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

#### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

06/24

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.

#### Part 1: Identify Yourself About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 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 Middle name Middle name Include your married or maiden names and any Last name Last name assumed, trade names and doing business as names. First name First name Do NOT list the name of any separate legal entity such as Middle name Middle name a corporation, partnership, or LLC that is not filing this Last name petition. Last name Business name (if applicable) Business name (if applicable) Business name (if applicable) Business name (if applicable) 3. Only the last 4 digits of your Social Security number or federal OR OR **Individual Taxpayer** 9 xx - xx -\_ 9 xx - xx -\_\_ Identification number (ITIN)

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 P.O. Box	Number Street 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.)

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First Name Middle Name Last Name

Case number	(if known)	
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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	for Banki	Ck one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7  Chapter 11  Chapter 12  Chapter 13						
8.	How you will pay the fee	local yours subn with  I nee Appl  I req By la less pay t	vill pay the entire fee when I file my petition. Please check with the clerk's office in your cal court for more details about how you may pay. Typically, if you are paying the fee burself, you may pay with cash, cashier's check, or money order. If your attorney is abmitting your payment on your behalf, your attorney may pay with a credit card or check the a pre-printed address.  Interest to pay the fee in installments. If you choose this option, sign and attach the polication for Individuals to Pay The Filing Fee in Installments (Official Form 103A).  Interest that my fee be waived (You may request this option only if you are filing for Chapter 7. It was a judge may, but is not required to, waive your fee, and may do so only if your income is set than 150% of the official poverty line that applies to your family size and you are unable to the fee in installments). If you choose this option, you must fill out the Application to Have the mapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.						
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	Relationship to you  Case number, if known  Relationship to you  Case number, if known		
11.	Do you rent your residence?	☐ No. ☐ Yes.	☐ No.☐ Yes	our landlord obtained an evict . Go to line 12.			? Against You (Form 101A) and file it as		

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First Name	Middle Name	Last Name	

Case number (i	if known)
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ZIP Code

#### Part 3:

#### Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor \quad No. Go to Part 4 of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

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City

Yes. Name and location of business

Number	Street			

State

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(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 defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

> For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
- ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

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First Name Middle Name Last Name Case number (if known)\_

Part	4: Report if You Own	or Have	Any Hazardous Prop	erty or Any	Property That	Needs Imm	ediate A	ttention	
14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?	□ No □ Yes.	What is the hazard?							
	do you own any operty that needs		If immediate attention is	s needed, wh	y is it needed?				
pe. tha	r example, do you own rishable goods, or livestock It must be fed, or a building It needs urgent repairs?		Where is the property?	Number	Street				
				City			State	ZIP Code	

First Name Middle Name Last Name

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

 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 t	to	receive	а	briefing	about
credit counseling	be	ecause o	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 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 a	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.

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First Name Middle Name Last Name

Case number (if known)
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Pa	rt 6: A	6: Answer These Questions for Reporting Purposes				
16.	What kii you hav	nd of debts do e?	16a. <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."			
			<ul><li>☐ No. Go to line 16b.</li><li>☐ Yes. Go to line 17.</li></ul>			
			16b. <b>Are your debts primarily b</b> money for a business or investm			
			<ul><li>□ No. Go to line 16c.</li><li>□ Yes. Go to line 17.</li></ul>			
			16c. State the type of debts you owe	that are not consumer del	ots or business	debts.
17.	Are you Chapter	filing under 7?	☐ No. I am not filing under Chapte	r 7. Go to line 18.		
	any exerexclude adminis are paid available	estimate that after mpt property is d and trative expenses that funds will be e for distribution cured creditors?	Yes. I am filing under Chapter 7. administrative expenses are  No Yes	Do you estimate that after e paid that funds will be ava	any exempt pro illable to distrib	operty is excluded and ute to unsecured creditors?
18.		ny creditors do mate that you	☐ 1-49 ☐ 50-99	1,000-5,000 5,001-10,000		□ 25,001-50,000 □ 50,001-100,000
	owe?		☐ 100-199 ☐ 200-999	10,001-25,000		☐ More than 100,000
19.		ch do you your assets to 1?	□ \$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	n on	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion
	estimate to be?	ch do you your liabilities	□ \$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 mi	n on	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Pa	rt 7: S	ign Below	I have aversing all this matthian and I a	1l	uluumu Ala ad Ala a iira	formaching analysis of in American
Fo	r you		I have examined this petition, and I c correct.	, , ,	, ,	•
			If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.			
			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.			
			I understand 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.			
			*	<b>×</b>		
			Signature of Debtor 1		Signature of D	ebtor 2
			Executed on	<del>,</del>	Executed on [	MM / DD /YYYY

Debtor 1				Case number (if known)
	Circl Name -	Middle Nesses	Lest Nesses	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

	Date	
Signature of Attorney for Debtor	_	MM / DD /YYYY
Printed name		
Firm name		
Number Street		
City	State	ZIP Code
Contact phone	Email address	

First Name Middle Name Last Name

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 crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?  □ No			
☐ Yes			
Did you pay or agree to pay someone who is not an atto			
Yes. Name of Person			
Attach Bankrupicy Petition Preparer's Notice, Deck	aration, and Signature (Official Form 119).		
By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.			
Signature of Debtor 1	Signature of Debtor 2		
Date MM / DD / YYYY	Date MM / DD / YYYY		
Contact phone	Contact phone		
Cell phone	Cell phone		
Email address	Email address		

#### \*\*\*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
	VERIFICAT	TION OF CREDITOR MATRIX
Γhe above-named Debtors her	eby verify that the atta	sched list of creditors is true and correct to the best of their knowledge.
Date:		Signature of Debtor 1
Date:		Signature of Debtor 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 Court	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		
	First name	First name
	Middle name	Middle name
	Last name	Last name
Part 2: Tell the Court	About all of Your Social Security or Federal Indiv	ridual Taxpayer Identification Numbers
2. All Social Security Numbers you have used		
	☐ You do not have a Social Security number.	<ul><li>─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─</li><li>─ You do not have a Social Security number.</li></ul>
All federal Individual     Taxpayer	9	9
Identification Numbers (ITIN) you have used	9	9
Part 3: Sign Below	☐ You do not have an ITIN.	☐ You do not have an ITIN.
	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:		
This is an arrangement 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	is to Pay the	Filing Fee in Installments 12/15
Part 1: Specify Your Proposed Payment		ether, both are equally responsible for supplying correct
Which chapter of the Bankruptcy Code	☐ Chapter 7	
are you choosing to file under?	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	
<ol><li>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 pay them. Be sure all dates are business days. Then add the payments you propose</li></ol>	You propose to pay	→ With the filing of the
to pay.	Ψ	petition  On or before this date MM / DD / YYYYY
You must propose to pay the entire fee no later than 120 days after you file this	Φ.	
bankruptcy case. If the court approves your application, the court will set your final	\$	On or before this date
payment timetable.	\$	On or before this date
	+ \$	On or before this date
	φ	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 nay the full filing fee at o	nce, that you want to pay the fee in installments, and that you
understand that:	o pay and ram ming roo at o	,,,,
You must pay your entire filing fee before you preparer, or anyone else for services in conne		transfer any more property to an attorney, bankruptcy petition ase.
You must pay the entire fee no later than 120 debts will not be discharged until your entire fee		nkruptcy, unless the court later extends your deadline. Your
If you do not make any payment when it is due may be affected.	e, your bankruptcy case may	be dismissed, and your rights in other bankruptcy proceedings
× ×		*
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.Bar	<b>Filing fee of \$235.</b> 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 //ITH 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.	<b>Schedules of Current Income and Expenditures</b> (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. M	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. Must be filed no later than the date of the last payment made under the plan or the effling of a motion for a discharge under § 1328(b), unless the course provider has notified the court that the debtor has completed the course, or or is exempt under § 1328(g)(2). 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 \$214,000*. 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).

<sup>\*</sup> Amount subject to adjustment on 4/01/28, 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: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

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 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 (If known)	Check if this is an amended filing
	amonada ming
Official Form 106Sum	
Summary of Your Assets and Liabilities and Certain Statistical Info	rmation 12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for sinformation. Fill out all of your schedules first; then complete the information on this form. If you are filing amended your original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	
Part 1: Summarize Your Assets	
	Your assets
	Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	\$
1a. Copy line 55, Total real estate, from Schedule A/B	Ψ
1b. Copy line 62, Total personal property, from Schedule A/B	\$
1c. Copy line 63, Total of all property on Schedule A/B	\$
	Ψ
Part 2: Summarize Your Liabilities	
	Your liabilities
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	Amount you owe
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$
Your total liabilities	\$
Part 3: Summarize Your Income and Expenses	
Cammanze rour moome and Expenses	
4. Schedule I: Your Income (Official Form 106I)	Φ.
Copy your combined monthly income from line 12 of Schedule I	Φ
5. Schedule J: Your Expenses (Official Form 106J)	r.
Copy your monthly expenses from line 22c of Schedule J	\$

$\square$	htor	1

First Name Middle Name Last Name

Case number (	if known)					

Part 4:	<b>Answer These</b>	<b>Questions for</b>	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 form to the court with your other schedules □ Yes

#### 7. What kind of debt do you have?

<b>□</b> Y	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal,
fa	amily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official
	Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.

\$\_\_\_\_\_

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on <i>Schedule E/F</i> , 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. <b>Total.</b> Add lines 9a through 9f.	\$

Fill in this information to identify 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 the:		District of (State)
Case number			(=====)

### 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

☐ No	ou own or have any legal or equitable interest o. Go to Part 2. es. Where is the property?	st in any residence, building, land, or similar prop	erty?	
1.1.	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 <i>Schedule D:</i>
	- Silver address, il avallable, di otilei description	<ul><li>☐ Condominium or cooperative</li><li>☐ Manufactured or mobile home</li><li>☐ Land</li></ul>	Current value of the entire property?	Current value of the portion you own?
	City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.  Debtor 1 only		·
	County	<ul><li>□ Debtor 2 only</li><li>□ Debtor 1 and Debtor 2 only</li><li>□ At least one of the debtors and another</li></ul>	Check if this is co	mmunity property
If you	own or have more than one, list here:	Other information you wish to add about this it property identification number:		
1.2.	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 <i>Schedule D:</i>
	Street address, if available, or other description	Condominium or cooperative  Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
		Land	\$	\$
	City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.		
		☐ Debtor 1 only ☐ Debtor 2 only		
	County	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)	minumity property
		Other information you wish to add about this ite property identification number:	m, such as local	

Debtor 1	First Name Middle Name Last Name	Case number (# k	nown)	
		What is the property? Check all that apply.  Single-family home	Do not deduct secured cla the amount of any secure	d claims on <i>Schedule D:</i>
1.3.	Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clair	ns Secured by Property.
		Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?
		<ul><li>☑ Manufactured or mobile home</li><li>☑ Land</li></ul>	\$	\$
		☐ Investment property		
	City State ZIP Code	Timeshare	Describe the nature of interest (such as fee	simple, tenancy by
		U Other	the entireties, or a life	e estate), if known.
		Who has an interest in the property? Check one.		
	County	☐ Debtor 1 only ☐ Debtor 2 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)	minumey property
		Other information you wish to add about this ite property identification number:	em, such as local	
		property ruentinoution number		
2. <b>Add f</b>	the dollar value of the portion you own for a	ıll of your entries from Part 1, including any entrie	s for pages	٠
		here.		\$
you own  3. Cars,	that someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles	st in any vehicles, whether they are registered or le, also report it on Schedule G: Executory Contracts as, motorcycles		5
<b>□</b> Y	es			
3.1.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
	Year:	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	Current value of the portion you own?
	Other information:	At least one of the deptors and another		
		☐ Check if this is community property (see instructions)	\$	\$
If you	u own or have more than one, describe here:			
0.0	Make	Who has an interest in the property? Check one.	Do not deduct secured cla	nime or exemptions. Put
3.2.	Make: Model:	☐ Debtor 1 only	the amount of any secure  Creditors Who Have Clair	d claims on <i>Schedule D:</i>
	Year:	Debtor 2 only		
	Approximate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:	☐ At least one of the debtors and another	-	
	Oner Information.	Check if this is community property (see	\$	\$
		instructions)		

ebtor 1	First Name	Middle Name	Last Name	Case number (# ki	nown)	
3.3.	Make: Model:			Who has an interest in the property? Check one.  Debtor 1 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on <i>Schedule D:</i>
	Year: Approximate mile	age:		□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
	Other information			☐ Check if this is community property (see instructions)	\$	\$
3.4.	Make: Model:			Who has an interest in the property? Check one.  Debtor 1 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on <i>Schedule D:</i>
	Year: Approximate miles			□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
	Other information			☐ Check if this is community property (see instructions)	\$	\$
	<i>nples:</i> Boats, trailer o			r recreational vehicles, other vehicles, and acces t, fishing vessels, snowmobiles, motorcycle accesso		
4.1.				Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property.
	Other information	:		At least one of the debtors and another  Check if this is community property (see	Current value of the entire property?	portion you own?
If you	own or have more	than one, list he		instructions)	\$	\$
4.2.				Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on <i>Schedule D:</i>
	Year:Other information:	<u> </u>		Debtor 1 and Debtor 2 only  At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?

page 3

Schedule A/B: Property

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

Official Form 106A/B

☐ Check if this is community property (see instructions)

Eirot Nome	Middle Nome	Lost Nama	

#### 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	7
	Yes. Describe	\$
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	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	\$
		Φ
12.	Jewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	□ No □ Yes. Describe	\$
10	Non-farm animals	1
13.	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	Ψ
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	\$

മ	htor	-1

Case number (if known)
------------------------

### Part 4: Describe Your Financial Assets

Do y	ou 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.
		ave in your wallet, in your hon	ne, in a safe deposit box, and on hand when you f	ile your petition	
	<b>]</b> Yes			Cash:	\$
E.	and other sir		unts; certificates of deposit; shares in credit unions nultiple accounts with the same institution, list each		
	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:		<del> </del>	\$
		17.6. Other financial account:		· · · · · · · · · · · · · · · · · · ·	\$
		17.7. Other financial account:			\$
		17.8. Other financial account:			\$
		17.9. Other financial account:			\$
E		or publicly traded stocks nvestment accounts with brok	erage firms, money market accounts		
	Yes	Institution or issuer name:			
					\$
					\$
	on-publicly traded st n LLC, partnership, a		orated and unincorporated businesses, including	ng an interest in	
	No	Name of entity:		% of ownership:	
_	Yes. Give specific information about				\$
	them				\$
				%	\$

ebtor 1 First Name	Middle Name	Last Name	Case number (if known)	
	-			
		other negotiable and non-ne	egotiable instruments hissory notes, and money orders.	
Non-negotiable instrum	nents are those you	cannot transfer to someone b	by signing or delivering them.	
□ No				
Yes. Give specific	Issuer name:			
information about them				\$
				\$
				\$
Retirement or pension		401(k) 403(h) thrift sovings	accounts, or other pension or profit-sharing plans	
Examples. Interests in □  No	ina, Enioa, Reogn	, +01(N), 403(D), HIIIIL SAVINGS	accounts, or other pension or pront-sharing plans	
Yes. List each				
account separately	Type of account:	Institution name:		
	401(k) or similar pla	an:		\$
	Pension plan:			\$
	IRA:			\$
	Retirement account	:		\$
	Keogh:			\$
	Additional account:			\$
	Additional account:			\$
	Additional account.			<b>\$</b>
Security deposits and		a made so that you may conti	nue service or use from a company	
Examples: Agreements			tric, gas, water), telecommunications	
companies, or others				
□ No				
Yes		Institution name or individual:		
	Electric:			\$
	Gas:			\$
	Heating oil:			\$
	Security deposit on	rental unit:		\$
	Prepaid rent:			\$
	Telephone:			\$
	Water:			\$
	Rented furniture:			\$

Other:

☐ Yes..... Issuer name and description:

☐ No

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

Debtor 1				Case number	(if known)	
Dobtor 1	First Name	Middle Name	Last Name		ii kilowiij	
24. Interests	in an educatio	n IRA, in an acco	ount in a qua	lified ABLE program, or under a qualified st	ate tuition program.	
26 U.S.C.	§§ 530(b)(1), 5	529A(b), and 529(	b)(1).			
☐ No						
☐ Yes		······ Institution r	name and des	cription. Separately file the records of any inter-	ests.11 U.S.C. § 521(c)	
						\$
						\$
						\$
	quitable or futu ble for your bei		roperty (othe	er than anything listed in line 1), and rights o	r powers	
☐ No						
Yes. 0	Give specific					
inform	ation about the	m				\$
				other intellectual property from royalties and licensing agreements		
□ No	. Internet dema	iii iiaiiico, weboik	oo, proocedo i	non royalico and hoorong agreements		
	Sive specific					
	ation about the	m				\$
		nd other general				
Examples	: Building permi	its, exclusive licer	nses, coopera	tive association holdings, liquor licenses, profes	ssional licenses	
☐ No						
	Give specific					
inform	ation about the	m				\$
Manarian		2				
woney or pro	operty owed to	you r				Current value of the portion you own?
						Do not deduct secured claims or exemptions.
						dains of exemptions.
	ds owed to you	u				
☐ No	Nice of the last					
	Give specific info bout them, inclu				Federal: \$	<u> </u>
У	ou already filed	the returns			State: \$	
а	ind the tax years	S			Local: \$	<u> </u>
			<u> </u>			
29. Family su	ipport					
Examples	: Past due or lu	mp sum alimony,	spousal supp	ort, child support, maintenance, divorce settlen	nent, property settlemen	t
☐ No						
Yes. 0	Sive specific info	ormation				
					Alimony:	\$
					Maintenance:	\$
					Support:	\$
					Divorce settlement:	\$
					Property settlement:	\$
	ounts someon					
Examples	: Unpaid wages	s, disability insura	nce payments	s, disability benefits, sick pay, vacation pay, wo ade to someone else	rkers' compensation,	
☐ No	Josiai Occulii	., Dononio, unpaid	a iodilo you illi	ado to componio disc		
	Give specific info	ormation				

D	ebtor 1				C	case number (if known)	
		First Name	Middle Name	Last Name			
31.		n insurance Health, disa		ce; health savings ac	count (HSA); credit, homeov	wner's, or renter's insurance	
	☐ No☐ Yes. N	ame the ins	urance company	Company name:		Beneficiary:	Surrender or refund value:
			and list its value	Company name.		Deficially.	Sufferider of Telunia Value.
							\$
							\$
							\$
32.	If you are t	he beneficia	-	from someone who xpect proceeds from		e currently entitled to receive	
	☐ Yes. G	ive specific	information				
							\$
33.	Examples:	Accidents,	employment dispute	not you have filed a s, insurance claims, o	a lawsuit or made a deman or rights to sue	nd for payment	
	☐ Yes. D	escribe eac	h claim				\$
34.	to set off o	claims	-	s of every nature, in	ncluding counterclaims of	the debtor and rights	
	Yes. D	escribe eac	h claim				\$
35.	☐ No		you did not already	list			\$
36.			-		ding any entries for pages	•	\$
	101 1 411 4.	wine that	namber nere				
Pa	art 5: D	escribe	Any Business-I	Related Propert	y You Own or Have a	an Interest In. List any r	eal estate in Part 1.
37.	Do you ow	n or have a	any legal or equitab	le interest in any bu	usiness-related property?		
	No. Go						
	☐ Yes. G	to to line 38.					
							Current value of the portion you own?  Do not deduct secured claims or exemptions.
38.	Accounts  No	receivable	or commissions yo	u already earned			_
	☐ Yes. D	escribe					\$
30	Office equ	linment fu	nishings, and supp	olies			
აყ.	Examples: B	Business-relat			iers, fax machines, rugs, telepho	ones, desks, chairs, electronic devices	;
	☐ Yes. D	escribe					\$
							1

De	hte	٦r	1

 A 41 1 11 A 1	1 (1)	

40. Machinery, fixtures, e	quipment, supplies you use in business, and tools of your trade		
☐ No			
Yes. Describe			\$
			Φ
41. Inventory			
□ No			
☐ Yes. Describe			\$
			4
42. Interests in partnershi	ps or joint ventures		
☐ No			
☐ Yes. Describe	Name of entity:	% of ownership:	
		•	•
			\$
		%	\$
		%	\$
42 Customor lists mailin	g lists, or other compilations		
No	g lists, or other compliations		
<del></del>	include personally identifiable information (as defined in 11 U.S.C. § 101(41A)	)?	
□ No		,-	
Yes. Desc	riha		1
Tes. Desc	noe		\$
	property you did not already list		
☐ No			
☐ Yes. Give specific			\$
information			
			\$
			\$
			\$
			\$
			*
			\$
45. Add the dollar value of	f all of your entries from Part 5, including any entries for pages you have att	ached	\$
for Part 5. Write that r	umber here		Φ
Part 6: Describe A	ny Farm- and Commercial Fishing-Related Property You Own or Ha	ve an Interest In	
If you own or	have an interest in farmland, list it in Part 1.		
46. Do you own or have a	ny legal or equitable interest in any farm- or commercial fishing-related prop	erty?	
No. Go to Part 7.			
☐ Yes. Go to line 47.			
			Current value of the
			portion you own?
			Do not deduct secured claims or exemptions.
47. Farm animals			
Examples: Livestock, p	oultry, farm-raised fish		
☐ No			
☐ Yes			
			Φ.
			\$

Debtor 1	First Name	Middle Name	Last Name		Case number (if known)	
° Crons—oit	hor growing	or harvested				
No No	ner growing	ornarvesteu				
Yes. Gi	ve specific					
	tion					\$
9. <b>Farm and f</b>	ishing equi	oment, impleme	nts, machinery, fixtu	ires, and tools of trade		
Yes						
						\$
0. Farm and f	ishing supp	lies, chemicals,	and feed			
☐ No	_					
Yes						
						\$
-	and comme	rcial fishing-rela	ted property you di	d not already list		
☐ No☐ Yes. Gi						
	tion					\$
		-		uding any entries for pag	ges you nave attached	\$
Part 7: D	escribe A	الا ۱۱ Property ۱	ou Own or Hav	e an Interest in Th	at You Did Not List Abov	e
-		perty of any kin country club membe	d you did not alread ership	ly list?		
☐ No						¢
Yes. Gi	ve specific					Ψ
						Ψ \$
	L					Ψ
4. Add the do	ollar value of	all of your entr	ies from Part 7. Writ	e that number here		\$
Part 8: Li	ist the To	tals of Each	Part of this Fo	rm		
5. <b>Part 1: Tot</b>	al real estate	e, line 2				<b>\$</b>
6. <b>Part 2: Tot</b> a	al vehicles,	line 5		\$		
7. Part 3: Tota	al personal	and household i	tems, line 15	\$		
8. <b>Part 4: Tot</b> a	al financial a	assets, line 36		\$	_	
9. <b>Part 5: Tot</b> a	al business-	related property	, line 45	\$		

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 o	of
Case number (If known)			

#### Official Form 106C

## Schedule C: The Property You Claim as Exempt

04/25

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.

Pá	art 1: Identify the Property You Claim	as Exempt		
1.	Which set of exemptions are you claiming?  ☐ You are claiming state and federal nonband ☐ You are claiming federal exemptions. 11 U	kruptcy exemptions. 11	• •	
2.	For any property you list on Schedule A/B th	nat you claim as exem	pt, fill in the information below.	
	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:	\$	<b>\$</b>	
	Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	·
	Brief description:	\$	<b>□</b> \$	
	Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
	Brief description:	\$	<b></b>	
	Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	·
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/28 and every 3	•		
	□ No	-		'
	Yes. Did you acquire the property covered  No	by the exemption within	1,215 days before you filed this case?	
	☐ 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:	\$	<b>\( \)</b> \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b></b>	
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:	\$	<b>\$</b>	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b>-</b> \$	
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:	\$	<b>-</b> \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b>\$</b>	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b>\_</b> \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b>=</b> \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case	e:			
Debtor 1				
First Name Middle N  Debtor 2	ame Last Name			
(Spouse, if filing) First Name Middle N	ame Last Name			
United States Bankruptcy Court for the:	District of(State)			
Case number	(Otato)		Ohaak:	£ 4h:- :
(If known)			☐ Check i amende	
				3
Official Form 106D				
Schedule D: Creditors	s Who Have Claims Sec	ured by Pro	perty	12/15
	If two married people are filing together, both the Additional Page, fill it out, number the en			
additional pages, write your name and cas		,	·	•
Do any creditors have claims secured b	v vour property?			
	n to the court with your other schedules. You have	nothing else to report on	this form.	
Yes. Fill in all of the information below.	•			
Part 1: List All Secured Claims				
2. List all secured claims. If a creditor has m	nore than one secured claim, list the creditor sepa	Column A  Tately Amount of claim	Column B Value of collateral	Column C Unsecured
	as a particular claim, list the other creditors in Par abetical order according to the creditor's name.	2. Do not deduct the	that supports this	portion
	abelical order according to the creditor's name.	value of collateral.	claim	If any
	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☐ 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 or see	cured		
☐ 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			
Creditor's Name	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that Contingent	apply.		
	☐ 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 or second loop)	cured		
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		1	
Add the dollar value of your entries in (	Column A on this page. Write that number her	e: \$	_	

$\Box$	htor	4	

First Name	Middle Name	Lost Nama	

Case number	(if known)					

Additional Page Part 1: After listing any entries on this	Column A  Amount of claim	Column B  Value of collateral	Column C Unsecured	
by 2.4, and so forth.	page, number them beginning with 2.3, followed	Do not deduct the value of collateral.	that supports this claim	<b>portion</b> If any
Creditor's Name	Describe the property that secures the claim:	\$	\$	\$
Number Street				
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent ☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	<ul> <li>An agreement you made (such as mortgage or secured car loan)</li> </ul>			
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)			
<ul> <li>Check if this claim relates to a community debt</li> </ul>	— Other (moduling a right to onset)			
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			
	☐ Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.  Debtor 1 only	Nature of lien. Check all that apply.			
Debtor 2 only	<ul> <li>An agreement you made (such as mortgage or secured car loan)</li> </ul>			
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				
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.	I		
Otal 7ID Out	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	<ul> <li>An agreement you made (such as mortgage or secured car loan)</li> </ul>			
☐ 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	— Salor (moduling a right to onsor)			
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your entries	es in Column A on this page. Write that number here:	\$		
If this is the last page of your form Write that number here:	i, 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	
		- Ctato		On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			
City		State	ZIP Code	
J.,				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			
City		State	7ID Codo	
City		State	ZIP Code	

Fil	I in this information to identify yo	ur case:					
	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • •					
De	btor 1 First Name	Middle Name	Last Name				
	btor 2						
(Sp	ouse, if filing) First Name	Middle Name	Last Name				
Un	ited States Bankruptcy Court for the:		District of (State)			Па	
	se number						k if this is an ided filing
(It	known)					arrior	idod iiii ig
Of	ficial Form 106E/F						
		!!4 <b>\</b>	lha Hawa Umaaa	······ad Clair			
20	hedule E/F: Cred	litors w	no Have Unsec	ured Clain	ns		12/15
List A/B: cred need any	the other party to any executory to expect the other party to any executory to expect the party (Official Form 106A/B) alitors with partially secured claim ded, copy the Part you need, fill it additional pages, write your name to the List All of Your PRIORI	contracts or u and on Sched s that are liste out, number e and case nu	nexpired leases that could resule G: Executory Contracts and ad in Schedule D: Creditors Whathe entries in the boxes on the mber (if known).	ult in a claim. Also li d Unexpired Leases ( o Hold Claims Secur	st executory co Official Form 1 ed by Property	ontracts on So 06G). Do not i . If more spac	chedule nclude any e is
	Do any creditors have priority uns  No. Go to Part 2.	secured ciaims	s against you?				
	Yes.						
2.L	ist all of your priority unsecured						
	each claim listed, identify what type nonpriority amounts. As much as po						
	unsecured claims, fill out the Continu						
(	For an explanation of each type of	claim, see the i	nstructions for this form in the ins	truction booklet.)		<b>-</b>	
					Total claim	Priority amount	Nonpriority amount
2.1					¢.	¢.	¢.
Ш	Priority Creditor's Name		Last 4 digits of account number	er	Φ	Φ	Φ
			When was the debt incurred?				
	Number Street		As of the data you file the alsi	mia. Charle all that anni			
			As of the date you file, the clai  Contingent	m is: Check all that apply	/.		
	City State	ZIP Code	Unliquidated				
	Who incurred the debt? Check one.		Disputed				
	☐ Debtor 1 only ☐ Debtor 2 only		Type of PRIORITY unsecured	d claim:			
	Debtor 1 and Debtor 2 only		Domestic support obligations	u Claiiii.			
	☐ At least one of the debtors and ano	her	Taxes and certain other debts	you owe the government			
	☐ Check if this claim is for a com	munity debt	☐ Claims for death or personal in				
	Is the claim subject to offset?		intoxicated				
	□ No □ Yes		Other. Specify		_		
2.2	Yes						
2.2	Priority Creditor's Name		Last 4 digits of account number	er	\$	\$	\$
	N		When was the debt incurred?	<del></del>			
Number Street  As of the date you file, the claim is: C				m is: Check all that apply	/.		
			☐ Contingent				
	City State	ZIP Code	Unliquidated				
	Who incurred the debt? Check one.		Disputed				
	Debtor 1 only		Type of PRIORITY unsecured	d claim:			
	Debtor 2 only Debtor 1 and Debtor 2 only		☐ Domestic support obligations				
	At least one of the debtors and and	hor	☐ Taxes and certain other debts	you owe the government			

☐ No Yes

At least one of the debtors and another

Is the claim subject to offset?

lacksquare Check if this claim is for a community debt

intoxicated

Other. Specify

lacktriangledown Claims for death or personal injury while you were

_				
$\cap$	٦h	ıtο	r	1

First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_

#### Part 1: Your PRIORITY Unsecured Claims — Continuation Page

Afte	er 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
		Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name	When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	City State ZIP Code	☐ Unliquidated ☐ Disputed			
	Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:			
	Debtor 1 only Debtor 2 only	Domestic support obligations			
	<ul><li>□ Debtor 1 and Debtor 2 only</li><li>□ At least one of the debtors and another</li></ul>	☐ Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
	Is the claim subject to offset?	Other. Specify			
	□ No				
	☐ Yes				
	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
		When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	City State ZIP Code	☐ Unliquidated ☐ Disputed			
	Who incurred the debt? Check one.	•			
	☐ Debtor 1 only ☐ Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	<ul> <li>Domestic support obligations</li> <li>Taxes and certain other debts you owe the government</li> </ul>			
	At least one of the debtors and another	Claims for death or personal injury while you were intoxicated			
	☐ Check if this claim is for a community debt	Other. Specify			
	Is the claim subject to offset?				
	□ No □ Yes				
		Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name	When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply.  Contingent			
	City State ZIP Code	☐ Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	<ul><li>Domestic support obligations</li><li>Taxes and certain other debts you owe the government</li></ul>			
	☐ At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated  Other. Specify			
	Is the claim subject to offset?				
	□ No □ Yes				

$\Box$	ah	tο	r	1

ame Last Name	
9	ame Last Name

Case number	(if known)		

Part 2:	List All	of Your	NONPRIORITY	Unse
	EISt All	0 04.		01130

Pa	rt 2: List All of Your NONPRIORITY Unsecured Claims	5						
3.	Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes							
4.	List all of your nonpriority unsecured claims in the alphabetical priority unsecured claim, list the creditor separately for each claim. Fincluded in Part 1. If more than one creditor holds a particular claim, fill out the Continuation Page of Part 2.	For each claim listed, identify what type of claim it is. Do not list	claims already					
			Total claim					
l.1		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.						
	Who in comment the debte O	Contingent						
	Who incurred the debt? Check one.	☐ Unliquidated						
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Disputed						
	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							
1.2		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							
	☐ 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	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>						
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts						
	□ No	Other. Specify						
	☐ Yes							
1.3								
	Nonpriority Creditor's Name	Last 4 digits of account number	\$					
		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							
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
		☐ 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							

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 with	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	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only☐ 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?	<ul><li>Debts to pension or profit-sharing plans, and other similar debts</li><li>Other. Specify</li></ul>	
☐ No ☐ Yes		
Nonpriority Creditor's Name	Last 4 digits of account number	\$
	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 only ☐ At least one of the debtors and another	☐ Student loans	
☐ Check if this claim is for a community debt	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
□ No □ Yes	Curier. Opeony	
		<b></b>
Nonpriority Creditor's Name	Last 4 digits of account number	
	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 only	☐ Student loans	
☐ At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
□ No □ Yes	Guier. Specify	

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

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 Claim
				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				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
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
lumber	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	
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
				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 ☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
0.1			710.0	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
				Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
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
				Last 4 digits of account number
City		State	ZIP Code	Last + digits of account number

#### 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. <sub>\$</sub>
- 6b. <sub>\$</sub>
- 6c.
- 6d. + s
- 6e. \$\_\_\_\_\_

#### Total claim

- 6f. \$\_\_\_\_\_
- 6g. \$\_\_\_\_\_
- 6h. <sub>\$</sub>
- 6i + c
- 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			
United States Bankruptcy Court for the:			District of(State)	_		
Case number (If known)						

☐ 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 wit	h whom 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				_
	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	_

æ		

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	

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 B	Bankruptcy Court for	the:	District of			
Case number (If known)			(State)			

☐ 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.

☐ No	(If you are filing a joint case, do n	ot list either spouse as	s a codebtor.)				
2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)							
	er spouse, or legal equivalent live	with you at the time?					
☐ No		-					
Yes. In which communit	ty state or territory did you live? $\_$		Fill in the name and current address of that person.				
Name of your spouse, former s	spouse, or legal equivalent						
Number Street							
City	State	ZIP Code					
shown in line 2 again as a co Schedule D (Official Form 100	debtor only if that person is a g 6D), <i>Schedule E/F</i> (Official Forn	Juarantor or cosignei	r. Make sure you have listed the creditor on				
Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt				
			Check all schedules that apply:				
			_				
Name			Schedule D, line				
Name Number Street			Schedule D, line				
Number Street	Ciale	7ID Code	Schedule D, line				
	State	ZIP Code	Schedule D, line				
Number Street	State	ZIP Code	Schedule D, line				
Number Street  City  Name	State	ZIP Code	Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule D, line  Schedule E/F, line				
Number Street  City	State	ZIP Code	Schedule D, line Schedule E/F, line Schedule G, line				
Number Street  City  Name	State	ZIP Code	Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule D, line  Schedule E/F, line				
Number Street  City  Name  Number Street			Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule D, line  Schedule E/F, line  Schedule G, line				
Number Street  City  Name  Number Street			Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line				
Number Street  City  Name  Number Street  City			Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line Schedule G, line				
Number Street  City  Name  Number Street  City  Name			Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line				
	No  Yes  Within the last 8 years, have include Arizona, California, Idal  No. Go to line 3.  Yes. Did your spouse, form  No  Yes. In which communit  Name of your spouse, former s  Number Street  City  n Column 1, list all of your coshown in line 2 again as a co  Schedule D (Official Form 106  Schedule E/F, or Schedule G	□ No □ Yes  Within the last 8 years, have you lived in a community proper include Arizona, California, Idaho, Louisiana, Nevada, New Mexi □ No. Go to line 3. □ Yes. Did your spouse, former spouse, or legal equivalent live □ No □ Yes. In which community state or territory did you live?	Within the last 8 years, have you lived in a community property state or territory? include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Include Arizona, Nevada, New Mexico, Puerto Rico, Pue				

$\square$	htor	

First Name	Middle Name	Last Name	

Case number	(if known)		

#### **Additional Page to List More Codebtors**

	Column 1:	Your codebtor			Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
3					D. Oakastala D. Bras
	Name				Schedule D, line
	Nemel	Otrock			Schedule G, line
	Number	Street			Concadic of line
	City		State	ZIP Code	_
3					
	Name				Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
3	•				
	Name				Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
_	City		State	ZIF Code	
3	Nama				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
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
3					_ ☐ Schedule D, line
	Name				Schedule E/F, line
	Number	Stroot			Schedule G, line
	Mullipel	Street			
	City		State	ZIP Code	_
3					Outside D. Free
_	Name				Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
3					_
	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
	Oity		Sidie	ZIF COUR	

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(State				
Case number		(State	,	Check if t	his is:	
(If known)				☐ An am	ended filing	
					olement showing postpetition e as of the following date:	chapter 13
Official Form 106I				MM / E	DD / YYYY	
Schedule I: You	ır Income					12/15
Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the	ou are married and not filing se is not filing with you, d top of any additional pag	ng jointly, and yo	ur spouse is ormation ab	living with your spo	ou, include information about use. If more space is needed, a	your spouse. attach a
Fill in your employment		Dalitand			Dalidan O annan filling and	
information.		Debtor 1			Debtor 2 or non-filing spo	use
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☐ Not employed	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	
	Harrian a social second the second	City	State ZIP	Code	City State Z	.IP Code
	How long employed there	e?				
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated		<b>n.</b> If you have nothi	ing to report f	or any line, w	rite \$0 in the space. Include your	non-filing
If you or your non-filing spouse had below. If you need more space, at			rmation for a	Il employers f	or that person on the lines	
			Fo	r Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sale deductions). If not paid monthly,			2. \$		\$	
3. Estimate and list monthly over	time pay.		3. <b>+</b> \$		+ \$	
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	
	Copy line 4 here	4.		\$		\$	
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	. :	\$		\$	
	5b. Mandatory contributions for retirement plans	5b.		\$		\$	
	5c. Voluntary contributions for retirement plans	5c.		\$		\$	
	5d. Required repayments of retirement fund loans	5d.		\$		\$	
	5e. Insurance	5e.		\$		\$	
	5f. Domestic support obligations	5f.		\$		\$	
	5g. Union dues	5g.		\$		\$	
	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.	List all other income regularly received:						
	8a. 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.		\$		\$	
	8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	nt					
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$		\$	
	8d. 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 assistanthat 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:	8h.	+:	·		+\$	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.		\$		\$	]
10.	Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	).	\$	+	\$	s
11.	State all other regular contributions to the expenses that you list in Scheol Include contributions from an unmarried partner, members of your household, y friends or relatives.	our o	depe	•			
	Do not include any amounts already included in lines 2-10 or amounts that are			able to pay expe	nses		
	Specify:					11.	<b>+</b> \$
12.	Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S					•	
13	S. Do you expect an increase or decrease within the year after you file this f	form'	?				Combined monthly income

Fill in this information to identify	our case:				
Debtor 1 First Name	Middle Name Last Name		Check if this is:		
Debtor 2			☐ An amended fi	lina	
(Spouse, if filing) First Name	Middle Name Last Name			-	petition chapter 13
United States Bankruptcy Court for the:	District		expenses as o	• • • •	•
Case number (If known)			MM / DD / YYYY		
Official Form 106J					
Schedule J: You	ır Expenses				12/15
Be as complete and accurate as poinformation. If more space is neede (if known). Answer every question.					-
Part 1: Describe Your House	sehold				
1. Is this a joint case?					
☐ No. Go to line 2.☐ Yes. Does Debtor 2 live in a s	eparate household?				
☐ No					
Yes. Debtor 2 must file	Official Form 106J-2, Expenses for	or Separate Household of	f Debtor 2.		
2. Do you have dependents?	☐ No	Dependent's relation	shin to	Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information f each dependent	Or Debtor 1 or Debtor 2		age	with you?
Do not state the dependents'					☐ No ☐ Yes
names.					□ No
			-		Yes
					☐ No
					☐ Yes
		<del> </del>			☐ No
					Yes
					☐ No ☐ Yes
Do your expenses include expenses of people other than yourself and your dependents?	□ No □ Yes				
yoursell and your dependents?					
Part 2: Estimate Your Ongoin	ng Monthly Expenses				
Estimate your expenses as of your expenses as of a date after the ban applicable date.		=			
Include expenses paid for with non	-cash government assistance if	vou know the value of			
such assistance and have included		-		Your expe	nses
<ol> <li>The rental or home ownership e any rent for the ground or lot.</li> </ol>	xpenses for your residence. Incl	ude first mortgage payme	ents and 4.	\$	
If not included in line 4:					
4a. Real estate taxes			4a.	\$	
4b. Property, homeowner's, or re	enter's insurance		4b.	\$	
4c. Home maintenance, repair, a	and upkeep expenses		4c.	\$	
4d. Homeowner's association or	condominium dues		4d.	\$	

_		
De	htor.	1

First Name	Middle Name	Last Name	

			Your expenses
5	Additional mortgage payments for your residence, such as home equity loans	5.	\$
J.		J.	
6.			
	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.	Food and housekeeping supplies	7.	\$
8.	Childcare and children's education costs	8.	\$
9.	Clothing, laundry, and dry cleaning	9.	\$
10.	Personal care products and services	10.	\$
11.	Medical and dental expenses	11.	\$
12.	<b>Transportation.</b> 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.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$
	15d. Other insurance. Specify:	15d.	\$
6.	<b>Taxes.</b> 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, Schedule I, Your Income (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		First Name Middle Name Last Name Case number (if know	rn)	
21. <b>O</b>	<b>ther</b> . Sp	ecify:	21.	+\$
22. <b>C</b>	alculate	your monthly expenses.		
22	2a. Add	ines 4 through 21.	22a.	\$
22	2b. Copy	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$
22	2c. Add l	ine 22a and 22b. The result is your monthly expenses.	22c.	\$
23. <b>Ca</b>	lculate :	your monthly net income.		
23a	. Copy	line 12 (your combined monthly income) from Schedule I.	23a.	\$
23b	. Copy	your monthly expenses from line 22c above.	23b.	<b>-</b> \$
230	. Subt	ract your monthly expenses from your monthly income.		
	The	result is your monthly net income.	23c.	\$
24. <b>Do</b>	you ex	pect an increase or decrease in your expenses within the year after you file this form?		
		le, 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 inf	formation to iden	tify your case:	
Debtor 1 _			
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States B	Bankruptcy Court for	the:	District of
Case number (If known)			(State)

☐ 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.

d you pay or agree to pay someone who is N(	OT an attorney to help you fill out bankruptcy forms?
l No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
nder penalty of perjury, I declare that I have re at they are true and correct.	ead the summary and schedules filed with this declaration and  Signature of Debtor 2

Fill in this in	formation to identify y	our 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 the: _	District of _	
Case number (If known)			_

### Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

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.

	t is your current marital	t Your Marital Stat	us and Where Y	ou Lived Before	
	Married Not married				
□ N	ng the last 3 years, have No Yes. List all of the places				
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
	Number Street		From To	Same as Debtor 1  Number Street	Same as Debtor 1  From  To
_	City	State ZIP Code		City State ZIP Code	
	Number Street		From To	Same as Debtor 1  Number Street	Same as Debtor 1  From  To
	City	State ZIP Code		City State ZIP Code	
state	es and territories include i	Arizona, California, Idah	no, Louisiana, Neva	valent in a community property state or territory? (da, New Mexico, Puerto Rico, Texas, Washington, and m 106H).	Community property I Wisconsin.)

**Explain the Sources of Your Income** 

Did you have any income from employment Fill in the total amount of income you receive If you are filing a joint case and you have income No Yes. Fill in the details.	d from all jobs and all busi	nesses, including part-ti	me activities.	endar years?
	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:	<ul><li>Wages, commissions, bonuses, tips</li><li>Operating a business</li></ul>	\$	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$
For last calendar year: (January 1 to December 31,	☐ Wages, commissions, bonuses, tips  ) ☐ Operating a business	\$	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$
YYYY	operating a business			
For the calendar year before that: (January 1 to December 31,	☐ Wages, commissions, bonuses, tips  ) ☐ Operating a business	\$ous calendar years?	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$
For the calendar year before that: (January 1 to December 31,	Wages, commissions, bonuses, tips  Operating a business  Chis year or the two previous is taxable. Examples ments; pensions; rental income g a joint case and you have	of other income are alinome; interest; dividends e income that you receive	Wages, commissions, bonuses, tips Operating a business  mony; child support; Social; money collected from laws yed together, list it only once	Security, suits; royalties; and
For the calendar year before that:  (January 1 to December 31,  YYYYY  Did you receive any other income during to Include income regardless of whether that incurrently unemployment, and other public benefit paying gambling and lottery winnings. If you are filling that is each source and the gross income from the Income Inc	Wages, commissions, bonuses, tips  Operating a business  Chis year or the two previous is taxable. Examples ments; pensions; rental income g a joint case and you have	of other income are alinome; interest; dividends e income that you receive	Wages, commissions, bonuses, tips Operating a business  mony; child support; Social; money collected from laws yed together, list it only once	Security, suits; royalties; and
For the calendar year before that:  (January 1 to December 31,  YYYYY  Did you receive any other income during to Include income regardless of whether that incurrently unemployment, and other public benefit paying gambling and lottery winnings. If you are filling that is each source and the gross income from the Income Inc	Wages, commissions, bonuses, tips  Operating a business  this year or the two previous is taxable. Examples ments; pensions; rental income a joint case and you have each source separately. Descriptions of the provided in t	of other income are alinome; interest; dividends e income that you receive	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.	Security, suits; royalties; and e under Debtor 1.  Gross income from each source
For the calendar year before that:  (January 1 to December 31,	□ Wages, commissions, bonuses, tips ) □ Operating a business  this year or the two previous is taxable. Examples ments; pensions; rental incording a joint case and you have each source separately. Department of the previous process of the previo	Gross income from each source (before deductions and	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.  Debtor 2  Sources of income Describe below.	Security, suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions ar
For the calendar year before that:  (January 1 to December 31,  YYYYY  Did you receive any other income during to Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filling that is each source and the gross income from the Include Inclu	□ Wages, commissions, bonuses, tips ) □ Operating a business  this year or the two previous is taxable. Examples ments; pensions; rental incording a joint case and you have each source separately. Department of the previous process of the previo	Gross income from each source (before deductions and exclusions)	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.  Debtor 2  Sources of income Describe below.	Security, suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions ar exclusions)
For the calendar year before that:  (January 1 to December 31,	□ Wages, commissions, bonuses, tips ) □ Operating a business  this year or the two previous is taxable. Examples ments; pensions; rental incording a joint case and you have each source separately. Department of the previous process of the previo	Gross income from each source (before deductions and exclusions)	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.  Debtor 2  Sources of income Describe below.	Security, suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions at exclusions)
For the calendar year before that:  (January 1 to December 31,	□ Wages, commissions, bonuses, tips ) □ Operating a business  this year or the two previous is taxable. Examples ments; pensions; rental incording a joint case and you have each source separately. Department of the previous process of the previo	Gross income from each source (before deductions)  \$\frac{1}{3}  (both the content of the	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.  Debtor 2  Sources of income Describe below.	Security, suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions ar exclusions)
For the calendar year before that:  (January 1 to December 31,	□ Wages, commissions, bonuses, tips ) □ Operating a business  this year or the two previous ments; pensions; rental incomerate graphing a joint case and you have each source separately. Department Describe below.	Gross income from each source (before deductions)  \$\	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.  Debtor 2  Sources of income Describe below.	Security, suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions ar exclusions)  - \$

Part 3:	List Certain Payments You Made Before	re You Filed	for Bankruptcy		
6. Are eith	ner Debtor 1's or Debtor 2's debts primarily c	onsumer debt	s?		
☐ No.	Neither Debtor 1 nor Debtor 2 has primarily "incurred by an individual primarily for a persor			defined in 11 U.S.C. § 101(	8) as
	During the 90 days before you filed for bankrup	otcy, did you pa	ay any creditor a total of \$8	3,575* or more?	
	☐ No. Go to line 7.				
	Yes. List below each creditor to whom you total amount you paid that creditor. Do child support and alimony. Also, do no	o not include pa	ayments for domestic supp	oort obligations, such as	
	* Subject to adjustment on 4/01/28 and every 3	3 years after th	at for cases filed on or afte	er the date of adjustment.	
☐ Yes	s. Debtor 1 or Debtor 2 or both have primarily	consumer de	bts.		
	During the 90 days before you filed for bankrup	otcy, did you pa	ay any creditor a total of \$6	600 or more?	
	☐ No. Go to line 7.				
	Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include paymen	domestic supp	ort obligations, such as ch	nild support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Creditor's Name		\$	\$	☐ Mortgage
	Number Street				☐ Credit card
					Loan repayment
					Suppliers or vendors
	City State ZIP Code				Other
		_	\$	\$	☐ Mortgage

					Loan repayment
					☐ Suppliers or vendors
City	State	ZIP Code			Other
				\$ \$	Mortgage
Creditor's Name					☐ Car
Number Street			-		☐ Credit card
					☐ Loan repayment
					☐ Suppliers or vendors
City	State	ZIP Code			☐ Other
				\$ \$	Mortgage
Creditor's Name					☐ Car
					☐ Credit card
Number Street					Loan repayment
					Suppliers or vendors
					☐ Other
City	State	ZIP Code			

Within 1 year before you filed for bankruptcy, dinsiders include your relatives; any general partners or portaions of which you are an officer, director, pogent, 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	partnerships of which more of their voting	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				1
		\$	\$	
Insider's Name				
Number Street				
Number offect				
City State ZIP Code	d you make any p	payments 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, die in insider? clude payments on debts guaranteed or cosigned	d by an insider.	Total amount paid		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, die in insider?  clude payments on debts guaranteed or cosigned  No Yes. List all payments that benefited an insider.	d 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, die in insider? clude payments on debts guaranteed or cosigned  No	d 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, die in insider?  clude payments on debts guaranteed or cosigned  No Yes. List all payments that benefited an insider.	d by an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment
City State ZIP Code  State ZIP	d 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, die in insider?  clude payments on debts guaranteed or cosigned  No  Yes. List all payments that benefited an insider.  Insider's Name  Number Street	d 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.	d 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, die in insider?  clude payments on debts guaranteed or cosigned  No  Yes. List all payments that benefited an insider.  Insider's Name  Number Street	d 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, die in insider?  clude payments on debts guaranteed or cosigned  No  Yes. List all payments that benefited an insider.  Insider's Name  Number Street	d 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, die 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	d by an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment

Debtor 1
----------

First Name	Middle Name	Last Name

Case number (if known)
------------------------

#### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

and contract disputes.		small claims actions, d	, , , , , , , , , , , , , , , , , , , ,		
☑ No					
Yes. Fill in the details.					
	Nature	e of the case	Court or agency		Status of the case
Case title			Court Name		—— Pending
			odar ramo		On appeal
			Number Street		Concluded
Case number					
			City	State ZIP Code	
0 111					—— Pending
Case title			Court Name		On appeal
			Number Street		Concluded
			Number Street		Concluded
Case number			City	State ZIP Code	
		Describe the proper	ty	Date	Value of the property
		Describe the proper	ty	Date	Value of the property
		Describe the proper	ty	Date	Value of the property \$
Yes. Fill in the information below.		Describe the proper		Date	
Yes. Fill in the information below.  Creditor's Name		_	ned	Date	
Yes. Fill in the information below.  Creditor's Name		Explain what happed Property was to Property w	ned repossessed. foreclosed.	Date	
Yes. Fill in the information below.  Creditor's Name  Number Street		Explain what happer Property was to Property w	ned repossessed. foreclosed. garnished.		
Yes. Fill in the information below.  Creditor's Name		Explain what happer Property was to Property w	ned repossessed. foreclosed.		
Yes. Fill in the information below.  Creditor's Name  Number Street		Explain what happer Property was to Property w	ned repossessed. foreclosed. garnished. attached, seized, or levic		
Yes. Fill in the information below.  Creditor's Name  Number Street		Explain what happed Property was to Property w	ned repossessed. foreclosed. garnished. attached, seized, or levic	ed.	\$Value of the propert
Yes. Fill in the information below.  Creditor's Name  Number Street		Explain what happed Property was to Property w	ned repossessed. foreclosed. garnished. attached, seized, or levic	ed.	\$
Yes. Fill in the information below.  Creditor's Name  Number Street  City Sta		Explain what happed Property was to Property w	ned repossessed. foreclosed. garnished. attached, seized, or levie	ed.	\$Value of the propert
Yes. Fill in the information below.  Creditor's Name  Number Street  City Sta		Explain what happed Property was to Property w	ned repossessed. foreclosed. garnished. attached, seized, or levie	ed.	\$Value of the proper
☐ Yes. Fill in the information below.  ☐ Creditor's Name  ☐ Number Street  ☐ City Sta		Explain what happed Property was to Property w	ned repossessed. foreclosed. garnished. attached, seized, or levie	ed.	\$Value of the propert
☐ Yes. Fill in the information below.  ☐ Creditor's Name  ☐ Number Street  ☐ City Sta		Explain what happed Property was a P	ned repossessed. foreclosed. garnished. attached, seized, or levid ty  ned repossessed. foreclosed.	ed.	\$Value of the propert
Number Street  City Sta	ite ZIP Code	Explain what happed Property was to Property w	ned repossessed. foreclosed. garnished. attached, seized, or levid ty  ned repossessed. foreclosed.	ed.  Date	\$Value of the propert

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	
			<b>.</b>
Number Street			\$
City State ZIP Code	Last 4 digits of account number: XXXX		
		<del></del>	
	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 \_\_\_\_\_

First Name Midd	le Name Last N	ame	Gago Hambor (# khor	, , , , , , , , , , , , , , , , , , ,	
		otcy, did you transfer any proper	ty to a self-settled trus	t or similar device of w	hich you
are a beneficiary? (Thes	e are often called as	sei-protection devices.)			
No No					
Yes. Fill in the details.					
		Description and value of the prope	rty transferred		Date transfer
					was made
Name of trust					
art 8: List Certain Fin	ancial Accounts	, Instruments, Safe Deposit	Boxes, and Storage	Units	
		cy, were any financial accounts o			honofit
closed, sold, moved, or		by, were any infancial accounts c	n mstruments neid m y	our name, or for your	benent,
		or other financial accounts; certi	ficates of deposit; sha	res in banks, credit un	ions,
		tives, associations, and other fir			
☐ No					
☐ Yes. Fill in the details	S.				
		Last 4 digits of account number	Type of account or	Date account was	Last balance before
		, and the second	instrument	closed, sold, moved, or transferred	closing or transfer
				or transferred	
Name of Financial Institut	ion	XXXX-	☐ Checking		¢
		^^^~	Savings		Ψ
Number Street			_		
			Money market		
014	71D 0 - 1		☐ Brokerage		
City	State ZIP Code		☐ Other		
			_		
Name of Financial Institut	ion	XXXX	☐ Checking		\$
			☐ Savings		
Number Street			■ Money market		
			☐ Brokerage		
			☐ Other		
City	State ZIP Code				
Do you now have or did	you have within 1	year before you filed for bankrup	ntcv. anv safe denosit h	oox or other depositor	v for
securities, cash, or othe		your poroto you mou for burning	noy, any care acpoons	ox or other depositor	,
□ No					
☐ Yes. Fill in the details	s.				
		Who else had access to it?	Describe the	contents	Do you still
					have it?
					□ No
Name of Financial Institut	ion	Name			☐ Yes
Number Street		Number Street			
		City State ZIP Code			
City	State ZIP Code				

Have you stored property in a storage u No Yes. Fill in the details.	unit or place other than your home within 1	year before you filed for bankruptc	y?
Tes. Fill in the details.	Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name		□ No
Maine of Storage Lacinty	Name		☐ Yes
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Coo	de		
art 9: Identify Property You He	old or Control for Someone Else		
	nat someone else owns? Include any prope	erty you borrowed from, are storing	for,
or hold in trust for someone.			
Yes. Fill in the details.			
	Where is the property?	Describe the property	Value
Owner's Name			\$
Owner 3 Name	Number Street		Ψ
	Number Street		
Number Street			
Number Street	City State 7ID Code		
Number Street  City State ZIP Cod	City State ZIP Code	)	
City State ZIP Coo	de	3	
City State ZIP Coo	ronmental information	3	
City State ZIP Coor  art 10: Give Details About Environmental law means any federal, hazardous or toxic substances, waste	ronmental information	rning pollution, contamination, relea e water, groundwater, or other med	
City State ZIP Coor  The purpose of Part 10, the following  Environmental law means any federal, hazardous or toxic substances, waste including statutes or regulations cont  Site means any location, facility, or pr	ronmental Information  definitions apply: , state, or local statute or regulation conce es, or material into the air, land, soil, surfac	rning pollution, contamination, relea e water, groundwater, or other med astes, or material. I law, whether you now own, operate	ium,
Gity State ZIP Coordinate To:  Give Details About Environmental law means any federal, hazardous or toxic substances, waste including statutes or regulations content Site means any location, facility, or prutilize it or used to own, operate, or unitidese to the content of the	ronmental Information  definitions apply: , state, or local statute or regulation concess, or material into the air, land, soil, surfact rolling the cleanup of these substances, wo operty as defined under any environmentatilize it, including disposal sites.  n environmental law defines as a hazardou	rning pollution, contamination, relea e water, groundwater, or other med astes, or material. I law, whether you now own, operate	ium, e, or
Gity State ZIP Coordinate To:  Give Details About Environmental law means any federal hazardous or toxic substances, waste including statutes or regulations contended Site means any location, facility, or prutilize it or used to own, operate, or use Hazardous material means anything a substance, hazardous material, pollutions.	ronmental Information  definitions apply: , state, or local statute or regulation concess, or material into the air, land, soil, surfact rolling the cleanup of these substances, wo operty as defined under any environmentatilize it, including disposal sites.  n environmental law defines as a hazardou	rning pollution, contamination, release water, groundwater, or other mediastes, or material.  I law, whether you now own, operate us waste, hazardous substance, toxi	ium, e, or
Gity State ZIP Coordinate To:  Give Details About Environmental law means any federal hazardous or toxic substances, waste including statutes or regulations contended Site means any location, facility, or prutilize it or used to own, operate, or use to town, operate, or use to town, operate, or use to town, hazardous material means anything a substance, hazardous material, pollute eport all notices, releases, and proceed	ronmental Information  definitions apply: , state, or local statute or regulation conces, or material into the air, land, soil, surfact rolling the cleanup of these substances, wo perty as defined under any environmentatilize it, including disposal sites.  n environmental law defines as a hazardouant, contaminant, or similar term.	rning pollution, contamination, release water, groundwater, or other mediastes, or material.  I law, whether you now own, operate us waste, hazardous substance, toxi hen they occurred.	ium, e, or c
Gity State ZIP Coordinate To:  Give Details About Environmental law means any federal hazardous or toxic substances, waste including statutes or regulations contended Site means any location, facility, or prutilize it or used to own, operate, or use Hazardous material means anything a substance, hazardous material, pollute port all notices, releases, and proceed	ronmental Information  definitions apply: , state, or local statute or regulation conces, or material into the air, land, soil, surfact rolling the cleanup of these substances, wo perty as defined under any environmentatilize it, including disposal sites.  n environmental law defines as a hazardouant, contaminant, or similar term.  ings that you know about, regardless of w	rning pollution, contamination, release water, groundwater, or other mediastes, or material.  I law, whether you now own, operate us waste, hazardous substance, toxi hen they occurred.	ium, e, or c
Gity State ZIP Coordinate Coordin	ronmental Information  definitions apply: , state, or local statute or regulation concess, or material into the air, land, soil, surfact rolling the cleanup of these substances, wo perty as defined under any environmentatilize it, including disposal sites.  n environmental law defines as a hazardouant, contaminant, or similar term.  lings that you know about, regardless of wouthat you may be liable or potentially liable.	rning pollution, contamination, release water, groundwater, or other mediastes, or material.  I law, whether you now own, operate us waste, hazardous substance, toxi hen they occurred.	ium, e, or c
Gity State ZIP Coordinate Coordin	ronmental Information  definitions apply: , state, or local statute or regulation concess, or material into the air, land, soil, surfact rolling the cleanup of these substances, wo perty as defined under any environmentatilize it, including disposal sites.  n environmental law defines as a hazardouant, contaminant, or similar term.  lings that you know about, regardless of wouthat you may be liable or potentially liable.	rning pollution, contamination, release water, groundwater, or other mediastes, or material.  I law, whether you now own, operate us waste, hazardous substance, toxinen they occurred.  e under or in violation of an environ	ium, e, or c mental law?
Gity State ZIP Coordinate To:  Give Details About Environmental law means any federal, hazardous or toxic substances, waste including statutes or regulations contended Site means any location, facility, or prutilize it or used to own, operate, or utilize it or used to own, operate, or utilize it or used to own, and a substance, hazardous material means anything a substance, hazardous material, pollutive port all notices, releases, and proceed. Has any governmental unit notified your last notified your	ronmental Information  definitions apply: , state, or local statute or regulation conces, or material into the air, land, soil, surface rolling the cleanup of these substances, wo perty as defined under any environmentatilize it, including disposal sites.  n environmental law defines as a hazardouant, contaminant, or similar term.  lings that you know about, regardless of wouthat you may be liable or potentially liable.	rning pollution, contamination, release water, groundwater, or other mediastes, or material.  I law, whether you now own, operate us waste, hazardous substance, toxinen they occurred.  e under or in violation of an environ	ium, e, or c mental law?
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No			
Yes. Fill in the details.	0	Facility and the Market St.	D. (
	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street			
Number Street	Number Street		
	City State ZIP Co	odo.	
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City State ZIP	Code		
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No	ar or administrative proceduring and	ioi uny ontrionimonian iun'i molado octioni	ionio ana oraoror
Yes. Fill in the details.			
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	Court or agency	Nature of the case	case
Case title			☐ Pending
	Court Name		
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Case number		ZIP Code	
	City State 2	ZIF Code	
	our Business or Connections to		4
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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
City State ZIP Cod	е	From To
Vithin 2 years before you filed for ban is stitutions, creditors, or other parties  No Yes. Fill in the details below.		anyone about your business? Include all financial
	Date issued	
Name	MM / DD / YYYY	
Number Street		
	<del></del>	
City State ZIP Cod	<u>e</u>	
	e ·	
12: Sign Below have read the answers on this State	ment of Financial Affairs and any attachments, stand that making a false statement, concealin	
have read the answers on this State answers are true and correct. I under n connection with a bankruptcy case	ment of Financial Affairs and any attachments stand that making a false statement, concealin can result in fines up to \$250,000, or imprisor 1.	ng property, or obtaining money or property by frauc
have read the answers on this State answers are true and correct. I under n connection with a bankruptcy case 8 U.S.C. §§ 152, 1341, 1519, and 357	ment of Financial Affairs and any attachments stand that making a false statement, concealin can result in fines up to \$250,000, or imprisor	ng property, or obtaining money or property by frauc
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I have read the answers on this State answers are true and correct. I under in connection with a bankruptcy case 18 U.S.C. §§ 152, 1341, 1519, and 357  Signature of Debtor 1  Date  Did you attach additional pages to You yes  Did you pay or agree to pay someone No	ment of Financial Affairs and any attachments stand that making a false statement, concealing a can result in fines up to \$250,000, or imprisor 1.  Signature of Debtor 2  Date  Dur Statement of Financial Affairs for Individual	ng property, or obtaining money or property by fraud nment for up to 20 years, or both.  Is Filing for Bankruptcy (Official Form 107)?

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 Name		has notified me of
	any maximum allowable fee before preparing any document for filing or accepting any fee.		
	Signature of Debtor 1 acknowledging receipt of this notice	MM / DD / YYYY	_
0	Signature of Debtor 2 acknowledging receipt of this notice	ate MM / DD / YYYY	_

$\square$	sht	or	1

First Name	Middle Name	Last Name	

Case number	(if known)				

#### Part 2: Declaration and Signature of the Bankruptcy Petition Preparer

Ur	nder penalty of perjury, I declare that:				
	I am a bankruptcy petition preparer or the office	er, principal, respo	nsible person, or partner of	a bankruptcy petit	tion preparer;
	I or my firm prepared the documents listed below Preparer as required by 11 U.S.C. §§ 110(b), 1			e Notice to Debtor	r by Bankruptcy Petition
	if rules or guidelines are established according preparers may charge, I or my firm notified the accepting any fee from the debtor.				
	Printed name Title, if any	/	Firm name, if it applies		
	Number Street				
	City State	ZIP Code	Contact phone		
	I or my firm prepared the documents checker (Check all that apply.)  □ Voluntary Petition (Form 101)  □ Statement About Your Social Security Numbers (Form 121)  □ Summary of Your Assets and Liabilities and Certain Statistical Information (Form 106Sum)  □ Schedule A/B (Form 106A/B)  □ □ Check all that apply.)  □ Check all that apply.)	Schedule I (Form 122A-2	form 106I)  form 106J)  bout an Individual Debtor's  form 106Dec)  Financial Affairs (Form 107)  Intention for Individuals Filing  for 7 (Form 108)  Internet of Your Current  fine (Form 122A-1)  Exemption from Presumption  for § 707(b)(2)  Supp)  ans Test Calculation	□ Chapter 11 Sincome (Form □ Chapter 13 Sincome and Cifer 12C-1 □ Chapter 13 Cincome (Form □ Application to (Form 103A) □ Application to Waived (Form □ A list of name (creditor or mincome) □ Other	tatement of Your Current Monthly in 122B) tatement of Your Current Monthly Calculation of Commitment Period 1) alculation of Your Disposable in 122C-2) Pay Filing Fee in Installments Have Chapter 7 Filing Fee in 103B) and addresses of all creditors alling matrix)
9	to which this declaration applies, the signature an  Signature of bankruptcy petition preparer or officer, prince person, or partner  Printed name	d Social Security nu		pe provided. 11 U.S	
	Signature of bankruptcy petition preparer or officer, prince person, or partner  Printed name	pal, responsible	Social Security number of pe	erson who signed	MM / DD / YYYY

# United States Bankruptcy Court \_\_\_\_ District Of \_\_\_\_\_

In re _	D 1.		Case No
	Debtor		Chapter
[Mu		ENSATION OF BANKRUPTCY I kruptcy petition preparer prepares t	PETITION PREPARER the petition. 11 U.S.C. § 110(h)(2).]
1.	attorney, that I prepared or caus debtor(s) in connection with this the filing of the bankruptcy pet	sed to be prepared one or more doc bankruptcy case, and that compensa	am not an attorney or employee of ar uments for filing by the above-named ation paid to me within one year before for services rendered on behalf of the ase is as follows:
For do	cument preparation services I have	agreed to accept	\$
Prior to	the filing of this statement I have	received	. \$
Balanc	e Due		. \$
2.	I have prepared or caused to be p	orepared the following documents (its	emize):
and pro	ovided the following services (item:	ize):	
3.	The source of the compensation p	paid to me was: Other (specify)	
4.	The source of compensation to be	e paid to me is:	
	Debtor	Other (specify)	
5.	The foregoing is a complete state of the petition filed by the debtor		nent for payment to me for preparation
6.	To my knowledge no other perso this bankruptcy case except as lis		document for filing in connection with
NAME		SOCIAL SECURITY NUMBER	
	Signature	Social Security number of bankru petition preparer*	iptcy Date
	name and title, if any, of ptcy 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.

<sup>\*</sup> 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).

Fill in this information to identify your case:				Che	ock as directed in lines 17 and 21:
Debtor 1					ording to the calculations required by Statement:
First Name Middle Name  Debtor 2	Last Name				Disposable income is not determined
(Spouse, if filing) First Name Middle Name	Last Name				under 11 U.S.C. § 1325(b)(3).
United States Bankruptcy Court for the: District of _					2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
Case number (If known)	-				3. The commitment period is 3 years.
			J		4. The commitment period is 5 years.
					Check if this is an amended filing
Official Form 122C–1					
<b>Chapter 13 Statement of You</b>	ır Curr	ent Mo	onth	ly Incon	ne
and Calculation of Commitme	ent Pe	riod			10/19
Be as complete and accurate as possible. If two married properties are space is needed, attach a separate sheet to this form top of any additional pages, write your name and case nutries.  Part 1: Calculate Your Average Monthly Income.	n. Include the mber (if knov	e line numbe			•
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 to bankruptcy case. 11 U.S.C. § 101(10A). For example, if August 31. If the amount of your monthly income varied do the result. Do not include any income amount more than of from that property in one column only. If you have nothing	you are filing ouring the 6 monants	on Septembe onths, add the mple, if both s	er 15, the e income spouses o	6-month period for all 6 months own the same re	would be March 1 through and divide the total by 6. Fill in
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse
Your gross wages, salary, tips, bonuses, overtime, an payroll deductions).	d commissio	ns (before al	I	\$	\$
Alimony and maintenance payments. Do not include page.	avments from	a spouse		\$	\$
4. All amounts from any source which are regularly paid you or your dependents, including child support. Incluan unmarried partner, members of your household, your croommates. Do not include payments from a spouse. Do listed on line 3.	for househoude regular collependents, pa	Id expenses ntributions fro arents, and		\$	\$
Net income from operating a business, profession, or farm	Debtor 1	Debtor 2			
Gross receipts (before all deductions)	\$	\$			
Ordinary and necessary operating expenses	- \$	- \$			
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	btor 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	\$	<b></b>	
	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.	+ \$	+ <sub>\$</sub>	
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
De	rt 2: Determine How to Measure Your Deductions from Income			monthly income
Г	Determine now to measure rour beductions from income			
12.	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	paid for the ho	usehold expenses of	

alculate 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 paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.				
Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.				
If this adjustment does not apply, enter 0 below.				
\$				
\$				
<b>+</b> \$				
Total				

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

\$ \_\_\_\_\_

De	ebtor 1	First Name Middle Name Last Name Case number (if known)	
		I IIST NOTICE IMPLICATION LAST NOTICE	
15.	Calcula	te your current monthly income for the year. Follow these steps:	
	15a. Co	py line 14 here →	\$
	Mu	Itiply line 15a by 12 (the number of months in a year).	<b>x</b> 12
	15b. The	result is your current monthly income for the year for this part of the form.	\$
16.	Calcula	te the median family income that applies to you. Follow these steps:	
	16a. Fil	in the state in which you live.	
	16b. Fil	in the number of people in your household.	
	To	in the median family income for your state and size of household	\$
17.	How 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 deternal U.S.C. § 1325(b)(3)</i> . <b>Go to Part 3.</b> 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). <b>Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C–2).</b> On line 39 of that form, copy your current monthly income from line 14 above.	
Pa	art 3:	Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)	
		our total average monthly income from line 11.	\$
19.	calculati	the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that ng the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy unt from line 13.	
	19a. If t	he marital adjustment does not apply, fill in 0 on line 19a.	•
			— \$
	19b. <b>S</b> t	ubtract line 19a from line 18.	- \$ \$
20.		te your current monthly income for the year. Follow these steps:	\$
20.	Calcula	te your current monthly income for the year. Follow these steps:	\$
20.	Calcula		\$ \$
20.	Calcula 20a. Co	te your current monthly income for the year. Follow these steps:	\$ \$ <b>x</b> 12
20.	Calcula 20a. Co	te your current monthly income for the year. Follow these steps:	*
20.	Calcula 20a. Co Mu 20b. Th	te your current monthly income for the year. Follow these steps:  py line 19b	*
	Calcula  20a. Cc  Mu  20b. Th	te your current monthly income for the year. Follow these steps:  py line 19b	x 12 \$
	Calcula  20a. Cc  Mu  20b. Th	te your current monthly income for the year. Follow these steps:  The py line 19b	x 12 \$
	Calcula  20a. Cc  Mu  20b. Th  20c. Cop	te your current monthly income for the year. Follow these steps:  py line 19b	x 12 \$

			Case number (if known)
Elect Misses	Add dalla Managa	Lord Marco	

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.
	*	*
	Signature of Debtor 1	Signature of Debtor 2
	Date	Date
	If you checked 17a, do NOT fill out or file Form 12 If you checked 17b, fill out Form 122C–2 and file	22C-2. it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill ir	this information	on to identify you	r case:				
Debto	or 1		Middle Name	Last Name			
Debto			Wilder Name	East Name			
(Spous	se, if filing) First Name		Middle Name	Last Name			
United	d States Bankruptcy	y Court for the:	District of	f			
Case (If kno	number						
(II KIIO	vvii)					☐ Check if this	is an amended filing
O.C.		4000.0					
Offic	cial Form	1220-2					
Cha	apter 13	Calcula	tion of Y	our Dispo	osable Incor	ne	04/25
		-		of Chapter 13 Sta	tement of Your Current	Monthly Income and	Calculation of
	•	Official Form 122	•	d	to mother hoth one cons	ller mannen albla fan b	sinon associate If
	•				together, both are equa ne number to which the	, ,	•
top of	any additional <sub> </sub>	pages, write you	r name and case r	number (if known)			
Part	1: Calculat	te Your Deduct	tions from Your	Income			
Th	e Internal Reve	nue Service (IRS	) issues National :	and Local Standar	ds for certain expense	amounts lise these :	amounts
to	answer the que	stions in lines 6-	15. To find the IR	S standards, go o	nline using the link species of the bankruptcy clerk's of	ified in the separate	amounto
De	duct the expense	e amounts set out	in lines 6-15 regard	dless of your actual	expense. In later parts of	f the form, you will use	
	-		-		include any operating exp	•	
		ome in lines 5 and line 13 of Form 12		i, and do not deduc	t any amounts that you su	ubtracted from your	
If v	our expenses dif	fer from month to	month, enter the av	verage expense.			
	·				information required by a	similar form used in ch	nanter 7 cases
140	te. Ellie Hallibers	T-4 are not asea	iii tiiis ioiiii. Triese	Tumbers apply to	miorination required by a	Similar form asca in cr	lapter 7 cases.
5.	The number of	of people used in	determining you	r deductions from	income		
	Fill in the num	ber of people who	could be claimed a	as exemptions on y	our federal income tax		¬
		•	idditional depender people in your hous	, , , , ,	ort. This number may		
			, , , , , , , , , , , , , , , , , , ,	000.0.			
	lational						
	Standards	You must use	the IRS National	Standards to answe	er the questions in lines 6	-7.	
6.	Food, clothing	g, and other item	s: Using the numb	er of people you en	tered in line 5 and the IRS	S National	
			int for food, clothing				\$
7.	Out-of-pocket	t health care allow	wance: Using the r	number of people v	ou entered in line 5 and th	ne IRS National	
	Standards, fill	in the dollar amou	int for out-of-pocke	t health care. The r	number of people is split in	nto two	
					–because older people ha an this IRS amount, you m		
		ount on line 22.	,			<b>,</b>	

7a. C	le who are under 65 years of age									
	Out-of-pocket health care allowance per person	\$								
7b. <b>N</b>	lumber of people who are under 65	X	1							
7c. S	Subtotal. Multiply line 7a by line 7b.	\$	Copy here	\$						
Peop	ple who are 65 years of age or older									
7d. O	Out-of-pocket health care allowance per person	\$								
7e. N	lumber of people who are 65 or older	x	_							
7f. S	Subtotal. Multiply line 7d by line 7e.	\$	Copy here	+ \$						
7g. <b>Total</b> .	Add lines 7c and 7f			\$	Copy here →	\$				
ocal	You must use the IRS Local Standards to a	nswer the questions	in lines 8-	15.	-					
ased on inf	formation from the IRS, the U.S. Trustee Pro	ogram has divided t	he IRS Lo	cal Standard for h	nousing for					
	purposes into two parts:									
•	and utilities – Insurance and operating expe and utilities – Mortgage or rent expenses	enses								
	ne questions in lines 8-9, use the U.S. Trust the separate instructions for this form. This									
	and utilities – Insurance and operating expe ar amount listed for your county for insurance a			ople you entered in	line 5, fill	\$				
Housing a	and utilities - Mortgage or rent expenses:									
	sing the number of people you entered in line sted for your county for mortgage or rent exper		ount	\$						
	b. Total average monthly payment for all mortgages and other debts secured by your home.									
	o calculate the total average monthly payment ontractually due to each secured creditor in the or bankruptcy. Next divide by 60.									
	Name of the creditor	Average monthly payment								
	Name of the creditor									
	Name of the creditor									
	Name of the creditor									
	Name of the creditor  9b. Total average monthly payment		Copy here →	<b>-</b> \$	Repeat this amount - on line 33a.					
fo	9b. Total average monthly payment			<b>-</b> \$						
fo 9c. Ne Su		\$\$  \$\$  from line 9a (mortga	here →	-\$ \$		\$				
9c. Ne Su rei	9b. Total average monthly payment et mortgage or rent expense.	payment  \$ \$  + \$ \$  from line 9a (mortgater \$0.	here		on line 33a.	\$				

otor 1	First Name	Middle Name	Last Name			Case number (if	known)	
11. <b>Lo</b> c	cal transporta	ntion expenses: Chec	ck the numbe	er of vehicles for which	ı you claim a	an ownership o	operating expense.	
	1. Go to	o line 14. o line 12. re. Go to line 12.						
		on expense: Using the he Operating Costs the					ou claim the operating a.	\$
ead	ch vehicle belo	nip or lease expense ow. You may not claim y not claim the expens	the expense	e if you do not make a				
V	'ehicle 1	Describe Vehicle 1:						
13a	a. Ownership o	or leasing costs using	IRS Local S	tandard		\$		
13b	Do not inclu To calculate	onthly payment for all or all	ehicles.	re and on line 13e,				
		unts that are contract ne 60 months after yo						
	Name of ea	ach creditor for Vehicle	·1	Average monthly payment \$				
		Total average monthl	ly payment	<b>+</b> \$	Copy here→	<b>-</b> \$	Repeat this amount on line 33b.	
130		1 ownership or lease e 13b from line 13a. If	•	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 St	andard		\$		
13€	_	onthly payment for all oude costs for leased vo		d by Vehicle 2.				
	Name of ea	ach creditor for Vehicle	2	Average monthly payment				
		Total average month	nly payment	+ \$ \$	Copy here	<b>-</b> \$	Repeat this amount on line 33c.	
13f		2 ownership or lease e 13e from 13d. If this	•			\$	Copy net Vehicle 2 expense here	\$
		tation expense: If yo expense allowance r					ards, fill in the <i>Public</i>	\$
ded	duct a public tr		e, you may fill	in what you believe is			claim that you may also but you may not claim	\$

	First Name	Middle Name	Last Nam	е	Case number (if known)		
	ner Necessary Denses		to the expen		above, you are allowed your monthly expenses for the		
s fr re	elf-employment ta	exes, social sec hese taxes. Ho ubtract that nu	curity taxes, a wever, if you mber from th	and Medicare taxes.  expect to receive a e total monthly amou	state and local taxes, such as income taxes, You may include the monthly amount withheld tax refund, you must divide the expected unt that is withheld to pay for taxes.	\$	
u	nion dues, and ur	niform costs.			t your job requires, such as retirement contributions, voluntary 401(k) contributions or payroll savings.	\$	
			·		own term life insurance. If two married people are filing	Ψ	
to	ogether, include p	ayments that y	ou make for	your spouse's term li	fe insurance.		
	o not include pre fe insurance othe		nsurance on	your dependents, for	r a non-filing spouse's life insurance, or for any form of	\$	
). C	court-ordered pa	yments: The to	otal monthly	amount that you pay	as required by the order of a court or administrative	•	
					ild support. You will list these obligations in line 35.	\$	
). <b>E</b>	ducation: The to	tal monthly am	ount that vou	upay for education th	nat is either required:		
	as a condition for	r your job, or			oublic education is available for similar services.	\$	
	<b>Childcare:</b> The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.						
re s	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.						
Ρ	ayments for healt	h insurance or	health savin	gs accounts should t	pe listed only in line 25.	\$	
fo p ir	or you and your do hone service, to t ncome, if it is not no oo not include pay	ependents, such the extent nece reimbursed by ments for basic	th as pagers, ssary for you your employed home telep	call waiting, caller id ir health and welfare er. hone, internet or cell	amount that you pay for telecommunication services lentification, special long distance, or business cell or that of your dependents or for the production of phone service. Do not include self-employment y amount you previously deducted.	+ \$	
	add all of the exp		d under the	IRS expense allowa	nces.	\$	
Add	ditional Expense	These			d by the Means Test. vances listed in lines 6-24.		
ir		disability ins	urance, and	health savings acc	count expenses. The monthly expenses for health re reasonably necessary for yourself, your spouse, or		
ŀ	Health insurance			\$			
[	Disability insuranc	e		\$			
ŀ	Health savings acc	count		+ \$			
Т	Γotal			\$	Copy total here	\$	
[	Do you actually sp	end this total a	mount?		_		
	☐No. How much ☐Yes	do you actuall	y spend?	\$			

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 '						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 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.							es on line 8,	\$
	Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$214.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.  You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.								\$
	* Sub	ject to adjust	tment on 4/01/28,	and every 3 y	ears after that for cases	begun on or afte	er the date of adjust	ment.	
	a. 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.							es are higher	\$
31.	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.								
	32. Add all of the additional expense deductions. Add lines 25 through 31.								\$
D	eductio	ons for Debt	t Payment						
	loans,	, and other soulate the tot	secured debt, fill all average month	in lines 33a ly payment, a	operty that you own, ir through 33e. dd all amounts that are u file for bankruptcy. The	contractually due			
	Morto	ages on your	· home				Average monthly payment		
						<b>→</b>	\$		
			t two vehicles						
		-				<b>&gt;</b>	\$		
	33c (	Conviline 13e	a here			4	\$		
		. ,	cured debts:				Ψ		
	000.				Identify weapouts that	Dana			
		secured dek	ch creditor for othe ot		Identify property that secures the debt	Does payment include taxes or insurance?			
						No Yes	\$		
						No Yes	\$		
						☐ No _ ☐ Yes	+ \$		
	33e. T	Total average	e monthly paymen	t. Add lines 3	3a through 33d		\$	Copy total here	\$

34. Are any debts that you listed in line 33 secured by your prin	nary residence, a vehicle, or other property necessary
for your support or the support of your dependents?	

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount
		\$	÷ 60 =	\$
		\$	÷ 60 =	\$
		\$	÷ 60 = -	+ \$

Total

\$ Copy total
 here 🕇

\$\_\_\_\_\_

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. ..... \$\_\_\_\_\_ ÷ 60 \$\_\_\_\_\_

36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, 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.

Average monthly administrative expense

х \_\_\_\_

\$\_\_\_\_\_Copy total here

37. Add all of the deductions for debt payment. Add lines 33e through 36.

\$\_\_\_\_

#### **Total Deductions from Income**

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances ......\$\_\_\_\_\_\_

Copy line 32, All of the additional expense deductions.....\$

Copy line 37, All of the deductions for debt payment.....+\$

Total deductions ......\$\_\_\_\_\_S\_\_\_total here →

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	\$
<ul> <li>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.</li> <li>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).</li> <li>42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here</li></ul>	
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. <b>Deduction for special circumstances.</b> 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  \$	
\$	
<del></del>	
+\$Copy here	_
44. <b>Total adjustments.</b> 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. <b>Change in income or expenses.</b> 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 infe	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 list the sections that have been
Debtor 2				changed.
(Spouse, if filing)	First Name	Middle Name	Last Name	
Case number				
Debtor's attorney	<i></i>	□ No attorney		

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF LOUISIANA

#### **CHAPTER 13 PLAN**

☐ Original plan	
☐ (1 <sup>ST</sup> , 2 <sup>ND</sup> ,) Amended plan – Date amended:	
(1 <sup>ST</sup> , 2 <sup>ND</sup> ,) 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

Debtor be due	r shall pay $\S$ per month be	ginning one month after the day the petition was f	I to the supervision and control of the Trustee. e petition date, such that the first payment will iled or the last day of the month, whichever is ly 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.	Other Payı	ments to Trustee.
	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.
	4.2.	Other  Nonexempt Proceeds of Lawsuit or Unliquidated Claim.  The nonexempt 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.	Disposable	Income.
	Debtor	r is $\square$ above the means $\square$ below the means
	filed w	r'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 ex	ebtor alleges that present disposable income as reflected on Schedule J is \$ (after adjustment for penses payable through the Trustee or for surrendered property.) Disposable income includes contributions per month from
6.	Liquidation	n Analysis.
	ordere	resent value of property available to pay nonpriority, unsecured creditor interests should a liquidation bed is \$ (Attach completed liquidation analysis.) The future value of this sum over the life of the \$ assuming an interest rate of%.
7.		ents. Except as otherwise provided by the Plan or order of the Court, Trustee shall only make payments to aimants. From the payments received under the Plan the Trustee shall make disbursements as follows:
	7.1 A	dministrative Expenses. Payment of administrative expenses until satisfied in full:
		<b>7.1.a.</b> Filing fee (unpaid portion): \$
		7.1.b. Trustee's fee: % (paid as accrued)

7.1.c. Attorney's fee (unpaid portion): \$\_\_\_\_\_

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 co	onfir	mation of	the	Plan ar	ıd sha	ll be cale	culated	fron	n the d	ate
	the first p	payment is o	due pursuan	t to	secti	ion 3 abo	ove.	The	credi	itor shal	l apply	all	adequ	ate
	protection	payments d	irectly to ou	ıtstar	nding	g principa	l on	the deb	ot for	which a	dequate	e pro	tection	ı 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.

	N	'n	n	e

☐ 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
		\$	\$	%		\$
		\$	\$	%		\$

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.

<b>None</b> . <i>If "None" is checked, the rest of § 7.3.b need not be completed or reproduced.</i>
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.

 $\square$  **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)
Collateral	b. Primary Lien Amount \$  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.

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( )	heci	lz -	On	0
<b>\</b> //	$\iota$	n	(IIII	c.

$\square$ <b>None</b> . <i>If "None</i>	" is checked,	the rest of §	7.3.d need not	be complet	ed or reproduced.
---	---------------	---------------	----------------	------------	-------------------

☐ 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 <u>1 year</u> 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
		\$	<u>%</u>		\$
		\$	%		\$

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
	\$			\$
	\$			\$

Incort	additional	claims	as needed	
mseri	aaaiiionai	CLALINIS	as neeaea.	

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

#### 7.5. Surrender of collateral.

Check one

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.

□ No	<b>one</b> . If "None" is checked, the rest of § 7.5 need not be completed or reproduced.
□ D€	ebtor elects to surrender to each creditor listed below the collateral that secures the creditor'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 Name	re rejected except the following which are assumed:  Collateral				
vaine	Conateral				
The remainder of this section will be this Plan is checked.	ION AS DEFINED BY F.R.B.P. 3015(A) PLACED OID. Debtor and Debtor's counsel certify that the Plan does ion, except as may be set forth in section 9.  The effective only if the applicable box in section 2.1 of the rest of § 9 need not be completed or reproduced.				
	Date:				
Signature of Attorney for Debtor(s)					
Debtor					
Joint Debtor	Date:				
Signature(s) of Debtor(s) (required if not repr	resented by an attorney; otherwise 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.