Other information you wish to add about this its property identification number: 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	Do not deduct secured clathe amount of any secure Creditors Who Have Clair. Current value of the entire property? \$	d claims on Schedule as Secured by Prope Current value or portion you own \$ of your ownership simple, tenancy b
.2.	Street address, if available, or other description	Other information you wish to add about this its property identification number: 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	Do not deduct secured clathe amount of any securer Creditors Who Have Clair. Current value of the entire property? \$ Describe the nature cinterest (such as fee	d claims on Schedule as Secured by Prope Current value or portion you own \$ of your ownership simple, tenancy b
.2.	Street address, if available, or other description	Other information you wish to add about this its property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any securer Creditors Who Have Clair. Current value of the entire property? \$ Describe the nature cinterest (such as fee	d claims on Schedule as Secured by Prope Current value of portion you own \$ of your ownership simple, tenancy k
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2.	Street address, if available, or other description City State ZIP Code	Other information you wish to add about this its property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any securer Creditors Who Have Clair. Current value of the entire property? \$ Describe the nature cinterest (such as fee	d claims on Schedule as Secured by Prope Current value or portion you own \$ of your ownership simple, tenancy to e estate), if known

1.3. <u>S</u>	First Name Middle Name Las	t Name		
5	Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
	Street address, if available, or other description	☐ Condominium or cooperative	Current value of the entire property?	Current value of th portion you own?
_		Manufactured or mobile home Land	\$	\$
		☐ Investment property		
C	City State ZIP (B	Describe the nature of interest (such as fee	
		☐ Other	the entireties, or a life	e estate), if known.
		Who has an interest in the property? Check one.		
C	County	Debtor 1 only		
		☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Check if this is co	mmunity property
		☐ At least one of the debtors and another	(see instructions)	
		Other information you wish to add about this ite property identification number:		
Add the	e dollar value of the portion you own	for all of your entries from Part 1, including any entrie	s for pages	\$
you hav	ve attached for Part 1. Write that nun	nber here.	→	Ψ
	Describe Your Vehicles	nterest in any vehicles, whether they are registered or	not? Include any vehicle	s.
o you ow	vn, lease, or have legal or equitable i	nterest in any vehicles, whether they are registered or vehicle, also report it on Schedule G: Executory Contracts sicles, motorcycles		S
o you ow ou own tha	vn, lease, or have legal or equitable in nat someone else drives. If you lease a v vans, trucks, tractors, sport utility veh	vehicle, also report it on Schedule G: Executory Contracts		s
Cars, va	vn, lease, or have legal or equitable in nat someone else drives. If you lease a v vans, trucks, tractors, sport utility veh	vehicle, also report it on Schedule G: Executory Contracts	and Unexpired Leases. Do not deduct secured cla	aims or exemptions. Put
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0.0.				
M	ake:	Who has an interest in the property? Check one.	Do not deduct secured cla	
141	odel:	Debtor 1 only	Creditors Who Have Clair	ns Secured by Property.
Ye	ear:	Debtor 2 only	Current value of the	Current value of the
Ar	pproximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		At least one of the debtors and another		
	ther information:	☐ Check if this is community property (see instructions)	\$	\$
3.4. M	ake:	Who has an interest in the property? Check one.	Do not deduct secured cla	
M	odel:	Debtor 1 only	the amount of any secure Creditors Who Have Clain	
Ye	ear:	Debtor 2 only	Current value of the	Current value of the
	pproximate mileage:	Debtor 1 and Debtor 2 only	entire property?	Current value of the portion you own?
		At least one of the debtors and another		
O	ther information:	Check if this is community property (see instructions)	\$	\$
			ries	
Yes 4.1. Mi Mi	lake: lodel: ear: ther information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D: ns Secured by Property.
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Mi Ye	lake: lodel: ear:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the
Yes 4.1. M. Ye Or f you ov 4.2. M.	lake: lodel: ear: ther information:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) e: Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Yes 4.1. M. M. Yes Of f you ov 4.2. M.	lake: lodel: ear: ther information: wn or have more than one, list her lake:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) e: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Claim	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$
Yes 4.1. M. Ye Or f you ov 4.2. M. Ye	lake: lodel: ear: ther information: wn or have more than one, list her lake:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) e: Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$

Eiret Name	Middle Name	Lact Namo

Part 3: Describe Your Personal and Household Items

Do	you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings	
	Examples: Major appliances, furniture, linens, china, kitchenware	
	□ No	
	Yes. Describe	\$
7.	Electronics	
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	□ No □ Yes. Describe	\$
_	Online till han af online	
8.	Collectibles of value	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No	
	Yes. Describe	\$
9.	Equipment for sports and hobbies	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	No No	7
	Yes. Describe	\$
10.	Firearms	
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	□ No	
	Yes. Describe	\$
11	Clothes	_
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No	
	Yes. Describe	\$
12.	Jewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	□ No □ Yes. Describe	\$
13.	Non-farm animals Examples: Dogs, cats, birds, horses	
	□ No	
	Yes. Describe	\$
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	□ No	
	Yes. Give specific information	\$
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$

_		
De	htor	1

Part 4:	Describe	Your	Financial	Assets

Do you own or have any l	egal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No		ne, in a safe deposit box, and on hand when you file your petition	
u res		Cash:	. \$
		unts; certificates of deposit; shares in credit unions, brokerage houses sultiple accounts with the same institution, list each.	5,
☐ No ☐ Yes		Institution name:	
	17.1. Checking account:		. \$
	17.2. Checking account:		. \$
	17.3. Savings account:		- \$
	17.4. Savings account:		- \$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:		\$
	17.7. Other financial account:		\$
	17.8. Other financial account:		\$
	17.9. Other financial account:		- \$
18. Bonds, mutual funds, o <i>Examples</i> : Bond funds, i ☐ No		erage firms, money market accounts	
☐ Yes	Institution or issuer name:		
			*
			- \$
19. Non-publicly traded st an LLC, partnership, a	-	rated and unincorporated businesses, including an interest in	
□ No	Name of entity:	% of ownership:	
Yes. Give specific information about		%	\$
them		% 	\$ \$
		/6	Φ

Debtor 1				Case number (if known)	
	First Name	Middle Name	Last Name		
20. Governn	nent and corpo	orate bonds and of	her negotiable and	d non-negotiable instruments	
Negotiab	ole instruments i	nclude personal ch	ecks, cashiers' ched	cks, promissory notes, and money orders.	
Non-neg	otiable instrume	ents are those you o	annot transfer to so	pmeone by signing or delivering them.	
☐ No					
	Give specific nation about	Issuer name:			
					\$
					\$
					\$
.					
	ent or pension s: Interests in IF		401(k), 403(b), thrif	t savings accounts, or other pension or profit-sharing plans	
□ No		,,,,			
	List each				
acco	unt separately	Type of account:	Institution name:		
		401(k) or similar plan	n:		\$
		Pension plan:			\$
		IRA:			\$
		Retirement account:			\$
		Keogh:			\$
		Additional account:			\$
		Additional account:			\$
-	deposits and p		made so that you m	nay continue service or use from a company	
Example	s: Agreements		·	ies (electric, gas, water), telecommunications	
companie	es, or others				
☐ No					
☐ Yes		ı	nstitution name or in	dividual:	
		Electric:			\$
		Gas:			\$
		Heating oil:			\$
		Security deposit on r	ental unit:		\$
		Prepaid rent:			\$
		Telephone:			\$
		Water:			\$
		Rented furniture:			\$
		Other:			\$
23. Annuities	s (A contract for	r a periodic paymen	t of money to you,	either for life or for a number of years)	
☐ No					
☐ Yes		Issuer name and de	escription:		
					\$
					\$
					\$

This Name Windows Name	Last realite	
24. Interests in an education IRA, in an accordance 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(ount in a qualified ABLE program, or under a qualified state tuition program.	
☐ No ☐ Yes Institution	name and description. Separately file the records of any interests.11 U.S.C. § 521	(c):
		. \$
		\$
		\$
exercisable for your benefit	property (other than anything listed in line 1), and rights or powers	
☐ No		
Yes. Give specific information about them		\$
26. Patents, copyrights, trademarks, trade	secrets, and other intellectual property	
,	es, proceeds from royalties and licensing agreements	
☐ No☐ Yes. Give specific		
information about them		\$
27. Licenses, franchises, and other general Examples: Building permits, exclusive lice	I intangibles nses, cooperative association holdings, liquor licenses, professional licenses	
□ No		
Yes. Give specific information about them		\$
Money or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you		
☐ Yes. Give specific information	Federal:	\$
about them, including whether you already filed the returns	State:	\$ \$
and the tax years	Local:	\$
		7
29. Family support Examples: Past due or lump sum alimony, □ No	spousal support, child support, maintenance, divorce settlement, property settlement	pent
☐ Yes. Give specific information		
-,	Alimony:	\$
	Maintenance:	\$
	Support:	\$
	Divorce settlement:	\$ \$
	Property settlement:	Ψ
	unce payments, disability benefits, sick pay, vacation pay, workers' compensation, d loans you made to someone else	
☐ No		
☐ Yes. Give specific information		•
		\$

Case number (if known)_

Debtor 1

20	5101 1	First Name	Middle Name	Last Name		ace number (i wam)	
		in insurance Health, disa		ce; health savings account	(HSA); credit, homeow	ner's, or renter's insurance	
	☐ Yes. N		urance company and list its value	Company name:		Beneficiary:	Surrender or refund value:
	Ü	caon policy	and not its value				\$
							\$
							¢
	If you are	the beneficia		from someone who has	died	currently entitled to receive	Ψ
	☐ No						_
	☐ Yes. G	live specific	nformation				\$
	Examples.	Accidents, e		not you have filed a laws s, insurance claims, or righ		d for payment	\$
24 (Other con	tingent and	unliquidated claim	s of every nature, includ	ing counterclaims of t	he debtor and rights	Ψ
,	to set off	claims	n claim	is or every nature, includ	ing counterclaims of t	ne debior and rights	\$
	-	cial assets y	ou did not already	list			
	□ No	····					
	■ Yes. G	oive specific	information				\$
				s from Part 4, including a		_	\$
Pai	rt 5:	escribe <i>i</i>	Any Business-F	Related Property Yo	ou Own or Have a	n Interest In. List any r	eal estate in Part 1.
37. l	Do you ov	n or have a	ny legal or equitab	ole interest in any busine	ss-related property?		
	No. Go	to Part 6.					
	☐ Yes. G	o to line 38.					
							Current value of the portion you own? Do not deduct secured claims
	_						or exemptions.
		receivable (or commissions yo	ou already earned			
	□ No □	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					7
	■ Yes. D	escribe					\$
	_	-	nishings, and supped computers, software		ax machines, rugs, telephor	nes, desks, chairs, electronic devices	1
		escribe					\$
							Ψ

Case number (if known)_

Debtor 1

Dobtor 1					Coop number //	land.	
Debtor 1	First Name	Middle Name	Last Name		Case number (#	known)	
	ery, fixtures, eq	uipment, su	pplies you use in b	business, and tools of	your trade		
☐ No ☐ Yes.	Describe						\$
41. Inventor No	_						٦.
☐ Yes.	Describe						\$
☐ No	s in partnership						
☐ Yes.	Describe	Name of entity	<i>y</i> :			% of ownership:	\$
						%	\$
						%	\$
	☐ No☐ Yes. Descri	ibe			d in 11 U.S.C. § 101(41A)))?	\$
☐ No☐ Yes.	Give specific	лорену уоц	did not already lis				\$
Infor	mation						\$
							\$ \$
							\$
							\$
					s for pages you have at		\$
Part 6:	Describe An	y Farm- an have an inte	d Commercial F rest in farmland, li	ishing-Related Prop ist it in Part 1.	oerty You Own or Ha	ive an Interest I	n.
☐ No. 0	own or have an Go to Part 7. Go to line 47.	ny legal or ed	uitable interest in	any farm- or commer	cial fishing-related prop	oerty?	
00.							Current value of the portion you own? Do not deduct secured claims

or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☐ No ☐ Yes..... Official Form 106A/B Schedule A/B: Property page 9

Debto	r 1					Case number (if known)	
		First Name	Middle Name	Last Name			
		her growing	or harvested				
		ve specific					\$
	No		ment, implemer	nts, machinery, fixtur	es, and tools of trade		
	Yes						\$
		ishing supp	ies, chemicals,	and feed			
	No Yes						7
							\$
	No		cial fishing-rela	ted property you did	not already list		
		ive specific					\$
			-		ding any entries for page	es you have attached	\$
Part	7: D	escribe A	II Property Y	ou Own or Have	an Interest in Tha	t You Did Not List Above	
			perty of any kind	d you did not already ership	list?		
	No	, [\$
٧		ive specific					\$
							\$
54. Ad	d the do	ollar value of	all of your entri	es from Part 7. Write	that number here	······································	\$
Part	8: L	ist the To	tals of Each	Part of this Forr	n		
55. Pa	rt 1: Tot	al real estate	, line 2				\$
56. Pa	rt 2: Tot	al vehicles, l	ine 5		\$	_	
57. Pa	rt 3: Tot	al personal a	and household is	tems, line 15	\$	_	
58. Pa	rt 4: Tot	al financial a	ssets, line 36		\$	_	
59. Pa	rt 5: Tot	al business-	related property	, line 45	\$	_	
60. Pa	rt 6: Tot	al farm- and	fishing-related _l	property, line 52	\$	_	
61. Pa	rt 7: Tot	al other prop	erty not listed,	line 54	+\$	_	
62. To	tal perso	onal property	. Add lines 56 th	rough 61	\$	Copy personal property total	+\$
63. To	tal of all	property on	Schedule A/B.	Add line 55 + line 62			\$

Fill in this in	formation to ide	ntify your case:	
Debtor 1			
·	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States F	Bankruptcy Court for	r the: District o	of
Case number (If known)			

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: **Identify the Property You Claim as Exempt** 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Check only one box for each exemption. Copy the value from Schedule A/B Brief description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: Brief **\$** description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: **\$** description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: 3. Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) ☐ No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? Nο Yes

Last Name

Case number (if known)_____

Part 2:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from Schedule A/B:	\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B: ———		any applicable statutory limit	
Brief description:	\$	_ \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief description:	\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B: ———		any applicable statutory limit	
Brief description:	\$	\$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B: ———		any applicable statutory limit	
Brief description:	\$	- \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B: ———		any applicable statutory limit	
Brief description:	\$	□ \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your cas	0.				
riii iii tiiis iiiioiiiiation to identiiy your cas	c .				
Debtor 1 First Name Middle N	ame Last Name				
Debtor 2 (Spouse, if filing) First Name Middle N	ame Last Name				
United States Bankruptcy Court for the:	District of				
	(State)				
Case number(If known)				☐ Check i	f this is an
				amende	ed filing
Official Form 106D					
Schedule D: Creditors	s Who Have Claims	Secure	ed by Prop	erty	12/15
Be as complete and accurate as possible. information. If more space is needed, copy additional pages, write your name and case	y the Additional Page, fill it out, number se number (if known).				
1. Do any creditors have claims secured b	• • • •	u hava nathi	na alaa ta ranart an t	hia form	
☐ Yes. Fill in all of the information below.	n to the court with your other schedules. Yo	u nave nothi	ing eise to report on t	IIIO IUIIII.	
Part 1: List All Secured Claims					
2. List all secured claims. If a creditor has m	nore than one secured claim, list the credito	r canarataly	Column A	Column B	Column C
for each claim. If more than one creditor h As much as possible, list the claims in alph	as a particular claim, list the other creditors	in Part 2.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	Describe the property that secures the cl	aim·	\$	\$	¢
Creditor's Name	Describe the property that secures the ci	u	¥]	Ψ	Ψ
Number Street	As of the date you file, the claim is: Check	all that apply	J		
	☐ Contingent	can triat appry.			
City State ZIP Code	Unliquidated				
·	Disputed				
Who owes the debt? Check one. Debtor 1 only	Nature of lien. Check all that apply.				
Debtor 2 only	An agreement you made (such as mortgag car loan)	e or secured			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's	lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)				
☐ Check if this claim relates to a community debt	_ callot (moldaling a right to offset)		-		
Date debt was incurred	Last 4 digits of account number				
2.2	Describe the property that secures the cl		\$	\$	\$
Creditor's Name			1		
Number Street					
	As of the date you file, the claim is: Check	all that apply.			
	☐ Contingent☐ Unliquidated				
City State ZIP Code	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as mortgage	e or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's	lien)			
At least one of the debtors and another	Judgment lien from a lawsuit	,			
☐ Check if this claim relates to a	Other (including a right to offset)		-		
community debt					
Date debt was incurred	Last 4 digits of account number				

Add the dollar value of your entries in Column A on this page. Write that number here:

\neg	htor	1	

First Name	Middle Name	Last Name

Case number	(if known)	

Additional Page Part 1: After listing any entries on this part by 2.4, and so forth.	page, number them beginning with 2.3, followed	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent ☐ Unliquidated			
City State ZIF Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
At least one of the debtors and another	Other (including a right to offset)			
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			
-00	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.				
Debtor 1 only	Nature of lien. Check all that apply.			
Debtor 2 only	 An agreement you made (such as mortgage or secured car loan) 			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
 Check if this claim relates to a community debt 	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
	s in Column A on this page. Write that number here:	\$		
If this is the last page of your form,	add the dollar value totals from all pages.	\$		

Debtor 1				Case number (if known)
	First Name	Middle Name	Last Name	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

				On which line in Part 1 did you enter the creditor?
 Name				Last 4 digits of account number
Number	Street			
City		State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			
City		State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			
City		State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			
City		State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			
City		State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			
City		State	ZIP Code	

nformation to ider	ntify your case:	
First Name	Middle Name	Last Name
) First Name	Middle Name	Last Name
Bankruntey Court for	the:	District of
Bankruptcy Court for	uic.	(State)
)	First Name First Name Bankruptcy Court for	First Name Middle Name Bankruptcy Court for the:

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Pai	t 1: List All of Your PRIORITY Unsecure	ed Claims			
2.1	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the o	editor has more than one priority unsecured claim, list the a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's na	at claim here ar ame. If you hav	nd sȟow both e more than t	priority and wo priority
	unsecured claims, fill out the Continuation Page of (For an explanation of each type of claim, see the i	Part 1. If more than one creditor holds a particular claim	, list the other o	reditors in Pa	rt 3.
	(i of all explanation of each type of claim, see the i	instructions for this form in the instruction booklet.	Total claim	Priority amount	Nonpriority amount
2.1	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	Number Street	When was the debt incurred?			
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			
2.2	Priority Creditor's Name	Last 4 digits of account number When was the debt incurred?	\$	\$	\$
	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			

П	_	hta	٦r	1

First Name

Middle Name

Last Name

Case number	(if known)		

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

Afte	r listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
	Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	\$	\$	\$
	Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number	\$	\$	\$

D_{\triangle}	htor	1

First Name Middle Name Last Name

Case number	if known)			

Da	ο.
-	

List All of Your NONPRIORITY Unsecured Claims

3.	Do any creditors have nonpriority unsecured claims against you' No. You have nothing to report in this part. Submit this form to the Yes		
4.	priority unsecured claim, list the creditor separately for each claim. Fo	order of the creditor who holds each claim. If a creditor has more than or reach claim listed, identify what type of claim it is. Do not list claims already st the other creditors in Part 3.If you have more than four priority unsecured	у
		Total claim	
4.1		Last 4 digits of account number	
	Nonpriority Creditor's Name	\$	
	Number Street	When was the debt incurred?	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	City State ZIF Code	<u> </u>	
	Who incurred the debt? Check one.	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 only	☐ Disputed	
	Debtor 2 only	_ 5.054.03	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
	Is the claim subject to offset?	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other. Specify	
	☐ Yes		
4.2		Last 4 digits of account number \$	
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
	☐ Debtor 1 only	☐ Disputed	
	Debtor 2 only	T (NONDRIGHT)	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other. Specify	
	☐ Yes		
4.3		Last 4 digits of account number	
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Disputed	
	Debtor 1 and Debtor 2 only	Tuno of NONDRIODITY unassened alaims	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	Student loans	
	·	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	☐ No ☐ Yes	Other. Specify	
	160		

Debtor 1

First Name Middle Name Last Name

Case number	(if known)

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number	them beginning witl	h 4.5, followed by 4.6, and so forth.	Total claim
		Last 4 digits of account number	\$
Nonpriority Creditor's Name		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
City State	ZIP Code	Contingent Unliquidated	
Who incurred the debt? Check one. Debtor 1 only		☐ Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another		Student loansObligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community d	ebt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? No Yes		☐ Other. Specify	
		Last 4 digits of account number	\$
Nonpriority Creditor's Name		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
City State	ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one.		☐ Disputed	
Debtor 1 onlyDebtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 onlyAt least one of the debtors and another		Student loans	
☐ Check if this claim is for a community d	ebt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 	
Is the claim subject to offset?		Other. Specify	
☐ No ☐ Yes			
		Last 4 digits of account number	\$
Nonpriority Creditor's Name		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
City State	ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one.		Disputed	
Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 onlyAt least one of the debtors and another		☐ Student loans	
☐ Check if this claim is for a community d	ebt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debtsOther. Specify	
□ No □ Yes			

Debtor 1

First Name Middle Name Last Name

Case number (if known)_____

Part 3:

List Others to Be Notified About a Debt That You Already Listed

	_		, , , , , , , , , , , , , , , , , , ,	ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Nom-				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Trait 2. Ordators with Nonphority discoured diam
				Last 4 digits of account number
City		State	ZIP Code	
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
TOTAL STATE	Juggi			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber	Street			Part 2: Creditors with Priority Unsecured
				Claims
				Last 4 digits of account number
City		State	ZIP Code	
James .				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
Jily		Siale	ZIF COUR	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				On which chary har are roll Farez did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
∩itv/		State	ZIP Code	Last 4 digits of account number
City		Siate	ZIP GUGE	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			□ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
,		2.010	5546	

Middle Name

Last Name

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. **Other.** Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

Total claim

- 6a. _©
- 6b. ¢
- 6c.
- 6d. + s
- 6e. \$_____

Total claim

- 6f. \$_____
- 6g. \$_____
- 6h. _{\$}
- 6i **∔** ¢
- 6j. \$_____

Fill in this information to identify your case:					
Debtor	First Name	Middle Name	Last Name		
Debtor 2 (Spouse If filing)	First Name	Middle Name	Last Name	_	
.,	Bankruptcy Court fo	r the:	District of		
Case number (If known)			(State)		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with who	om you l	nave the contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	-
2.2	Name				_
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	-
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	

btor	

First Name Middle Name Last Name

Case number (if known)_____

Additional Page if You Have More Contracts or Leases

	Person or	company with who	om you l	nave the contract or lease	What the contract or lease is for
2					
_	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
_	City		State	ZIP Code	•
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	•
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	•

Debtor 1			_
Debtor 1	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Sankruptcy Court for	the:	District of
			(State)
Case number			
(If known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	☐ No	have any codebt	ors? (If you are filing a joint case, do no	ot list either spouse a	s a codebtor.)
	Yes				
2.			have you lived in a community prope a, Idaho, Louisiana, Nevada, New Mexic		? (Community property states and territories as, Washington, and Wisconsin.)
	☐ No.	Go to line 3.			
	Yes.	Did your spouse	, former spouse, or legal equivalent live	with you at the time?	
		No			
		Yes In which com	nmunity state or territory did you live?		. Fill in the name and current address of that person.
	_	100. 111 11111011 0011		·	This is the flame and earliest address of that person.
		Name of your spouse,	former spouse, or legal equivalent		
		Number Street			
		City	State	ZIP Code	
3.			,		r if your spouse is filing with you. List the person
					er. Make sure you have listed the creditor on
			m 106D), S <i>chedule E/F</i> (Official Form <i>ul</i> e G to fill out Column 2.	106E/F), or Scheal	ule G (Official Form 106G). Use Schedule D,
	Scriedu	ne E/F, Or Scried	uie G to iiii out Column 2.		
	Columi	n 1: Your codebt	or		Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
					Check all schedules that apply.
3.1					Schedule D, line
	Name				
					Schedule E/F, line
	Number	r Street			☐ Schedule G, line
	City		State	ZIP Code	
3.2			5.2.5		
J.2	J				Schedule D, line
	Name				☐ Schedule E/F, line
	Number	r Street			Schedule G, line
					Goriedale O, line
	City		State	ZIP Code	
3.3	3				
	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	r Street			Schedule G, line
					,
	City		State	ZIP Code	

_				
ח	ρ	hto	r	1

First Name Middle Name Last Name			
	First Name	Middle Name	Last Name

Case number	(if known)			

Additional Page to List More Codebtor

	Column 1:	Your codebtor			Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
3					Schedule D, line
	Name				Schedule E/F, line
	Newstra	01			Schedule G, line
	Number	Street			Concado e, into
	City		State	ZIP Code	_
3					_
	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
3					Cahadula D. lina
	Name				— ☐ Schedule D, line
					□ Schedule E/F, line □ Schedule G, line
	Number	Street			Scriedule G, line
	City		State	ZIP Code	_
3	-				
o	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
					_
2	City		State	ZIP Code	
3					Schedule D, line
	Name				Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
3					— □ Schedule D, line
	Name				Schedule E/F, line
					Schedule C/I, line
	Number	Street			_ conducted, line
	City		State	ZIP Code	_
3					_
	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
3	City		Sidie	ZIF COUR	
	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
					_
	City		State	ZIP Code	

Fill in this information to identify	your case:					
Debtor 1						
First Name Debtor 2	Middle Name	Last Name				
(Spouse, if filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		_ District of(State)				
Case number		(0.0.0)	,	Check if this	s is:	
(II KIIOWII)				An amer	•	
					ement showing post as of the following d	
Official Form 106I				MM / DD		
Schedule I: You	ır Income			, 55	,	12/15
Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the	essible. If two married peo ou are married and not fil se is not filing with you, top of any additional pag	ing jointly, and you do not include info	ur spouse is ormation abo	living with you out your spous	u, include information se. If more space is n	n about your spouse. eeded, attach a
Fill in your employment						
information.		Debtor 1			Debtor 2 or non-fil	ing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☐ Not employe	ed		☐ Employed ☐ Not employed	
Include part-time, seasonal, or self-employed work.						
Occupation may include student or homemaker, if it applies.	Occupation					
	Employer's name					
	Employer's address					
		Number Street			Number Street	
		City	State ZIP	Code	City	State ZIP Code
	How long employed the	re?				
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of		n. If you have nothi	na to report fo	or any line, write	e \$0 in the space. Inclu	de vour non-filina
spouse unless you are separated. If you or your non-filing spouse habelow. If you need more space, at	ave more than one employe	er, combine the info		•		, 0
			For	Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sala deductions). If not paid monthly,			2. \$		\$	
3. Estimate and list monthly over	time pay.		3. + \$		+ \$	
4. Calculate gross income. Add lin	ne 2 + line 3.		4. \$		\$	

First Name	Middle Name	Last Name

			For Debtor 1		For Debtor 2 or non-filing spouse			
С	opy line 4 here =	4.	\$		\$	_		
5. Li	st all payroll deductions:							
Ę	5a. Tax, Medicare, and Social Security deductions	5a.	\$	_	\$	_		
5	5b. Mandatory contributions for retirement plans	5b.	\$		\$	_		
5	5c. Voluntary contributions for retirement plans	5c.	\$	_	\$	_		
5	5d. Required repayments of retirement fund loans	5d.	\$	_	\$			
5	5e. Insurance	5e.	\$	_	\$	_		
5	5f. Domestic support obligations	5f.	\$	_	\$	_		
5	5g. Union dues	5g.	\$	_	\$	_		
5	5h. Other deductions. Specify:	5h.	+\$	_	+ \$	_		
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	-	\$	_		
7. (Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	-	\$	_		
8. L	ist all other income regularly received:							
8	Ba. Net income from rental property and from operating a business, profession, or farm							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	_	\$	_		
	8b. Interest and dividends	8b.	\$		\$			
8	Bc. Family support payments that you, a non-filing spouse, or a depende regularly receive		Ψ	-	*	_		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	-	\$	_		
8	Bd. Unemployment compensation	8d.	\$	_	\$	_		
	8e. Social Security	8e.	\$	_	\$	_		
;	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ice 8f.	\$	_	\$	_		
	8g. Pension or retirement income	8g.	\$		\$			
	8h. Other monthly income. Specify:	•	+\$	_	Ψ	_		
	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	* \$ \$	-]	+\$ 	_		
	alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	+	\$	<u> </u> -	\$	
Ir	state all other regular contributions to the expenses that you list in Scheoolclude contributions from an unmarried partner, members of your household, yields or relatives.			omm	nates, and other			
	o not include any amounts already included in lines 2-10 or amounts that are specify:			ense		<i>J</i> . 11. +	\$	
	add the amount in the last column of line 10 to the amount in line 11. The			onth	•	•	Ŧ	
	Write that amount on the Summary of Your Assets and Liabilities and Certain S				•	12.	\$Combined	
	Do you expect an increase or decrease within the year after you file this f	form?	?				monthly inc	ome
	☐ Yes. Explain:							

Fill in this information to identify	y your case:			
Debtor 1		Check if this is:		
First Name Debtor 2	Middle Name Last Name			
(Spouse, if filing) First Name	Middle Name Last Name	An amended	-	petition chapter 13
United States Bankruptcy Court for the			of the following	•
Case number		MM / DD / YY	YY	
(II Miowil)				
Official Form 106J				
Schedule J: Yo	ur Expenses			12/15
-	possible. If two married people are filided, attach another sheet to this form			-
Part 1: Describe Your Ho	usehold			
1. Is this a joint case?				
No. Go to line 2. Yes. Does Debtor 2 live in a	separate household?			
☐ No				
☐ Yes. Debtor 2 must f	ile Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?	☐ No	Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	age	with you?
Do not state the dependents' names.	,			□ No □ Yes
				☐ No
				☐ Yes
				☐ No ☐ Yes
				■ No■ Yes
				□ No
				☐ Yes
3. Do your expenses include expenses of people other than yourself and your dependents?	□ No □ Yes			
· ·				
	oing Monthly Expenses			
	rr bankruptcy filing date unless you a inkruptcy is filed. If this is a supplem	_		
• •	on-cash government assistance if you	u know the value of		
	ed it on Schedule I: Your Income (Offi		Your expe	nses
 The rental or home ownership any rent for the ground or lot. 	expenses for your residence. Include	e first mortgage payments and 4.	\$	
If not included in line 4:				
4a. Real estate taxes		48	a. \$	
4b. Property, homeowner's, or	renter's insurance	44	o. \$	
4c. Home maintenance, repair	, and upkeep expenses	40	s. \$	
4d. Homeowner's association	or condominium dues	40	d. \$	

Debtor 1

First Name	Middle Name	Last Name

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$
	Utilities:		
о.	6a. Electricity, heat, natural gas	6a.	\$
	6b. Water, sewer, garbage collection	6b.	\$
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$
	6d. Other. Specify:	6d.	\$
7.		7.	\$
8.		8.	\$
9.	Clothing, laundry, and dry cleaning	9.	\$
10.	Personal care products and services	10.	\$
11.	Medical and dental expenses	11.	\$
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	14.	\$
15.			,
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ne.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e Homeowner's association or condominium dues	20e	\$

Debtor 1	First Name Middle Name Last Name Case number (if kno	own)	
21. Other . S	pecify:	21.	+\$
22. Calculat	e your monthly expenses.		
22a. Add	l lines 4 through 21.	22a.	\$
22b. Cop	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$
22c. Add	line 22a and 22b. The result is your monthly expenses.	22c.	\$
23. Calculate	your monthly net income.		
23a. Co _l	by line 12 (your combined monthly income) from Schedule I.	23a.	\$
23b. Co _l	by your monthly expenses from line 22c above.	23b.	- \$
23c. Sul	otract your monthly expenses from your monthly income.		•
The	e result is your monthly net income.	23c.	p
24. Do you e	xpect an increase or decrease in your expenses within the year after you file this form?		
	ple, do you expect to finish paying for your car loan within the year or do you expect your		
	payment to increase or decrease because of a modification to the terms of your mortgage?		
☐ No.			
☐ Yes.	Explain here:		

Fill in this information to identify your case:						
Debtor 1	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	3ankruptcy Court fo	or the:	District of(State)			
Case number (If known)						

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone wh	o is NOT an attorney to help you fill out bankruptcy forms?
□ No	
	Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
Jnder penalty of perjury, I declare that I I	nave read the summary and schedules filed with this declaration and
Jnder penalty of perjury, I declare that I h hat they are true and correct.	nave read the summary and schedules filed with this declaration and
	nave read the summary and schedules filed with this declaration and
	nave read the summary and schedules filed with this declaration and
hat they are true and correct.	x

Fill in this in	Fill in this information to identify your case:				
Debtor 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for	the: District of	of		
Case number (If known)					

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

What is you Married	current marita	I status?				
☐ Not marr	ied					
☐ No	-	e you lived anywhere you lived in the last 3 y	·			
Debtor	1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
Numbe	r Street		From To	Same as Debtor 1 Number Street		Same as Debtor From To
City		State ZIP Code	_	City	State ZIP Code	
				☐ Same as Debtor 1		☐ Same as Debtor
Numbe	r Street		From To	Number Street		From To
City		State ZIP Code	_	City	State ZIP Code	
Within the lastates and to	rritories include	you ever live with a s Arizona, California, Ida at Schedule H: Your Co	ho, Louisiana, Neva	valent in a community pro da, New Mexico, Puerto Ric	operty state or territory? (Community property J Wisconsin.)

Explain the Sources of Your Income

Did you have any income from employm Fill in the total amount of income you receiv				endar years?
If you are filing a joint case and you have in				
☐ No☐ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions are exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
the date you med for bankruptcy.	Operating a business		Operating a business	
For last calendar year:	☐ Wages, commissions bonuses, tips	\$	☐ Wages, commissions, bonuses, tips	\$
/ January 1 to Docombor 21) Degrating a business	Ψ	Operating a business	*
(January 1 to December 31,	_) U Operating a business		— Operating a business	
	☐ Wages, commissions		☐ Wages, commissions,	
For the calendar year before that: (January 1 to December 31, YYYYY Did you receive any other income during Include income regardless of whether that i	Wages, commissions bonuses, tips Operating a business this year or the two previous process.	\$ious calendar years? s of other income are alin	Wages, commissions, bonuses, tips Operating a business mony; child support; Social	•
For the calendar year before that: (January 1 to December 31,	Wages, commissions bonuses, tips Operating a business this year or the two previncome is taxable. Example yments; pensions; rental ining a joint case and you have	\$ious calendar years? s of other income are alincome; interest; dividends we income that you receiv	Wages, commissions, bonuses, tips Operating a business mony; child support; Social; money collected from laws yed together, list it only once	suits; royalties; and
For the calendar year before that: (January 1 to December 31,	Wages, commissions bonuses, tips Operating a business I this year or the two prevenceme is taxable. Example yments; pensions; rental indig a joint case and you have neach source separately.	\$ious calendar years? s of other income are alincome; interest; dividends we income that you receiv	Wages, commissions, bonuses, tips Operating a business mony; child support; Social; money collected from laws yed together, list it only once at you listed in line 4.	suits; royalties; and
For the calendar year before that: (January 1 to December 31,	Wages, commissions bonuses, tips Operating a business this year or the two previncome is taxable. Example yments; pensions; rental ining a joint case and you have	\$ious calendar years? s of other income are alincome; interest; dividends we income that you receiv	Wages, commissions, bonuses, tips Operating a business mony; child support; Social; money collected from laws yed together, list it only once	suits; royalties; and
For the calendar year before that: (January 1 to December 31,	Wages, commissions bonuses, tips Operating a business I this year or the two prevenceme is taxable. Example yments; pensions; rental indig a joint case and you have neach source separately.	\$ious calendar years? s of other income are alincome; interest; dividends we income that you receiv	Wages, commissions, bonuses, tips Operating a business mony; child support; Social; money collected from laws yed together, list it only once at you listed in line 4.	suits; royalties; and e under Debtor 1. Gross income from each source
For the calendar year before that: (January 1 to December 31, YYYY Did you receive any other income during Include income regardless of whether that i unemployment, and other public benefit pay gambling and lottery winnings. If you are fill List each source and the gross income from No No Yes. Fill in the details.	Wages, commissions bonuses, tips Operating a business this year or the two prevenceme is taxable. Example yments; pensions; rental integral a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	ious calendar years? s of other income are alir come; interest; dividends re income that you receiv on not include income that Gross income from each source (before deductions and	Wages, commissions, bonuses, tips Operating a business mony; child support; Social; money collected from laws wed together, list it only once at you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions a
For the calendar year before that: (January 1 to December 31, YYYY Did you receive any other income during Include income regardless of whether that i unemployment, and other public benefit pay gambling and lottery winnings. If you are fill List each source and the gross income from No No Yes. Fill in the details.	Wages, commissions bonuses, tips Operating a business this year or the two prevenceme is taxable. Example yments; pensions; rental integral a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	ious calendar years? s of other income are alincome; interest; dividends we income that you receive to not include income that Gross income from each source (before deductions and exclusions)	Wages, commissions, bonuses, tips Operating a business mony; child support; Social; money collected from laws wed together, list it only once at you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions a
For the calendar year before that: (January 1 to December 31, YYYY Did you receive any other income during Include income regardless of whether that i unemployment, and other public benefit pay gambling and lottery winnings. If you are fill List each source and the gross income from No No Yes. Fill in the details.	Wages, commissions bonuses, tips Operating a business this year or the two prevenceme is taxable. Example yments; pensions; rental integral a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	ious calendar years? s of other income are alir come; interest; dividends ve income that you receiv o not include income that Gross income from each source (before deductions and exclusions)	Wages, commissions, bonuses, tips Operating a business mony; child support; Social; money collected from laws wed together, list it only once at you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions a)
For the calendar year before that: (January 1 to December 31, YYYY Did you receive any other income during Include income regardless of whether that i unemployment, and other public benefit pay gambling and lottery winnings. If you are fill List each source and the gross income from No No Yes. Fill in the details.	Wages, commissions bonuses, tips Operating a business this year or the two prevenceme is taxable. Example yments; pensions; rental integral a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	ious calendar years? s of other income are alia come; interest; dividends re income that you receiv to not include income that Gross income from each source (before deductions and exclusions) \$	Wages, commissions, bonuses, tips Operating a business mony; child support; Social; money collected from laws wed together, list it only once at you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions a)

art 3: L	ist Certain Payn	nents You	Made Befor	e You Filed	for Bankruptcy		
Are eithe	r Debtor 1's or Deb	otor 2's deb	ts primarily co	onsumer debi	ts?		
□ No. N	Neither Debtor 1 no	or Debtor 2	has primarily	consumer de		re defined in 11 U.S.C. § 101	(8) as
[During the 90 days b	pefore you fi	led for bankrup	otcy, did you p	ay any creditor a total o	f \$7,575* or more?	
Į	☐ No. Go to line 7.						
Į	total amour	nt you paid th	hat creditor. Do	not include p		or more payments and the upport obligations, such as	
*			-		•	after the date of adjustment.	
_	Debtor 1 or Debtor					·	
			-		ay any creditor a total o	f \$600 or more?	
	No. Go to line 7.	-		,, a.a you p.	a, a.i., e. eaile. a teta. e	. 🕶	
_	Yes. List below e creditor. Do	each creditor not include	payments for	domestic supp	\$600 or more and the toort obligations, such as		
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
					\$	\$	☐ Mortgage
	Creditor's Name						☐ Car
	Number Street						☐ Credit card
	rumber eneet						☐ Loan repayment
							☐ Suppliers or vendo
	City	State	ZIP Code				Other
					\$	\$	☐ Mortgage
	Creditor's Name						☐ Car
	Number Street						☐ Credit card
	Number Street						Loan repayment
							☐ Suppliers or vendo
	City	State	ZIP Code				Other
	Oity	Otate	Zii Gode				
					\$	\$	☐ Mortgage
	Creditor's Name						☐ Car
	Number Office						☐ Credit card
	Number Street						Loan repayment
							☐ Suppliers or vendo
	City	State	ZID Code				☐ Other

City

State

ZIP Code

Vithin 1 year before you filed for bankruptcy, die nsiders include your relatives; any general partners proporations of which you are an officer, director, pe gent, including one for a business you operate as uch as child support and alimony.	s; relatives of any erson in control, o	general partners; p	artnerships of which	h you are a general partner; securities; and any managing
No				
Yes. List all payments to an insider.	Dates of	Total amount	Amount you still	Reason for this payment
	payment	paid	owe	Troubon for time paymont
		\$	\$	
Insider's Name				
Number Street				
City State ZIP Code				
		\$	\$	
Însider's Name				
Number Street				
City State ZIP Code	d you make any r	navments or trans	fer any property o	n account of a debt that benefited
City State ZIP Code ithin 1 year before you filed for bankruptcy, did in insider? clude payments on debts guaranteed or cosigned	l by an insider.	Total amount		n account of a debt that benefited Reason for this payment Include creditor's name
City State ZIP Code ithin 1 year before you filed for bankruptcy, did in insider? clude payments on debts guaranteed or cosigned No Yes. List all payments that benefited an insider.	I by an insider. Dates of	Total amount	Amount you still	Reason for this payment
City State ZIP Code ithin 1 year before you filed for bankruptcy, did in insider? clude payments on debts guaranteed or cosigned	I by an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
City State ZIP Code ithin 1 year before you filed for bankruptcy, did in insider? clude payments on debts guaranteed or cosigned No Yes. List all payments that benefited an insider.	I by an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
City State ZIP Code State ZIP	I by an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
City State ZIP Code ithin 1 year before you filed for bankruptcy, did in insider? clude payments on debts guaranteed or cosigned No Yes. List all payments that benefited an insider. Insider's Name Number Street	I by an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
City State ZIP Code ithin 1 year before you filed for bankruptcy, did in insider? clude payments on debts guaranteed or cosigned No Yes. List all payments that benefited an insider. Insider's Name	I by an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
City State ZIP Code ithin 1 year before you filed for bankruptcy, did in insider? clude payments on debts guaranteed or cosigned No Yes. List all payments that benefited an insider. Insider's Name Number Street	I by an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
City State ZIP Code ithin 1 year before you filed for bankruptcy, did in insider? clude payments on debts guaranteed or cosigned No Yes. List all payments that benefited an insider. Insider's Name Number Street	I by an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
City State ZIP Code ithin 1 year before you filed for bankruptcy, did in insider? clude payments on debts guaranteed or cosigned No Yes. List all payments that benefited an insider. Insider's Name Number Street City State ZIP Code	I by an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment

Deptor I	Debtor	1	
----------	--------	---	--

First Name	Middle Name	Last Name

Case number (if known)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

List all such matters, including perso and contract disputes.	, ,					
□ No						
Yes. Fill in the details.						
	Nature	of the case	Court or agency	v		Status of the case
				,		
Case title			Court Name			— Pending
0000 11110			Court Name			On appeal
			Number Street			Concluded
0						
Case number			City	State Z	IP Code	
						— Pending
Case title			Court Name			On appeal
			Newstrans			Concluded
			Number Street			Concluded
Case number			City	State Z	IP Code	
			City	State Z	ir Code	
	tails below.	Describe the proper	ty		Date	ed, seized, or levied? Value of the property
Yes. Fill in the information below.		Describe the proper	ty			Value of the property
		Describe the proper	ty			Value of the property
Yes. Fill in the information below.		Describe the proper				Value of the property
Yes. Fill in the information below.		-	ned			Value of the property
Yes. Fill in the information below. Creditor's Name		Explain what happer	ned repossessed.			Value of the property
Yes. Fill in the information below.		Explain what happen Property was f Property was f Property was g	ned repossessed. foreclosed. garnished.			Value of the property
Yes. Fill in the information below. Creditor's Name		Explain what happen Property was f Property was f Property was g	ned repossessed. foreclosed.			Value of the property
Yes. Fill in the information below. Creditor's Name Number Street		Explain what happen Property was f Property was f Property was g	ned repossessed. foreclosed. garnished. attached, seized, or lev	/ied.		Value of the property \$\$
Yes. Fill in the information below. Creditor's Name Number Street		Explain what happed Property was in Property was in Property was in	ned repossessed. foreclosed. garnished. attached, seized, or lev	/ied.	Date	Value of the property \$\$
Yes. Fill in the information below. Creditor's Name Number Street City Sta		Explain what happed Property was in Property was in Property was in	ned repossessed. foreclosed. garnished. attached, seized, or lev	/ied.	Date	Value of the property
Yes. Fill in the information below. Creditor's Name Number Street		Explain what happed Property was in Property was in Property was in	ned repossessed. foreclosed. garnished. attached, seized, or lev	/ied.	Date	Value of the property \$ Value of the property
Yes. Fill in the information below. Creditor's Name Number Street City Sta		Explain what happed Property was in Property was in Property was in	ned repossessed. foreclosed. garnished. attached, seized, or lev	/ied.	Date	Value of the property \$ Value of the property
Creditor's Name City Sta		Explain what happer Property was r	ned repossessed. foreclosed. garnished. attached, seized, or lev	/ied.	Date	Value of the property \$ Value of the property
Creditor's Name City Sta		Explain what happer Property was r	ned repossessed. foreclosed. garnished. attached, seized, or lev ty	/ied.	Date	Value of the property \$ Value of the property
Number Street City Sta	ate ZIP Code	Explain what happer Property was r Property was a Property was a Property was a Property was a Explain what happer	ned repossessed. foreclosed. garnished. attached, seized, or lev ty ned repossessed. foreclosed.	/ied.	Date	Value of the property \$ Value of the property

Ulluts Or tettise to make a narment nec-			
ounts or refuse to make a payment beca No	auss you owen a nest:		
Yes. Fill in the details.			
	Describe the action the creditor took	Date action	Amount
Creditor's Name		was taken	
			.
Number Street		<u> </u>	\$
City State ZIP Code	Last 4 digits of account number: XXXX		
			
	cy, was any of your property in the possession of an	assignee for the benefit	t of
ditors, a court-appointed receiver, a cus	todian, or another official?		
No Yes			
List Certain Gifts and Contribut	tions		
	cy, did you give any gifts with a total value of more t	than \$600 per person?	
No			
Yes. Fill in the details for each gift.			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave	Value
		the gifts	Value
			value
Person to Whom You Gave the Gift			\$
Person to Whom You Gave the Gift			\$
Person to Whom You Gave the Gift			\$\$
			\$\$
			\$\$
Number Street			\$\$
Number Street City State ZIP Code			\$\$
Number Street City State ZIP Code			\$\$
Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600	Describe the gifts	Dates you gave	\$\$ \$
Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600	Describe the gifts	the gifts	\$\$
Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave	\$\$
Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave	\$\$
Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave	\$\$
Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave	\$
Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift	Describe the gifts	Dates you gave	\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code	Describe the gifts	Dates you gave	\$

bioi i	First Name Middle Name	Last Name		
ı. Wi	thin 2 years before you filed for ba	ankruptcy, did you give any gifts or contributions with a total valu	e of more than \$60	00 to any charity?
	No			
	Yes. Fill in the details for each gift of	or contribution.		
	Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
	that total more than \$600		T	
	Charity's Name			\$
	Chang's Name			
				\$
	Number Street			
	Number Street			
	City State ZIP Code			
art	6: List Certain Losses			
_	Yes. Fill in the details. Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance	Date of your loss	Value of property lost
		claims on line 33 of Schedule A/B: Property.		
				\$
				Ψ
art	7. List Certain Payments or	Transfers		
yo Ind	u consulted about seeking bankruclude any attorneys, bankruptcy petit	nkruptcy, did you or anyone else acting on your behalf pay or trai uptcy or preparing a bankruptcy petition? ion preparers, or credit counseling agencies for services required in you		to anyone
	No Yes. Fill in the details.			
_				
		Description and value of any property transferred	Date payment or transfer was	Amount of payment
	Person Who Was Paid		made	
	Number Street			\$
				\$
	City State ZIP C	ada		
	Ony State ZIP C	oue		
	Email or website address			
	Email of website addless			
	Person Who Made the Payment, if Not You			

Tirst Name Middle Name Las	t Name	Case number (if known)	
	Description and value of any property	transformed	Data naumant or	Amount of
	Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid	-			r.
Number Street	-			Φ
	_			\$
	_			
City State ZIP Code				
Email or website address	_			
Person Who Made the Payment, if Not You				
o not include any payment or transfer that y No Yes. Fill in the details.	you nated on mile 10.			
	Description and value of any property	transferred	Date payment or transfer was made	Amount of pay
Person Who Was Paid	_			
Number Street	-			\$
	_			\$
City State ZIP Code ithin 2 years before you filed for bankru				
ansferred in the ordinary course of your clude both outright transfers and transfers o not include gifts and transfers that you had No	business or financial affairs? made as security (such as the granting	of a security interest o	r mortgage on your pro	pperty).
Person Who Received Transfer				
Number Street				
City State ZIP Code				
Person's relationship to you		1		
Person Who Received Transfer				
Number Street				
City Olds 7000				
City State ZIP Code				

Person's relationship to you _____

ithin 10 years before you filed for bankrure a beneficiary? (These are often called a) No Yes. Fill in the details. Name of trust			or similar device of w	Phich you Date transfer was made
re a beneficiary? (These are often called a. No Yes. Fill in the details.	sset-protection devices.)		or similar device of w	Date transfer
No Yes. Fill in the details.		rty transferred		
Yes. Fill in the details.	Description and value of the prope	rty transferred		
	Description and value of the prope	rty transferred		
Name of trust	Description and value of the prope	rty transferred		
Name of trust	-			was made
Name of trust	-			
8: List Certain Financial Account	s, Instruments, Safe Deposit	Boxes, and Storage	Units	
/ithin 1 year before you filed for bankrupt	cy, were any financial accounts o	r instruments held in y	our name, or for your	benefit,
osed, sold, moved, or transferred?				
clude checking, savings, money market, rokerage houses, pension funds, cooper			es in banks, credit un	ions,
l No				
Yes. Fill in the details.				
	Last 4 digits of account number	Type of account or	Date account was	Last balance befo
		instrument	closed, sold, moved, or transferred	closing or transfe
Name of Elemental Institution				
Name of Financial Institution	XXXX	☐ Checking		\$
Number Street		Savings		
		Money market		
City State ZIP Code		☐ Brokerage		
City State ZIP Code		□ Other		
	XXXX-	Checking		\$
Name of Financial Institution		☐ Savings		·
Number Street		☐ Money market		
		☐ Brokerage		
		☐ Other		
City State ZIP Code				

	unit or place other than your home within 1	year before you filed for bankruptc	y?
☐ No☐ Yes. Fill in the details.			
Tes. Fill III the details.	Who else has or had access to it?	Describe the contents	Do you stil have it?
			□ No
Name of Storage Facility	Name		Yes
Number Street	Number Street		
	City State ZIP Code		
City State 7ID C			
City State ZIP C	3de		
rt 9: Identify Property You h	lold or Control for Someone Else		
or hold in trust for someone. No Yes. Fill in the details.	that someone else owns? Include any prope	erty you borrowed from, are storing	ioi,
	Where is the property?	Describe the property	Value
-			
Owner's Name			\$
Number Street	Number Street		
	City State ZIP Code	9	
City State ZIP C	ode		
art 10: Give Details About Env	rironmental information		
r the purpose of Part 10, the following	g definitions apply:		
Environmental law means any federa	al, state, or local statute or regulation conce		
Environmental law means any federa hazardous or toxic substances, was:	• • • • • • • • • • • • • • • • • • • •	e water, groundwater, or other med	
Environmental law means any federa hazardous or toxic substances, was including statutes or regulations cor Site means any location, facility, or p	al, state, or local statute or regulation conce tes, or material into the air, land, soil, surfac ntrolling the cleanup of these substances, w property as defined under any environmenta	e water, groundwater, or other med astes, or material. I law, whether you now own, operat	ium,
Environmental law means any federa hazardous or toxic substances, was including statutes or regulations con Site means any location, facility, or putilize it or used to own, operate, or Hazardous material means anything	al, state, or local statute or regulation conce tes, or material into the air, land, soil, surfac ntrolling the cleanup of these substances, w property as defined under any environmenta utilize it, including disposal sites. an environmental law defines as a hazardou	e water, groundwater, or other med astes, or material. I law, whether you now own, operat	ium, e, or
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	unit of any release of hazardous mat	Sorial.	
No			
Yes. Fill in the details.	0	F. C	Data di Alba
	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	—	
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Co	ode		
e you been a party in any judicial	or administrative proceeding under	any environmental law? Include settleme	ents and orders.
No			
Yes. Fill in the details.			
	Court or agency	Nature of the case	Status of the case
Case title			
Case title	Court Name		Pending
			On appe
	Number Street		☐ Conclud
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	City State ZIP IF Business or Connections to A Inkruptcy, did you own a business o		o any business?
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Give Details About You hin 4 years before you filed for ba A sole proprietor or self-emple	ir Business or Connections to A inkruptcy, did you own a business o oyed in a trade, profession, or other or company (LLC) or limited liability p	any Business r have any of the following connections to activity, either full-time or part-time	o any business?
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		Employer Identification number
	Describe the nature of the business	Do not include Social Security number or ITIN.
Business Name		
		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
		From To
City State ZIP C	Code	10
/ithin 2 years before you filed for bastitutions, creditors, or other partical No Yes. Fill in the details below.		anyone about your business? Include all financial
Name		
Name	MM / DD / YYYY	
Number Street		
City State ZIP C	Code	
City State ZIP C	Code	
City State ZIP C	code	
12: Sign Below have read the answers on this Stanswers are true and correct. I under connection with a bankruptcy care.	ntement of Financial Affairs and any attachments lerstand that making a false statement, concealing se can result in fines up to \$250,000, or imprison	ng property, or obtaining money or property by frauc
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Fill in this information to identify the case:					
Debtor 1 _					
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the: _		District of(State)		
Case number (If known)			Chapter		

Official Form 119

Bankruptcy Petition Preparer's Notice, Declaration, and Signature

12/15

Bankruptcy petition preparers as defined in 11 U.S.C. § 110 must fill out this form every time they help prepare documents that are filed in the case. If more than one bankruptcy petition preparer helps with the documents, each must sign in Part 3. A bankruptcy petition preparer who does not comply with the provisions of title 11 of the United States Code and the Federal Rules of Bankruptcy Procedure may be fined, imprisoned, or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Part 1: Notice to Debtor

Bankruptcy petition preparers must give the debtor a copy of this form and have the debtor sign it before they prepare any documents for filing or accept any compensation. A signed copy of this form must be filed with any document prepared.

Bankruptcy petition preparers are not attorneys and may not practice law or give you legal advice, including the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether filing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to keep your home, car, or other property after filing a case under the Bankruptcy Code;
- what tax consequences may arise because a case is filed under the Bankruptcy Code;
- whether any tax claims may be discharged;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement;
- how to characterize the nature of your interests in property or your debts; or
- what procedures and rights apply in a bankruptcy case.

The bankruptcy petition preparer	has notified me of
Name	
any maximum allowable fee before preparing any document for filing or	accepting any fee.
	Date
Signature of Debtor 1 acknowledging receipt of this notice	MM / DD / YYYY
	Date
Signature of Debtor 2 acknowledging receipt of this notice	MM / DD / YYYY
	any maximum allowable fee before preparing any document for filing or Signature of Debtor 1 acknowledging receipt of this notice

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Case	number	(if
	Case	Case number

Part 2:

Declaration and Signature of the Bankruptcy Petition Preparer

Last Name

Ur	nder penalty of perjury, I decla	re that:				
	I am a bankruptcy petition prepa	arer or the office	er, principal, respo	nsible person, or partner of	a bankruptcy peti	tion preparer;
-	I or my firm prepared the docum Preparer as required by 11 U.S		-		e Notice to Debto	r by Bankruptcy Petition
-	if rules or guidelines are establic preparers may charge, I or my f accepting any fee from the debt	irm notified the				
	Printed name	Title, if any	/	Firm name, if it applies		
	Number Street					
	City	State	ZIP Code	Contact phone		
	I or my firm prepared the doc (Check all that apply.)	uments checke	ed below and the	completed declaration is	made a part of e	ach document that I check:
	☐ Voluntary Petition (Form 101)		□ Schedule I (Fo	orm 106I)		Statement of Your Current Monthly
	Statement About Your Social Society (Form 121)			bout an Individual Debtor's	Income (Formula Chapter 13 South Income and Chapter 13 Sou	n 1228) Statement of Your Current Monthly Calculation of Commitment Period
	☐ Summary of Your Assets and L Certain Statistical Information (F		Schedules (Fo	orm 106Dec) Financial Affairs (Form 107)	(Form 122C-	1)
	☐ Schedule A/B (Form 106A/B)			Intention for Individuals Filing	Income (Forn	Calculation of Your Disposable n 122C-2)
	☐ Chedule C (Form 106C)			er 7 (Form 108)		Pay Filing Fee in Installments
	☐ Chedule D (Form 106D)			tement of Your Current	(Form 103A)	
	☐ Chedule E/F (Form 106E/F)			ne (Form 122A-1) Exemption from Presumption	Waived (Forr	o Have Chapter 7 Filing Fee m 103B)
	☐ Chedule G (Form 106G) ☐ Chedule H (Form 106H)		of Abuse Und (Form 122A-1	er § 707(b)(2)		es and addresses of all creditors nailing matrix)
			Chapter 7 Me (Form 122A-2	ans Test Calculation)	Other	
	Bankruptcy petition preparers musto which this declaration applies,					
0	Signature of bankruptcy petition prepared person, or partner	rer or officer, princi	ipal, responsible	Social Security number of p	erson who signed	Date MM / DD / YYYY
	Printed name			-		
0	Signature of bankruptcy petition preparagements of partner	rer or officer, princi	ipal, responsible	Social Security number of p	erson who signed	Date MM / DD / YYYY
	Printed name			-		

Printed name and title, if any, of

Bankruptcy Petition Preparer

United States Bankruptcy Court _ District Of _____ Case No. _____ In re _____ Debtor Chapter DISCLOSURE OF COMPENSATION OF BANKRUPTCY PETITION PREPARER [Must be filed with the petition if a bankruptcy petition preparer prepares the petition. 11 U.S.C. § 110(h)(2).] 1. Under 11 U.S.C. § 110(h), I declare under penalty of perjury that I am not an attorney or employee of an attorney, that I prepared or caused to be prepared one or more documents for filing by the above-named debtor(s) in connection with this bankruptcy case, and that compensation paid to me within one year before the filing of the bankruptcy petition, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For document preparation services I have agreed to accept..... Prior to the filing of this statement I have received......\$ Balance Due.....\$ 2. I have prepared or caused to be prepared the following documents (itemize): and provided the following services (itemize): The source of the compensation paid to me was: 3. Debtor Other (specify) 4. The source of compensation to be paid to me is: Other (specify) 5. The foregoing is a complete statement of any agreement or arrangement for payment to me for preparation of the petition filed by the debtor(s) in this bankruptcy case. To my knowledge no other person has prepared for compensation a document for filing in connection with 6. this bankruptcy case except as listed below: **NAME** SOCIAL SECURITY NUMBER Social Security number of bankruptcy Signature Date petition preparer*

Address

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

^{*} If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

Fi	II in this information to identify your case:				Chec	ck as directed in lines 17 and 21:
De	ebtor 1					ording to the calculations required by Statement:
	First Name Middle Name	Last Name				. Disposable income is not determined
	pouse, if filing) First Name Middle Name	Last Name				under 11 U.S.C. § 1325(b)(3).
Uı	nited States Bankruptcy Court for the: District of					2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
	ase number				3	3. The commitment period is 3 years.
					4	The commitment period is 5 years.
						Check if this is an amended filing
						· ·
0	fficial Form 122C–1					
C	hapter 13 Statement of You	r Curr	ent Mo	onth	ly Incon	пе
a	nd Calculation of Commitme	nt Pe	riod			10/19
Be	as complete and accurate as possible. If two married pe	ople are fili	ng together,	both are	equally respor	nsible for being accurate. If
mo	re space is needed, attach a separate sheet to this form of any additional pages, write your name and case num	. Include the	e line numbe			
		(,-			
Pa	art 1: Calculate Your Average Monthly Income	•				
1.	What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11.					
	Married. Fill out both Columns A and B, lines 2-11.					
	Fill in the average monthly income that you received frobankruptcy case. 11 U.S.C. § 101(10A). For example, if you			_		
	August 31. If the amount of your monthly income varied dur	ring the 6 mo	onths, add the	e income	for all 6 months	and divide the total by 6. Fill in
	the result. Do not include any income amount more than or from that property in one column only. If you have nothing to					ntal property, put the income
					Column A	Column B
					Debtor 1	Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and	commissio	ns (before al	I	œ.	œ.
,	payroll deductions). Alimony and maintenance payments. Do not include pay	monto from	0.000100		\$ \$	\$ \$
			•		Ψ	
4.	All amounts from any source which are regularly paid f you or your dependents, including child support. Including child support.	le regular co	ntributions fro			
	an unmarried partner, members of your household, your de roommates. Do not include payments from a spouse. Do not					
	listed on line 3.				\$	\$
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2			
	Gross receipts (before all deductions)	\$. \$			
	Ordinary and necessary operating expenses	- \$	- \$	Conv		
	Net monthly income from a business, profession, or farm	\$	\$	Copy here	\$	\$
6.	Net income from rental and other real property	Debtor 1	Debtor 2			
	Gross receipts (before all deductions)	\$	\$			
	Ordinary and necessary operating expenses	- \$	- \$			
	Net monthly income from rental or other real property	\$	\$	Copy here	\$	\$

De	ebtor 1 First Name Middle Name Last Name	Case number	(if known)	
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7.	Interest, dividends, and royalties	\$	\$	
8.	Unemployment compensation	\$	\$	
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			
	For you\$			
	For your spouse\$			
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$	\$	
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	•		
		\$		
		\$		
	Total amounts from separate pages, if any.	+ \$	+ \$	
11.	Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$	+	Total average monthly income
	Determine How to Measure Your Deductions from Income Copy your total average monthly income from line 11.			
				\$
13.	Calculate the marital adjustment. Check one:			
	You are not married. Fill in 0 below.			
	You are married and your spouse is filing with you. Fill in 0 below.			
	You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly you or your dependents, such as payment of the spouse's tax liability or the spouse you or your dependents.			
	Below, specify the basis for excluding this income and the amount of income devot list additional adjustments on a separate page.	ed to each purp	ose. If necessary,	
	If this adjustment does not apply, enter 0 below.	c		
		\$		

14. Your current monthly income. Subtract the total in line 13 from line 12.

+ \$____

De	btor 1	First Name Middle Name Last Name Case number (if known)	
15.	Calc	culate your current monthly income for the year. Follow these steps:	
		Copy line 14 here →	\$
		Multiply line 15a by 12 (the number of months in a year).	x 12
	15b.	The result is your current monthly income for the year for this part of the form.	\$
16.	Calc	culate the median family income that applies to you. Follow these steps:	
	16a.	Fill in the state in which you live.	
	16b.	Fill in the number of people in your household.	
	16c.	Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.	\$
17.	How	v do the lines compare?	
	17a.	Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, <i>Disposable income is not dete</i> 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out <i>Calculation of Your Disposable Income</i> (Official Form 122C–2).	rmined under
	17b.	Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined under 11 U.S.C.</i> § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C–2). On line 39 of that form, copy your current monthly income from line 14 above.	
Pa	rt 3:	Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)	
18.	Сору	y your total average monthly income from line 11.	¢
19.	calci	luct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that ulating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy amount from line 13. If the marital adjustment does not apply, fill in 0 on line 19a.	ψ <u> </u>
	19b.	Subtract line 19a from line 18.	\$
20	Colo	nulate your august manthly in some far the year Fallow those stone.	
20.	Caid	culate your current monthly income for the year. Follow these steps:	
	20a.	Copy line 19b.	\$
		Multiply by 12 (the number of months in a year).	x 12
	20b.	The result is your current monthly income for the year for this part of the form.	\$
	20c.	Copy the median family income for your state and size of household from line 16c	\$
21.	How	v do the lines compare?	
		Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.	

 Case number (if know)	n)

Part 4:	Sign Below	
	By signing here, under penalty of perjury I declare	e that the information on this statement and in any attachments is true and correct.
	X	*
	Signature of Debtor 1	Signature of Debtor 2
	Date	Date
	MM / DD / YYYY	MM / DD / YYYY
	If you checked 17a, do NOT fill out or file Form 12	22C–2.
	If you checked 17b, fill out Form 122C-2 and file	it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to i	dentify your case:				
Debtor 1					
First Name Debtor 2	Middle Name	Last Name			
(Spouse, if filing) First Name	Middle Name	Last Name	_		
United States Bankruptcy Cour	t for the: Distri	ict of			
Case number (If known)					
				Check if this is	an amended filing
Official Form 122	2C-2				
Chapter 13 Ca	 alculation of	Your Dispos	able Incom	е	04/22
To fill out this form, you wi	, ,	opy of Chapter 13 Statem	ent of Your Current Mo	nthly Income and Ca	alculation of
Commitment Period (Offici Be as complete and accura	•	rried people are filing tog	other both are equally	responsible for bein	a accurate If
more space is needed, atta	ch a separate sheet to th	is form. Include the line n		•	•
top of any additional pages	،, write your name and ca	ase number (if known).			
Part 1: Calculate Yo	our Deductions from Y	our Income			
to answer the question	s in lines 6-15. To find the	nal and Local Standards f e IRS standards, go online also be available at the ba	e using the link specifie	ed in the separate	ounts
Deduct the expense amo	unts set out in lines 6-15 re	egardless of your actual exp	ense. In later parts of the	e form, you will use	
		n the standards. Do not incl 2C–1, and do not deduct an		•	
spouse's income in line 1		20-1, and do not deduct an	y amounts that you subti	acted from your	
If your expenses differ fro	om month to month, enter th	he average expense.			
Note: Line numbers 1-4 a	are not used in this form. Th	nese numbers apply to infor	mation required by a sim	ilar form used in chap	ter 7 cases.
•		your deductions from inc			
		ned as exemptions on your ndents whom you support.			
be different from the	e number of people in your	household.			
National Standards	ou must use the IRS Natio	onal Standards to answer th	e questions in lines 6-7.		
6. Food, clothing, and	d other items: Using the nu	umber of people you entere	d in line 5 and the IRS N	ational	
Standards, fill in the	dollar amount for food, clo	othing, and other items.			\$
		the number of people you e			
		ocket health care. The numl ple who are 65 or older—bed			
	care costs. If your actual e	expenses are higher than th			

Doonloss	vho are under 65 years of age					
	, ,					
7a. Out-	of-pocket health care allowance pe	r person \$				
7b. Num	ber of people who are under 65	X	1 .			
7c. Subt	otal. Multiply line 7a by line 7b.	\$	Copy here	\$		
People	who are 65 years of age or older					
7d. Out-	of-pocket health care allowance pe	er person \$				
7e. Num	ber of people who are 65 or older	X				
7f. Subt	otal. Multiply line 7d by line 7e.	\$	Copy here	+ \$		
7g. Total . Ad	d lines 7c and 7f			. \$	Copy here →	\$
ocal tandards	You must use the IRS Local Standa	ards to answer the questions	in lines 8-	15.		
sed on inforr	nation from the IRS, the U.S. Tru	stee Program has divided	the IRS Lo	cal Standard for	housing for	
	poses into two parts:	·			· ·	
_	utilities - Insurance and operati	• .				
Housing and	utilities – Mortgage or rent expe	enses				
	questions in lines 8-9, use the U.S separate instructions for this fo					
ecified in the Housing and	separate instructions for this for utilities – Insurance and operati	rm. This chart may also be ing expenses: Using the nur	available mber of pe	at the bankruptcy	y clerk's office.	¢
ecified in the Housing and	separate instructions for this fo	rm. This chart may also be ing expenses: Using the nur	available mber of pe	at the bankruptcy	y clerk's office.	\$
ecified in the Housing and in the dollar a	separate instructions for this for utilities – Insurance and operati	rm. This chart may also be ing expenses: Using the nur surance and operating expen	available mber of pe	at the bankruptcy	y clerk's office.	\$
Housing and in the dollar a Housing and 9a. Using	separate instructions for this for utilities – Insurance and operation amount listed for your county for insurance and operations.	rm. This chart may also be ing expenses: Using the nur surance and operating expenenses: d in line 5, fill in the dollar am	available mber of peoses.	at the bankruptcy	y clerk's office.	\$
Housing and in the dollar a Housing and 9a. Using listed 9b. Total	separate instructions for this for utilities – Insurance and operation amount listed for your county for insurance and utilities – Mortgage or rent expenses the number of people you entered	rm. This chart may also be ing expenses: Using the nur surance and operating expenses: d in line 5, fill in the dollar ament expenses.	available mber of perses. ount	at the bankruptcy	y clerk's office.	\$
Housing and in the dollar a Housing and 9a. Using lister 9b. Total your To contribute 1 to the contribute	separate instructions for this for utilities – Insurance and operation amount listed for your county for insurance – Mortgage or rent expension of the number of people you entered for your county for mortgage or reaverage monthly payment for all mortgage or reaverage and the mortgage or reaverage and the mortgage or reaverage or reaverage or reaverage mortgage or reaverage or r	rm. This chart may also be ing expenses: Using the nursurance and operating expenses: d in line 5, fill in the dollar ament expenses. hortgages and other debts sepayment, add all amounts the	available mber of perses. ount cured by	at the bankruptcy	y clerk's office.	\$
Housing and in the dollar a Housing and 9a. Using listed 9b. Total your To conting to the second sec	separate instructions for this for utilities – Insurance and operation amount listed for your county for insurance and operation out listed for your county for insurance at the number of people you entered for your county for mortgage or reaverage monthly payment for all mome. alculate the total average monthly practually due to each secured credi	rm. This chart may also be ing expenses: Using the nursurance and operating expenses: d in line 5, fill in the dollar ament expenses. hortgages and other debts sepayment, add all amounts the	available mber of perses. ount cured by	at the bankruptcy	y clerk's office.	\$
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Housing and in the dollar a Housing and 9a. Using listed 9b. Total your To conting to the second sec	separate instructions for this for utilities – Insurance and operation amount listed for your county for insurance and operation out listed for your county for insurance at the number of people you entered for your county for mortgage or reaverage monthly payment for all mome. alculate the total average monthly practually due to each secured crediankruptcy. Next divide by 60.	rm. This chart may also be ing expenses: Using the nursurance and operating expenses: d in line 5, fill in the dollar ament expenses. hortgages and other debts sepayment, add all amounts that tor in the 60 months after you	available mber of perses. ount cured by	at the bankruptcy	y clerk's office.	\$
Housing and in the dollar a Housing and 9a. Using listed 9b. Total your To conting to the second sec	separate instructions for this for utilities – Insurance and operation amount listed for your county for insurance and operation out listed for your county for insurance at the number of people you entered for your county for mortgage or reaverage monthly payment for all mome. alculate the total average monthly practually due to each secured crediankruptcy. Next divide by 60.	rm. This chart may also be ing expenses: Using the nursurance and operating expenses: d in line 5, fill in the dollar ament expenses. hortgages and other debts sepayment, add all amounts that tor in the 60 months after you	available mber of perses. ount cured by	at the bankruptcy	y clerk's office.	\$
Housing and in the dollar a Housing and 9a. Using listed 9b. Total your To conting to the second sec	separate instructions for this for utilities – Insurance and operation amount listed for your county for insurance and operation and utilities – Mortgage or rent expenses the number of people you entered for your county for mortgage or reaverage monthly payment for all mome. alculate the total average monthly practually due to each secured credicant and an actual of the creditor.	rm. This chart may also be ing expenses: Using the nursurance and operating expenses: d in line 5, fill in the dollar ament expenses. nortgages and other debts sepayment, add all amounts that for in the 60 months after you have a sepayment and all amounts that is a sepayment and	available mber of perses. ount ecured by at are u file	at the bankruptcy	y clerk's office.	\$
Housing and in the dollar a Housing and 9a. Using listed 9b. Total your To conting to the forb	separate instructions for this for utilities – Insurance and operation amount listed for your county for insurance and operation out listed for your county for insurance at the number of people you entered for your county for mortgage or reaverage monthly payment for all mome. alculate the total average monthly practually due to each secured crediankruptcy. Next divide by 60.	rm. This chart may also be ing expenses: Using the nursurance and operating expenses: d in line 5, fill in the dollar ament expenses. nortgages and other debts sepayment, add all amounts that for in the 60 months after you have a sepayment and all amounts that is a sepayment and	available mber of perses. ount cured by	at the bankruptcy	y clerk's office.	\$
Housing and in the dollar a Housing and 9a. Using lister 9b. Total your To c control for b	separate instructions for this for utilities – Insurance and operation amount listed for your county for insurance and operation and utilities – Mortgage or rent expenses the number of people you entered for your county for mortgage or reaverage monthly payment for all mome. alculate the total average monthly practually due to each secured credicant and an actual of the creditor.	rm. This chart may also be ing expenses: Using the nursurance and operating expenses: d in line 5, fill in the dollar ament expenses. nortgages and other debts sepayment, add all amounts that for in the 60 months after you have a sepayment and all amounts that is a sepayment and	available mber of perses. ount cured by at are u file	at the bankruptcy	y clerk's office. In line 5, fill Repeat this amount	\$
Housing and in the dollar a Housing and 9a. Using lister 9b. Total your To control for b	separate instructions for this for utilities – Insurance and operation amount listed for your county for insurance and operation out listed for your county for insurance at the number of people you entered for your county for mortgage or reaverage monthly payment for all mome. alculate the total average monthly practually due to each secured credicankruptcy. Next divide by 60. Name of the creditor	rm. This chart may also be ing expenses: Using the nursurance and operating expenses: d in line 5, fill in the dollar ament expenses. nortgages and other debts server and all amounts that tor in the 60 months after you have a server and the ser	available mber of perses. ount ecured by at are u file Copy here	at the bankruptcy	y clerk's office. In line 5, fill Repeat this amount	\$\$
Housing and in the dollar a Housing and 9a. Using lister 9b. Total your To c control for b	separate instructions for this for utilities – Insurance and operation amount listed for your county for insurance and operation and its for your county for insurance at the number of people you entered for your county for mortgage or reaverage monthly payment for all mome. alculate the total average monthly practually due to each secured credicankruptcy. Next divide by 60. Name of the creditor 9b. Total average monthly payment good average or rent expense. act line 9b (total average monthly payment good points)	rm. This chart may also be ing expenses: Using the nursurance and operating expenses: d in line 5, fill in the dollar ament expenses. nortgages and other debts server and the following months after you have a server and the following months after you have a server and the following months after you have a server and the following months after you have a server and the following months after you have a server and the following months after you have a server and the following months after you have a server and the following months after you have a server and the following months after you have a server and the following months after you have a server and the following months after you have a server and the following months after your and th	available mber of perses. ount cured by at are u file Copy here age or	st the bankruptcy ople you entered in \$	Repeat this amount on line 33a.	\$ \$

otor 1	First Name	Middle Name	Last Name			Case number (if	known)	
11. Lo c	cal transporta	tion expenses: Che	ck the numbe	er of vehicles for which	n you claim a	an ownership o	r operating expense.	
		line 14. line 12. re. Go to line 12.						
				Standards and the nur your Census region or			ou claim the operating ea.	\$
ead	ch vehicle belo		n the expense	RS Local Standards, c e if you do not make a han two vehicles.				
V	ehicle 1	Describe Vehicle 1:						
13a	a. Ownership	or leasing costs using	IRS Local S	tandard		\$		
13k	Do not inclu	onthly payment for all de costs for leased v the average monthly	ehicles.	·				
	add all amo	unts that are contraction 60 months after yo	tually due to	each secured				
	Name of ea	ach creditor for Vehicle	1	Average monthly payment				
		Total average month	lly payment	+ \$	Copy here→	- \$	Repeat this amount on line 33b.	
130		1 ownership or lease e 13b from line 13a. I	•	is less than \$0, enter	\$0	\$	Copy net Vehicle 1 expense here	\$
V	ehicle 2	Describe Vehicle 2:						
130	d. Ownership o	or leasing costs using	IRS Local S	tandard		\$		
136	•	nthly payment for all ide costs for leased v		d by Vehicle 2.				
	Name of ea	ach creditor for Vehicle	2	Average monthly payment				
		Total average mont	hly payment	+ \$	Copy here	- \$	Repeat this amount on line 33c.	
131		2 ownership or lease a 13e from 13d. If this		ess than \$0, enter \$0		\$	Copy net Vehicle 2 expense here	\$
				vehicles in line 11, u f whether you use pu			lards, fill in the <i>Public</i>	\$
de	duct a public tr		e, you may fil	I in what you believe is			claim that you may also but you may not claim	\$

First Name	Middle Name Last Na	Case number (if known)	
Other Necessary Expenses	In addition to the experior following IRS categorial	ense deductions listed above, you are allowed your monthly expenses for the les.	
self-employment tag from your pay for the refund by 12 and su	xes, social security taxes, lese taxes. However, if yo	ctually pay for federal, state and local taxes, such as income taxes, and Medicare taxes. You may include the monthly amount withheld bu expect to receive a tax refund, you must divide the expected the total monthly amount that is withheld to pay for taxes.	\$
Involuntary deduction dues, and un		payroll deductions that your job requires, such as retirement contributions,	
Do not include amo	unts that are not required	by your job, such as voluntary 401(k) contributions or payroll savings.	\$
together, include pa	syments that you make fo	that you pay for your own term life insurance. If two married people are filing or your spouse's term life insurance. In your dependents, for a non-filing spouse's life insurance, or for any form of	
life insurance other			\$
	ments: The total monthly ousal or child support pay	y amount that you pay as required by the order of a court or administrative yments.	\$
Do not include payr	ments on past due obligat	tions for spousal or child support. You will list these obligations in line 35.	
Education: The tot as a condition for		ou pay for education that is either required:	\$
for your physicall	y or mentally challenged	dependent child if no public education is available for similar services.	-
		u pay for childcare, such as babysitting, daycare, nursery, and preschool. or secondary school education.	\$
required for the hea	ilth and welfare of you or	ng insurance costs: The monthly amount that you pay for health care that is your dependents and that is not reimbursed by insurance or paid by a health at is more than the total entered in line 7.	
Payments for health	n insurance or health savi	ings accounts should be listed only in line 25.	\$
for you and your de phone service, to the income, if it is not re Do not include payr	pendents, such as pagers le extent necessary for yo eimbursed by your employ nents for basic home tele	ces: The total monthly amount that you pay for telecommunication services s, call waiting, caller identification, special long distance, or business cell bur health and welfare or that of your dependents or for the production of yer. Sephone, internet or cell phone service. Do not include self-employment of Form 122C-1, or any amount you previously deducted.	+ \$
Add all of the expe		e IRS expense allowances.	\$
Additional Expense Deductions		onal deductions allowed by the Means Test. ude any expense allowances listed in lines 6-24.	
		d health savings account expenses. The monthly expenses for health avings accounts that are reasonably necessary for yourself, your spouse, or	
Health insurance		\$	
Disability insurance)		
Health savings acc		+ \$	
Total		\$Copy total here	\$
	and this total areas and	——————————————————————————————————————	*
	end this total amount?		
Yes	do you actually spend?	\$	
continue to pay for	the reasonable and neces	ousehold or family members. The actual monthly expenses that you will ssary care and support of an elderly, chronically ill, or disabled member of the family who is unable to pay for such expenses. These expenses may	\$

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential.

Debtor 1						Case	number (if known)			
		First Name	Middle Name	Last Name						
	Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.									
	Educa than \$ private You m claime		\$							
	* Subj	ject to adjust	ment on 4/01/25, a	and every 3 y	ears after that for cases	begun on or afte	er the date of adjust	ment.		
	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary.									
	1. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income.									
		II of the add les 25 throug	itional expense d h 31.	eductions.					\$	
D	eductio	ons for Debi	Pavment							
	loans,	and other s	secured debt, fill i	in lines 33a	operty that you own, ir through 33e. dd all amounts that are					
	to each	n secured cre	editor in the 60 mo	nths after you	u file for bankruptcy. The	en divide by 60.	Average monthly			
	Mortg	ages on your	home				payment			
	33a. (Copy line 9b	here				\$			
	Loans	s on your first	two vehicles							
	33b. C	Copy line 13b	here			→	\$			
	33c. C	Copy line 13e	here			-	\$			
	33d.	List other se	cured debts:							
		Name of eac secured deb	ch creditor for other t		Identify property that secures the debt	Does payment include taxes or insurance?				
						No Yes	\$			
						☐ No _ ☐ Yes	\$			
						No Yes	+ \$			
	33e. 7	Total average	e monthly payment	t. Add lines 3	3a through 33d		\$	Copy total	\$	

Last Name

_	Go to line 35.		P.C. 1. 11				
	State any amount that you mupossession of your property (
	Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount		
			\$	÷ 60 =	\$		
			\$	÷ 60 =	\$		
			\$	÷ 60 =	+ \$		
				Total	\$	Copy total here	\$
	owe any priority claims—su		d support, or alir	nony— tha	at are past due as of		
_	្ស date of your bankruptcy ca Go to line 36.	se? 11 U.S.C. § 507.					
Yes.	Fill in the total amount of all o ongoing priority claims, such a			nt or			
	Total amount of all past-due	priority claims			\$	÷ 60	\$
6. Projected	d monthly Chapter 13 plan բ	payment			\$		
Office of t	nultiplier for your district as sta the United States Courts (for outive Office for United States	districts in Alabama and N	lorth Carolina) or				
specified	list of district multipliers that in the separate instructions for clerk's office.	ncludes your district, go or or this form. This list may a	nline using the lin	K	х		
Average r	monthly administrative expens	se			\$	Copy total here	\$
7. Add all o	f the deductions for debt pa	nyment. Add lines 33e thr	ough 36.				\$
Total Dedu	actions from Income						
8. Add all o	f the allowed deductions.						
Copy line	24, All of the expenses allow	ed under IRS expense allo	owances		\$		
Copy line	32, All of the additional exper	nse deductions			\$		
Copy line	37, All of the deductions for a	ebt payment			+ \$		

99. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here	\$
40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here	\$
 children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here	
employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here	
43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.	
expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.	
Describe the special circumstances Amount of expense \$	
\$	
	
+\$Copy here	_
44. Total adjustments. Add lines 40 through 43	Copy here → - \$
45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.	\$
Part 3: Change in Income or Expenses	
46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case vopen, fill in the information below. For example, if the wages reported increased after you filed your petition, che 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the i occurred, and fill in the amount of the increase.	will be eck
Form Line Reason for change Date of change Increase or decrease?	t of change
122C-1	
122C-1	
122C-1	
122C-1	

Case number (if known)

Debtor 1

Debtor 1				Case number (if known)	
	First Name	Middle Name	Last Name		
Part 4:	Sign Belo	ow			
By signing h	ere, under pe	enalty of perjury	you declare that the info	ormation on this statement and in any attachments is true and correct.	
×				×	
Signature of Debtor 1			Signature of Debtor 2		

USBC/EDLA 05/05/2020

Debtor 1	First Name	Middle Name	Last Name	☐ Check if this is an amended plan,
Debtor 2	THSt Name	wilddie ivanie	Last Ivallic	list the sections that have been changed.
(Spouse, if filing)	First Name	Middle Name	Last Name	enungeu
Case number				
Debtor's attorney			No attorney	

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF LOUISIANA

CHAPTER 13 PLAN

☐ Original plan	
\square (1 ST , 2 ND ,) Amended plan – Date amended:	
(1 ST , 2 ND ,) Modified plan (postconfirmation) – Date modified:	

1. General Provisions.

The term "Allowed Secured Claim" shall mean the amount due a secured creditor on a claim secured by property of the estate and as set forth in the Plan. Allowed Secured Claims may be subject to later Objection as set forth in the General Provisions of this Plan and section 7.3.

"Allowed Secured Creditor" and "Allowed Secured Claimant" shall mean a creditor with an Allowed Secured Claim.

The term "Debtor" shall include both Debtors in a joint case.

The term "Completion Date" shall be the date the last payment was due to Trustee under the Plan, or for payments directly submitted to creditors of Debtor, the date immediately preceding the last date a payment was due to Trustee.

"Completion of the Plan" shall mean the payment of all amounts provided by the Plan whether through Trustee or directly to a claimant.

The effective date of this Plan shall be the date of entry of the Order of Confirmation; modifications to the Plan shall become effective upon entry of an order approving same.

The Order of Confirmation, or any subsequent order of the Court supersedes any provision of the Plan which is in conflict.

Creditors who have co-signors, co-makers, or guarantors ("Co-Obligors") and for whom this Plan provides full payment of the amounts contractually due are enjoined from collection under 11 U.S.C. § 1301, and Completion of the Plan shall constitute full payment of the debt as to Debtor and any Co-Obligors.

On Completion of the Plan, all prepetition claims provided for by the Plan or disallowed under 11 U.S.C. § 502 shall be discharged except as provided by 11 U.S.C. § 1328 or the Plan.

Confirmation of the Plan does not constitute a waiver or admission by Debtor or any party in interest regarding the validity or amount of any claim provided for by the Plan. Debtor and Trustee specifically reserve the right to object to any claim, whether or not said claim was filed at the time of or after confirmation.

All scheduled property of the estate existing at confirmation shall vest in and be retained by Debtor. Unscheduled property or property acquired after confirmation shall remain vested in the estate. Upon disposition of any rights in property of the estate belonging to Debtor on the petition date or acquired thereafter, the proceeds or benefits received shall be:

- a. Retained by Debtor if from the disposition of exempt property; or
- b. If not exempt, remitted to Trustee to be administered in accord with the Plan or further order of the Court.

2. Notice to Creditors: This Plan contains

2.1.	Nonstandard provisions	☐ Included	☐ Not Included
2.2.	Limit on the amount of a secured claim based on the valuation of the collateral for the claim	☐ Included	☐ Not Included
2.3.	Avoids a security interest or lien	☐ Included	☐ Not Included

3. Payment to the Trustee and Length of Plan.

□ Other

Debto:	r shall pay \$ per month beg	inning one month after the he day the petition was fi	to the supervision and control of the Trustee. e petition date, such that the first payment will led or the last day of the month, whichever is y thereafter formonths.
Step P	ayments:		
\$	for month	thru	_
\$	for month	thru	_
\$	for month	thru	_
		Total months	
(Insert	additional lines if needed)		
	Directly by the Debtor		
	Wage Order Payment		
	Stop Wage Order Payment		

All Plan payments by Debtor shall be payable to S.J. Beaulieu, Jr., Chapter 13 Trustee, or his successor in interest ("Trustee"), and must include Debtor's name and case number. Payments must be mailed to Trustee at the address designated by him or his successor in interest and as published on the Trustee's website.

	4.1.	Tax Refunds. Debtor shall file both Federal and State Income tax returns timely. Debtors shall provide a copy of same
		to the Trustee immediately after filing. All refunds due under Federal and State Income Tax Returns filed during this Plan's effect are disposable income and will be turned over to the Trustee as an additional distribution to creditors. Debtor is allowed to retain the Earned Income Credit (EIC) portion of any refund, if claimed as exempt on Schedule C.
		□ Other
	4.2.	Nonexempt Proceeds of Lawsuit or Unliquidated Claim. The <i>nonexempt</i> proceeds of any lawsuit or unliquidated claim held by Debtor as of the date of filing or accruing during the term of this Plan must be turned over to the Trustee and shall constitute an additional distribution to creditors.
	4.3.	Proceeds of Refinancing or Sale of Nonexempt Property. The proceeds of any refinancing or the sale of nonexempt property owned by Debtor or acquired during the term of this Plan must be turned over to the Trustee for administration. Any proceeds attributable to the sale or refinance of exempt property may be retained by Debtor, provided the property was claimed as exempt on Schedule C and not contested by Trustee.
5. D	isposabl	e Income.
	Debto	or is \Box above the means \Box below the means
	filed v	or's disposable income as reflected on Form 122C, after adjustment as set forth on the reconciliation report with this Plan, is \$ per month. (If the plan proposes to pay less than the amounts set forth on Form as adjusted, Debtor shall file a statement of explanation as to why.)
	any e	Debtor alleges that present disposable income as reflected on Schedule J is \$ (after adjustment for expenses payable through the Trustee or for surrendered property.) Disposable income includes contributions per month from
6. L	iquidatio	on Analysis.
	-	present value of property available to pay nonpriority, unsecured creditor interests should a liquidation be
		ed is \$ (Attach completed liquidation analysis.) The future value of this sum over the life of the

- 7. **Disbursements.** Except as otherwise provided by the Plan or order of the Court, Trustee shall only make payments to allowed claimants. From the payments received under the Plan the Trustee shall make disbursements as follows:
 - 7.1 Administrative Expenses. Payment of administrative expenses until satisfied in full:

7.1.a.	Filing fee (unp	oaid portion): \$	
7.1.b.	Trustee's fee:	% (pa	aid as accrued)

Attorney's fees within the guidelines of this Court's General Orders will be deemed approved by the Court unless Objection is filed at the time of confirmation. Any additional fees claimed are subject to application and approval of the Court.

7.1.d.	Adequate	protection	payments	in	the	amount	of		per	month	shall	be	paid	to
			af	ter c	onfir	mation of	the	Plan ar	nd sha	ill be cal	culated	fror	n the d	late
	the first p	payment is o	due pursuan	t to	sect	ion 3 abo	ove.	The	credi	itor shal	l apply	all	adequ	ıate
	protection	payments d	irectly to ou	ıtsta	nding	g principa	l on	the deb	ot for	which a	dequate	e pro	tection	n is
	given.													

7.2. Domestic Support Obligation ("DSO").

7.2.a. Ongoing DSO claims

- 1. □ None. If none, skip to section 7.3 "Secured Claims" below.
- 2. Debtor shall pay all **postpetition DSO** claims **directly to the holder(s)** of the claim(s), not through the Trustee
- 3. List the name(s) and address(es) below of the holder(s) of any DSO as defined in 11 U.S.C. §101(14A). Do not disclose names of minor children, who must be identified only as "Minor child #1," "Minor child #2," etc. 11 U.S.C. §112.

Name of DSO claim holder	Address, city, state and zip	Monthly payment
		\$
		\$
		\$
		\$

7.2.b. DSO Arrearages.

- 1. □ **None**. If none, skip to section 7.3 "Secured Claims" below.
- 2. Trustee shall pay DSO arrearages from Debtor's Plan payments. List the name and address of the holder of every DSO arrearage claim, amount of arrearage claim and monthly payment below. Do not disclose names of minor children, who must be identified only as "Minor child #1," "Minor child #2," etc. 11 U.S.C. §112.

Name and address of DSO claim holder	Arrearage Claim Amount	Term (Months)	Monthly Installment
Name:			
Address:	\$		\$
Name:			
Address:	\$		\$
Name:			
Address:	\$		\$

3. Prepetition assignment orders shall remain in effect and the Debtor shall continue to make payments pursuant to the terms of the Order.

7.2.c. DSO assigned or owed to a governmental unit under 11 U.S.C. § 507(a)(1)(B).

- 1. **None**. If none, skip to section 7.3 "Secured Claims" below.
- 2. Pursuant to any prepetition income assignment order, Debtor shall make all postpetition payments on DSO claims assigned to a governmental unit directly to the assignee of the claim.
- 3. List the name and address of the holder of every assigned DSO arrearage claim, amount of arrearage claim and monthly payment amount or other special provisions below. Debtor also shall describe in detail any special provisions for payments of these claims in section 9 of this Plan.

Name and address of DSO claim holder	Arrearage Claim Amount	Term (Months)	Monthly Installment
Name:			
Address:	\$		\$
Name:			
Address:	\$		\$
Name:			
Address:	\$		\$

7.3. Allowed Secured Claims. Allowed Secured Claims shall be paid after satisfaction of payments under sections 7.1-7.2. Payments to secured claimants shall be as follows:

Allowed SecuredCcreditors shall retain their mortgage, lien or security interest in collateral until completion of all payments due under the Plan to any party. To the extent the Plan provides for the cure of prepetition defaults on a secured claim but provides that the unmatured prepetition amounts owed shall be payable beyond the term of the Plan, on Completion of the Plan, the

prepetition default shall be deemed cured, the debt will be current through the Completion Date of the Plan, and all claims to cure shall be released both *in personam* and *in rem*. Except as provided by the Plan, the Allowed Secured Claim shall be reduced to the unmatured portion of the debt that extends beyond the Completion Date and the claimant's lien shall be retained to secure only that obligation unless otherwise modified by court order or Federal Rule of Bankruptcy Procedure 3002.1.

For an Allowed Secured Claim payment of which does not extend beyond the Plan Completion Date (payable entirely through the Plan), upon payment of the Allowed Secured Claim, the security interest over Debtor's property shall be cancelled upon order of the Court or upon discharge, whichever occurs first.

Debtor may modify the interest rate or other terms of repayment on an Allowed Secured Claim without separate objection and through the provisions of this Plan. Confirmation of the Plan does not constitute a waiver or admission by Debtor or any party in interest regarding the validity or amount of any claim provided for by the Plan. Debtor specifically reserves in his favor and that of Trustee the right to object to any Allowed Secured Claim, whether or not said claim was filed at the time of or after confirmation.

Unless otherwise ordered, Trustee shall cease making distributions to any secured claimant on its Allowed Secured Claim after an order lifting the stay imposed by 11 U.S.C. § 362(a) is entered or a plan that surrenders the collateral to the secured claimant is approved.

During the term of the Plan, Allowed Secured Creditors may continue to send Debtor notices, statements or other written information on the status of direct, monthly postconfirmation payments. However, demand letters are not permitted nor may Allowed Secured Claimants invoice or provide informational statements as to accrued, but unapproved, charges allegedly due except under the procedures outlined in the Federal Rules of Bankruptcy Procedure or Local Rules of the Court.

If under the terms of a note or security instrument an Allowed Secured Claimant proposes to change the amount of any direct payments made by Debtor, the claimant shall give written notice of the change to Debtor, Debtor's counsel and Trustee along with appropriate documentation explaining the reason for the adjustment in accordance with the Federal Rules of Bankruptcy Procedure.

Unless otherwise ordered by the Court, all payments received by the Allowed Secured Creditor from Trustee shall be applied to reduce the amounts reflected on the creditor's proof of claim for sums due and payable prepetition. All amounts paid directly by Debtor to the Allowed Secured Creditor will be applied to outstanding interest, Debtor's escrow account or principal accrued and payable since the filing date, allowed before costs or fees.

In the event an Allowed Secured Creditor believes it is entitled to additional postpetition charges or fees, it must seek approval for same in accordance with the Federal Rules of Bankruptcy

Procedure prior to imposing any charge or fee against Debtor's account. If not approved prior to the Completion Date, any postpetition charges or fees shall be released both *in rem* and *in personam* from the claim.

Claimants holding claims payable under this section shall release and cancel from the public records any lien, writ, notice of seizure or encumbrance over property of Debtor or his estate which was created by virtue of an action to collect the Allowed Secured Claim or that has been satisfied in accordance with the Plan.

The following Allowed Secured Claims will be paid in full under the Plan with interest at the rate stated below. Payments will be disbursed either by Trustee or directly by Debtor, as specified below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim filed timely before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. In the absence of a contrary and timely filed proof of claim, the amounts stated below are controlling. The final column includes only payments disbursed by Trustee rather than by Debtor.

7.3.a. Principal Residence.

☐ None.

7.3.a.1. Maintenance of Payments on Principal Residence.

☐ Installment payments maturing postpetition on the following claims will be paid to the
claimant directly. As a result, no payments on maturing postpetition installments will be
made from funds payable to the Trustee. Prepetition arrearages, if any, are satisfied under
the provisions of 7.3.a.2. The claimant's allowed security interest and claim for amounts
maturing postpetition, may be affected by the Federal Rules of Bankruptcy Procedure, any
order of this Court and the General Provisions of this Plan

Name of Creditor	Collateral	Current installment payment
		\$
		\$

7.3.a.2. Cure of Default on Principal Residence.

☐ The following amounts will be paid to fully cure any defaults existing on the petition date on the claims listed below. On the Completion of the Plan, any amount in addition to that set forth below not otherwise claimed by the secured claimant on a timely filed proof of claim and 1) owed to cure the prepetition default of Debtor or 2) accrued, unpaid and unrecognized by the Court as of the Completion Date will be discharged, and Debtor will be released from any further obligation *in personam* or *in rem* with regard to the amounts payable accruing through the Completion Date. The amounts to cure will be secured by the collateral described below during the term of this Plan. On Completion of the Plan, the following claims shall be deemed in good standing and current as of the Completion Date. The amounts owed and secured in favor of the claimant postpetition may be affected by the Federal Rules of Bankruptcy Procedure, any order of the Court, and the General Provisions of this Plan.

Name of Creditor	Collateral	Current installment payment	Amount of arrearage	Interest rate on arrearage (if applicable)	Payments by the Trustee to be paid Pro rata	Estimated total payments by Trustee
		\$ Disbursed by: □ Trustee □ Debtor	\$	%		\$
		\$	\$	%		\$

Insert additional claims as needed.

☐ If other than *pro rata* payment, complete section 9.

7.3.b. Request for valuation of security, payment of fully secured claims, and modification of undersecured claims.

Check one.

None . If "None" is checked, the rest of § 7.3.b need not be completed or reproduced.
The remainder of this section will be effective only if the applicable box in section 2.2 of this Plan is checked.

Debtor requests that the Court determine the value of the secured claims listed below. For each non-
governmental secured claim listed below, Debtor states that the value of the secured claim is as set out in
the column headed Amount of secured claim ("Allowed Secured Claim"). For secured claims of
governmental units, unless otherwise ordered by the Court, the secured claim listed in a timely filed proof

of claim filed in accordance with the Bankruptcy Rules controls over any contrary amount listed below. For each listed claim, the Allowed Secured Claim will be paid the Amount set forth below in full with interest at the rate stated below.

The portion of any allowed claim that exceeds the Allowed Secured Claim will be treated as an unsecured claim under section 7.6 of this Plan. If the Allowed Secured Claim is listed below as having no value, the creditor's allowed claim will be treated in its entirety as an unsecured claim under section 7.6 of this Plan. Unless otherwise ordered by the Court, the amount of the creditor's total claim listed on a timely filed proof of claim controls over any contrary amounts listed in this section, but its Allowed Secured Claim will be limited to the Amount set forth below.

The holder of any Allowed Secured Claim listed below will retain its lien on the property interests of Debtor or the estate to secure repayment of its Allowed Secured Claim until the earlier of:

- a. Payment of the Allowed Secured Claim determined under non-bankruptcy law, or
- b. Completion of the Plan, at which time the lien will terminate and be released by the creditor.

Name of creditor	Estimated amount of creditor's total claim	Collateral	Value of collateral	Amount of secured claim	Interest rate	Payments by the Trustee to be paid Pro rata	Estimated total of monthly payments
	\$		\$	\$	%		\$
	\$		\$	\$	%		\$

Insert additional claims as needed.

 \Box If other than *pro rata* payment, complete section 9.

7.3.c. Lien avoidance.

Check one.

□ **None**. *If "None" is checked, the rest of § 7.3.c need not be completed or reproduced.*

The remainder of this section will be effective only if the applicable box in section 2.3 of this Plan is checked.

□ The judicial liens or nonpossessory, non-purchase money security interests securing the claims listed below impair exemptions to which Debtor would have been entitled under 11 U.S.C. § 522(b). Unless otherwise ordered by the Court, a judicial lien or security interest securing a claim listed below will be avoided to the extent that it impairs such exemptions upon entry of the order confirming the Plan. The amount of the judicial lien or security interest that is avoided will be treated as an unsecured claim in section 7.6 to the extent allowed. The amount, if any, of the judicial lien or security interest that is not avoided will be paid in full as a secured claim under the Plan. See 11 U.S.C. § 522(f) and Bankruptcy Rule 4003(d). If more than one lien is to be avoided, provide the information separately for each lien.

Information regarding judicial lien or security interest	Calculation of lien avoidance	Treatment of remaining secured claim
Name of creditor	a. Value \$	Amount of secured claim after avoidance (line a minus line f)
	b. Primary Lien Amount \$	\$
Collateral	c. Value of claimed exemptions +\$ d. Net	Interest rate (if applicable) %
Lien identification (such as judgment date, date of lien Recording, book and page	e. Amount of judicial lien -	Monthly payment on secured claim
number)	f. Subtract line e from line d \$	\$
	Extent of exemption impairment (check applicable box)	Estimated total payments on secured claim \$
	☐ Line f is greater than 0. The lien is not avoided (complete the next column) ☐ Line f is equal to or less than 0. The lien may be avoided.	

7.3.d. Secured claims excluded from 11 U.S.C. § 506.

	1	_ 1_		_
(. /	ne.	CK.	one	٠.

□ None.	If "None"	' is checked,	the rest o	$f \S$	7.3.d	l need	not	be co	mple	eted or	re	produ	ced.
---------	-----------	---------------	------------	--------	-------	--------	-----	-------	------	---------	----	-------	------

☐ The claims listed below were either:

- (1) incurred within <u>910 days</u> before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of Debtor, or
- (2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.

Name of creditor	Estimated amount of creditor's total claim	Collateral	Amount of secured claim	Interest rate	Payments by the Trustee to be paid Pro rata	Estimated total of monthly payments
	\$		\$	%		\$
	\$		\$	%		\$

Insert additional claims as needed.

 \Box If other than *pro rata* payment, complete section 9.

7.3.e. Other Secured Claims.

7.3.e.1. Secured claims which will not extend beyond the length of the Plan. The entire balance of the following claims will be paid:

Name of Creditor	Collateral	Secured Claim Amount	Interest rate	Payments by the Trustee to be paid <i>Pro rata</i>	Estimated total payments by Trustee
		\$	%		\$
		\$	%		\$

Insert additional claims as needed.

☐ If other than *pro rata* payment, complete section 9.

7.3.e.2. Installment payments maturing postpetition on the following secured claims will be paid to the claimant directly by Debtor. As a result, no payments on maturing postpetition installments will be made from funds payable to the Trustee. Prepetition arrearages, if any, are satisfied under the provisions of 7.3.a.2. The claimant's Allowed Security Claim for amounts maturing postpetition, may be affected by the Federal Rules of Bankruptcy Procedure, any order of this Court and the General Provisions of this Plan.

Names/Collateral	Monthly Payment				

7.3.e.3. Defaults to be cured on claims secured by property of the estate:

The following amounts will be paid to fully cure any defaults existing on the petition date on the claims listed below. On Completion of the Plan, any amount in addition to that set forth below and owed to cure the prepetition default of Debtor will be discharged, and Debtor will be released from any further obligation *in personam* or *in rem* with regard to the amounts necessary to cure. The amounts to cure will be secured by the collateral described below during the term of this Plan. On Completion of the Plan, the following claims shall be deemed in good standing and current as of the Completion Date. The amounts owed and secured in favor of the claimant postpetition may be affected by the Federal Rules of Bankruptcy Procedure, any order of the Court, and the General Provisions of this Plan.

Name of Creditor	Collateral	Amount of arrearage	Interest rate on arrearage (if applicable)	Payments by the Trustee to be paid Pro rata	Estimated total payments by Trustee
		\$	%		\$
		\$	%		\$

Insert additional claims as needed.

☐ If other than *pro rata* payment, complete section 9.

7.4. Priority Claims. Under 11 U.S.C. § 507. Payments to priority claimants will be made after payments to administrative claimants (sections 7.1 and 7.2) and Secured claimants (section 7.3), unless otherwise indicated:

Name of creditor	Estimated amount of creditor's total claim	Interest rate	Payments by the Trustee to be paid Pro rata	Estimated total of monthly payments
	\$	%		\$
	\$	%		\$

1	ncort	addition	al claims	as needed
1	nsert	aaaitiona	u ciaims	as neeaea.

 \square If other than *pro rata* payment, complete section 9.

7.5. Surrender of collateral.

To the extent that this Plan proposes to surrender property to a claimant with a security interest in same, upon confirmation of the Plan, Debtor will notify the secured claimant (at the address specified on its proof of claim) of the location of the collateral and take steps reasonably necessary to assist the secured claimant in its collection. Upon confirmation, Debtor shall immediately discontinue use of the collateral. Debtor shall continue to insure all surrendered collateral until the earlier of 30 days following confirmation or the taking of possession by the creditor or its agent. Debtor shall not be responsible for any damages or depreciation in value to the collateral except to the extent caused by Debtor's use postconfirmation, fault or gross negligence. Upon confirmation, the stay imposed by 11 U.S.C. § 362 shall be lifted as to all surrendered property and the stay under 11 U.S.C. § 1301 shall be terminated in all respects so as to permit creditors holding security interests in same to pursue rights in the property. Unless otherwise provided in the Plan, a surrender shall entitle the secured claimant to file an unsecured deficiency claim if due. If a deficiency claim is allowed, distributions will be payable to the claimant on a *pro rata* basis with other claimants in its class from the date of the filing of the deficiency claim. Deficiency claimants will not be entitled to equalizing distributions based on prior payments made to the class.

Check one.	
□ None . <i>If "None" is checked, the rest of § 7.5 need not be completed o</i>	r reproduced.

	Del	otor el	lects to	surrende	r to each	creditor	listed be	elow t	he col	lateral	that	secures t	he cre	ditor'	's claim
--	-----	---------	----------	----------	-----------	----------	-----------	--------	--------	---------	------	-----------	--------	--------	----------

Name of creditor	Collateral

7.6. Unsecured Claims. No amounts will be paid on unsecured claims until Plan payments under sections 7.1 and 7.2 are satisfied, unless otherwise provided for by the Plan. After payments to claimants in sections 7.1 and 7.2 have been satisfied, any additional monies available for distribution shall be paid, <i>pro rata</i> based on the individual claims included in classes 7.3, 7.4, and 7.6 divided by the total amounts owed to each. At the time of confirmation, it is estimated that claimants in this class will receive distributions equal to \$\ or% of their allowed claims. Actual distributions may vary depending on changes in the Debtor's disposable income over the life of the Plan; the amount of allowed unsecured nonpriority claims; and the amount and ranking of secured, priority and administrative claims. However, allow general non-priority unsecured claims shall be paid no less than \$ in aggregate over the life of the Plan.							
8. Executory (Contracts. All executory contracts are r	rejected except the followin	ng which are assumed:				
<u>Name</u>		Conateral					
10. Signatures	The remainder of this section will be efficient this Plan is checked. None. If "None" is checked, the	ffective only if the applicat	ble box in section 2.1 of				
10. Signatures	•	Date:					
Signatu	re of Attorney for Debtor(s)						
Debtor		Date:					
Joint D	<u>ebtor</u>	Date:					
<u>Signatu</u>	ure(s) of Debtor(s) (required if not repres	sented by an attorney; othe	rwise optional)				

By filing this document, the Attorney for Debtor(s) or Debtor(s) themselves, if not represented by an attorney, also certify(ies) that the wording and order of the provisions in this Chapter 13 Plan are identical to those contained in Official Chapter 13 Plan Form from the Eastern District of Louisiana, other than any nonstandard provision included in section 9.