

**Jamaica, NY - Main Office**  
171-16 Hillside Ave  
Jamaica, NY 11432

**Rego Park Office**  
98-14 Queens Blvd  
Rego Park, NY 11374

**Fresh Meadows Office**  
185-19 Union Turnpike  
Fresh Meadows, NY 11366

**Manhattan Office**  
30 West 47 Street, # 215  
New York, NY 10036

**Brooklyn Office**  
1635 E. 19th St  
Brooklyn, NY 11229

# BANKRUPTCY QUESTIONNAIRE

## Personal Information

### Debtor Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_  
SS#: \_\_\_\_\_ Length at Residence: \_\_\_\_\_  
Other Names Used in Last 6 Years: \_\_\_\_\_

### Spouse Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_ Cel: \_\_\_\_\_ Work: \_\_\_\_\_  
SS#: \_\_\_\_\_ Length at Residence: \_\_\_\_\_  
Other Names Used in Last 6 Years: \_\_\_\_\_

Has either of you filed for bankruptcy before?  No  Yes

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

### Dependants:

| Name  | Age   | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |

**Employment Information**

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**Employer Information (Debtor 1)**

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone : \_\_\_\_\_ Position: \_\_\_\_\_ Length of time employed: \_\_\_\_\_  
If more than one employer, please provide information about other employers:

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

**Employer Information (Debtor 2)**

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone : \_\_\_\_\_ Position: \_\_\_\_\_ Length of time employed: \_\_\_\_\_  
If more than one employer, please provide information about other employers:

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

**Monthly Income**

|                               | <b>Debtor 1</b> | <b>Debtor 2</b> |
|-------------------------------|-----------------|-----------------|
| Average Monthly Gross Income: | \$ _____        | \$ _____        |
| Average Monthly Net Income:   | \$ _____        | \$ _____        |

**Monthly Expenses**

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**Home Expenses**

|                               |  |                                    |          |
|-------------------------------|--|------------------------------------|----------|
| Rent / Home Mortgage Payment: | \$ _____   | Homeowner's or Renter's Insurance: | \$ _____ |
| Property taxes included?      | <input type="checkbox"/> No <input type="checkbox"/> Yes | Electricity and Gas:               | \$ _____ |
| If no, state amount:          | \$ _____   | Water and Sewer:                   | \$ _____ |
| Property insurance included?  | <input type="checkbox"/> No <input type="checkbox"/> Yes | Security System:                   | \$ _____ |
| If no, state amount:          | \$ _____   | Home Maintenance:                  | \$ _____ |

**Utilities**

|            |          |              |          |
|------------|----------|--------------|----------|
| Telephone: | \$ _____ | Cable:       | \$ _____ |
| Internet:  | \$ _____ | Other: _____ | \$ _____ |

**Insurances**

|  |          |                 |          |
|--|----------|-----------------|----------|
| Life Insurance:  | \$ _____ | Auto Insurance: | \$ _____ |
| Health Insurance:  | \$ _____ | Other: _____    | \$ _____ |
| Insurance (not deducted from wages, or not included in home mortgage): |          |                 | \$ _____ |

**Monthly Expenses (continued)**

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**Installment Payments**

Automobiles: \$ \_\_\_\_\_ Alimony / Support Paid to Others: \$ \_\_\_\_\_  
Child Care: \$ \_\_\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_  
Payments for Support of Additional Dependants Not Living at Home  
(Explain): \_\_\_\_\_ \$ \_\_\_\_\_

**Other Expenses**

Food: \$ \_\_\_\_\_ Clothing: \$ \_\_\_\_\_  
Laundry and Dry Cleaning: \$ \_\_\_\_\_ Medical and Dental: \$ \_\_\_\_\_  
Transportation: \$ \_\_\_\_\_ Recreation (newspapers, magazines): \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Expenses:** \$ \_\_\_\_\_

**Assets and Property Information**

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*Please complete this section with the "market values" of all property that you own. Please base your answers on the "garage sale" value of your property. In other words, if you held a garage sale and sold all your property, put down the amount you think your property would be sold for.*

**Market Value**

1. Cash on Hand: \$ \_\_\_\_\_
2. Checking Account
  - a. Name of Bank: \_\_\_\_\_
  - b. Account Number: \_\_\_\_\_
  - c. Account Balance: \$ \_\_\_\_\_
3. Savings Account
  - a. Name of Bank: \_\_\_\_\_
  - b. Account Number: \_\_\_\_\_
  - c. Account Balance: \$ \_\_\_\_\_
4. Security Deposits with Landlord(s) or Public Utilities: \$ \_\_\_\_\_
5. Household Goods (include such things as kitchen set, bedroom set, silverware, pots and pans, televisions, computers, refrigerator, stove, furniture, etc.): \$ \_\_\_\_\_
6. Books, Pictures, Art Object Collections, Etc.: \$ \_\_\_\_\_
7. Wearing Apparel and Personal Effects: \$ \_\_\_\_\_
8. Furs and Jewelry: \$ \_\_\_\_\_
9. Firearms, Sports, and Other Equipment: \$ \_\_\_\_\_

*Assets and Property Information (continued)*

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10. Cash Value on Insurance Policies: \$ \_\_\_\_\_

- a. Name of Policy: \_\_\_\_\_
- b. Policy Account Number: \_\_\_\_\_
- c. Name of Policy Purchaser: \_\_\_\_\_
- d. Is/Are the debtor(s) a beneficiary on this policy?  No  Yes
  - i. If no, who is and what is their relationship to the debtor?  
\_\_\_\_\_  
\_\_\_\_\_
- e. What type of insurance is this policy for (e.g. life, disability, other)?  
\_\_\_\_\_

11. Retirement Funds (explain in detail):

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

12. Stocks: \$ \_\_\_\_\_ Bonds: \$ \_\_\_\_\_ CDs: \$ \_\_\_\_\_

13. Annuities: \$ \_\_\_\_\_ IRAS: \$ \_\_\_\_\_ ERISA: \$ \_\_\_\_\_ Keough Plans: \$ \_\_\_\_\_

14. Tax Refund for Last Year

- a. Received?  No  Yes If yes, state date received: \_\_\_\_\_
- b. Amount of Refund (including both Fed & NYS): \$ \_\_\_\_\_

15. Are you anticipating receiving an inheritance or marital property settlement within the next 6 months?

No  Yes If yes, state value of this item: \$ \_\_\_\_\_

16. Automobiles, Trucks, and Other Vehicles:

| Year  | Make  | Model | Value    |
|-------|-------|-------|----------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

17. Office Equipment, Furnishings, and Supplies: \$ \_\_\_\_\_

18. Real Estate:

| Address | Value    |
|---------|----------|
| _____   | \$ _____ |

- a. Do you co-own this property with anyone else?  No  Yes
  - i. If yes, state the name of co-owners and relationships to you:  
\_\_\_\_\_  
\_\_\_\_\_

19. Other Personal Property or Real Estate Not Already Listed:

| Address or Type of Personal Property | Value    |
|--------------------------------------|----------|
| _____                                | \$ _____ |

## Secured Creditors

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If you do not provide our office with a complete address and account number for each creditor, that debt may not be discharged from your bankruptcy.

### Home Mortgage

Address of Property: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Mortgage Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Mortgage Company Phone: \_\_\_\_\_ Mortgage Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Market Value \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
Are payments behind?  No  Yes If yes, how many months behind? \_\_\_\_\_ Late Fees \$ \_\_\_\_\_  
Will you keep home?  No  Yes Is your loan guaranteed by the VA?  No  Yes

### 2nd LIEN:

Address of Property: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Mortgage Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Mortgage Company Phone: \_\_\_\_\_ Mortgage Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Market Value \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
Are payments behind?  No  Yes If yes, how many months behind? \_\_\_\_\_ Late Fees \$ \_\_\_\_\_  
Will you keep home?  No  Yes Is your loan guaranteed by the VA?  No  Yes

### Vehicle Loan 1:

Vehicle Information – Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Mileage: \_\_\_\_\_  
Creditor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Creditor Company Phone: \_\_\_\_\_ Creditor Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Market Value \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
Are payments behind?  No  Yes If yes, how many months behind? \_\_\_\_\_ Late Fees \$ \_\_\_\_\_  
Will you keep car?  No  Yes Is your loan guaranteed by the VA?  No  Yes

### Vehicle Loan 2:

Vehicle Information – Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Mileage: \_\_\_\_\_  
Creditor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Creditor Company Phone: \_\_\_\_\_ Creditor Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Market Value \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
Are payments behind?  No  Yes If yes, how many months behind? \_\_\_\_\_ Late Fees \$ \_\_\_\_\_  
Will you keep car?  No  Yes Is your loan guaranteed by the VA?  No  Yes

**Tax Information**

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**Taxing Authority 1**

Name of Taxing Authority: \_\_\_\_\_ Type of Tax: \_\_\_\_\_  
Taxing Authority Phone: \_\_\_\_\_ Taxing Authority City/State: \_\_\_\_\_  
SS# or Tax ID#: \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_  
Time Period Covered by Tax (e.g. January 2001 to July 2001) \_\_\_\_\_

**Taxing Authority 2**

Name of Taxing Authority: \_\_\_\_\_ Type of Tax: \_\_\_\_\_  
Taxing Authority Phone: \_\_\_\_\_ Taxing Authority City/State: \_\_\_\_\_  
SS# or Tax ID#: \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_  
Time Period Covered by Tax (e.g. January 2001 to July 2001) \_\_\_\_\_

**Taxing Authority 3**

Name of Taxing Authority: \_\_\_\_\_ Type of Tax: \_\_\_\_\_  
Taxing Authority Phone: \_\_\_\_\_ Taxing Authority City/State: \_\_\_\_\_  
SS# or Tax ID#: \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_  
Time Period Covered by Tax (e.g. January 2001 to July 2001) \_\_\_\_\_

**Unsecured Creditors**

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*If you do not provide our office with a complete address and account number for each creditor, that debt may not be discharged from your bankruptcy.*

Creditor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Creditor Company Phone: \_\_\_\_\_ Creditor Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Dates of Usage (e.g. January 2001 to July 2001): \_\_\_\_\_  
Reason for Debt:  Credit Card  Services Rendered  Other (explain): \_\_\_\_\_

Creditor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Creditor Company Phone: \_\_\_\_\_ Creditor Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Dates of Usage (e.g. January 2001 to July 2001): \_\_\_\_\_  
Reason for Debt:  Credit Card  Services Rendered  Other (explain): \_\_\_\_\_

Creditor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Creditor Company Phone: \_\_\_\_\_ Creditor Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Dates of Usage (e.g. January 2001 to July 2001): \_\_\_\_\_  
Reason for Debt:  Credit Card  Services Rendered  Other (explain): \_\_\_\_\_

*Unsecured Creditors (continued)*

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Creditor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Creditor Company Phone: \_\_\_\_\_ Creditor Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Dates of Usage (e.g. January 2001 to July 2001): \_\_\_\_\_  
Reason for Debt:  Credit Card  Services Rendered  Other (explain): \_\_\_\_\_

Creditor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Creditor Company Phone: \_\_\_\_\_ Creditor Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Dates of Usage (e.g. January 2001 to July 2001): \_\_\_\_\_  
Reason for Debt:  Credit Card  Services Rendered  Other (explain): \_\_\_\_\_

Creditor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Creditor Company Phone: \_\_\_\_\_ Creditor Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Dates of Usage (e.g. January 2001 to July 2001): \_\_\_\_\_  
Reason for Debt:  Credit Card  Services Rendered  Other (explain): \_\_\_\_\_

Creditor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Creditor Company Phone: \_\_\_\_\_ Creditor Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Dates of Usage (e.g. January 2001 to July 2001): \_\_\_\_\_  
Reason for Debt:  Credit Card  Services Rendered  Other (explain): \_\_\_\_\_

Creditor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Creditor Company Phone: \_\_\_\_\_ Creditor Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Dates of Usage (e.g. January 2001 to July 2001): \_\_\_\_\_  
Reason for Debt:  Credit Card  Services Rendered  Other (explain): \_\_\_\_\_

Creditor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Creditor Company Phone: \_\_\_\_\_ Creditor Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Dates of Usage (e.g. January 2001 to July 2001): \_\_\_\_\_  
Reason for Debt:  Credit Card  Services Rendered  Other (explain): \_\_\_\_\_

Creditor Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Creditor Company Phone: \_\_\_\_\_ Creditor Company City/State: \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_ Dates of Usage (e.g. January 2001 to July 2001): \_\_\_\_\_  
Reason for Debt:  Credit Card  Services Rendered  Other (explain): \_\_\_\_\_

**Statement of Financial Affairs**

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Each question must be answered, if it does not apply write N/A or None. If each question is not answered completely, this will delay your filing.

State the gross amount of income you received from employment, trade or profession or from operation of your business(es) from the beginning of this calendar year to now. Also state the gross amounts received during the 2 years immediately preceding this calendar year, as well as the income for your spouse, separately. State the source of all income listed below (i.e., if from employment, so state and give the name of the employer; if the income is from other sources, such as from a trade or profession or from operation of a business, so state, and give the name of the business/trade/profession). If, in a single year, you had income from more than one source, indicate how much income is attributable to each such source.

**Debtor 1 Income**

|              | Source of Income | Amount of Income |
|--------------|------------------|------------------|
| 2008 to Date | _____            | \$ _____         |
| 2007         | _____            | \$ _____         |
| 2006         | _____            | \$ _____         |

**Debtor 1 Income**

|              | Source of Income | Amount of Income |
|--------------|------------------|------------------|
| 2008 to Date | _____            | \$ _____         |
| 2007         | _____            | \$ _____         |
| 2006         | _____            | \$ _____         |

State the amount of income received by you from sources other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. Also state any such income for your spouse separately. (For example, unemployment compensation, social security benefits, etc.).

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List all payments on loans, installment purchases of goods or services, cash advances, and other debts totaling more than \$600.00 to any individual creditor made within 90 days before the beginning of this case.

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List: (a) all debts incurred to a single creditor of more than \$500 for "luxury items" made or incurred in the past 90 days, and (b) all cash advances, which add up to more than \$750, in total, taken within the past 70 days.

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*Statement of Financial Affairs (continued)*

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List all lawsuits and administrative proceedings to which the debtor is/was a party within the last year. Please include the case number and attorney name and address involved in this lawsuit.

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Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately prior to the filing of this case.

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List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within the last year.

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Describe any assignment of property for the benefit of creditors made within 120 days prior to the filing of this case.

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List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year prior to the filing of this case.

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List all gifts or charitable contributions made within one year prior to the filing of this case except ordinary and usual gifts to family members totaling less than \$200.00 in value per individual family member and charitable contributions totaling less than \$100.00 per recipient.

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List all losses from fire, theft, other casualty or gambling within the last year.

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List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year prior to the filing of this case.

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*Statement of Financial Affairs (continued)*

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List all safe deposit boxes in which the debtor has or had securities, cash or other valuables within one year prior to the filing of this case and the value of the items therein.

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List all property owned by another person that the debtor holds or controls.

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If you have moved within the last three (3) years, list all addresses and the dates in which you lived there, and any other names you used at that time.

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If the debtor is an individual, list the names and addresses of all businesses in which the debtor was an officer, director, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the six years prior to filing this case.

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If the debtor is a partnership, list the names and addresses of all businesses in which the debtor was a partner or owned 5 percent or more of the voting securities, within the six years prior to filing this case.

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List all bookkeepers and accountants who within the two years prior to filing this case kept or supervised the keeping of books of account and records of the debtor.

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If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

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List the value, name of institute and account number of all bank accounts and other financial accounts held in debtor's name or on behalf of debtor which were closed within the last year.

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*Statement of Financial Affairs (continued)*

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List any person or other entity that is also liable (or legally responsible) for your debts (such as co-signors or guarantors). State which of your debts such person or entity is responsible for, including any dollar limits on this responsibility.

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List all payments, and the name and address of the payee(s), made within the past year for debt consolidation, debt counseling or to attorneys (other than this office) regarding applying for bankruptcy or relief under the bankruptcy laws.

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List all unexpired leases of either real estate (such as the lease of your apartment) or leases of personal property (such as a car lease or a gym membership). State whether you are the lessor or lessee, the name and address of the other party to the lease, the amount of the monthly payment, and the amount of time left before the lease expires. Indicate if you are behind on the monthly payments, and if so, how much.

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I certify that the information given above is true and correct to the best of my knowledge and the same is true for all the pages of this questionnaire and my listing of creditors is complete to the best of my knowledge. If any of the above information changes after I provide the completed questionnaire to the law office, I agree to also provide updated information to the law office.

Debtor 1 (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Debtor 2 (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please provide the following documents to our office:*

- ❖ Most recent bills and other statements from creditors and collection agents.
- ❖ Proof of all income for the past 6 months, from whatever source derived (for example, unemployment benefits, social security benefits, alimony you received, rental income, dividend income, etc.).
- ❖ Copies of all your paystubs for the past six (6) months, from all jobs you have had during the past 6 months.
- ❖ Copies of all paystubs of your spouse for the past 6 months, from all jobs your spouse has had during the past 6 months.
- ❖ Your spouse's paystubs, even if you do not plan to file for Bankruptcy with your spouse, unless:
  - You and your spouse are separated, or
  - Do not reside together, or
  - Your spouse does not contribute to the payment of your household expenses.
- ❖ If either you or your spouse is missing some/all of your paystubs, you will need to ask the employer for copies of the missing paystubs.
- ❖ Copies of your two most recently filed tax returns, both Federal and State.

*Please provide the following documents to our office (continued):*

- ❖ Copies of your most recent monthly car loan or car lease statement. If you own this vehicle, provide a copy of the car title and a copy of the car registration.
- ❖ If you own a home, we need document(s) showing the annual property taxes & insurance premiums on your home.
- ❖ A copy of your most recent monthly mortgage statements for all mortgages or other loans you have on your home. (For example, a "HELOC" loan, which stands for Home Equity Line of Credit).
- ❖ If your home is in foreclosure, provide copies of any legal papers & correspondence received from the lender's attorneys. You may also need to obtain an appraisal of the value of your home.
  
- ❖ Copies of all pages of all your bank account statements for the past six (6) months.
- ❖ Also, copies of the most recent statement for any investments you may have, such as Certificates of Deposit, Mutual Funds, Stocks, Bonds, Time Shares, etc.
- ❖ For any pensions, 401(k)s, Keough Plans, 457 Plans, Individual Retirement Accounts (IRAs) or other similar plans that you have, please provide:
  - The name and address of the organization that is administering the pension or plan.
  - Your account number with that pension or plan; and (c) the outstanding balance of any such pension or plan. Please indicate any loans you have taken against any of your pensions, and the outstanding amount of these pension loans.
  
- ❖ You will also need to bring with you, to the Section 341 Meeting (which will not take place until approximately 3 to 4 weeks after your case is filed):
  - A photo identification card, issued by a governmental unit, such as a driver's license, or U.S. passport.
  - Your Social Security card. If you do not have a Social Security card, please contact your local Social Security Administration office, and make arrangements to obtain a replacement card.

You will also need to take a two part credit counseling course. We can help you make arrangements to take these courses. These courses are not too burdensome, as they are done over the telephone, and each part will only take approximately 1 or 2 hours. The first part must be done before your Bankruptcy case can be filed, and the second part must be done within 45 days after the Section 341 Meeting.

MAKE SURE YOU COMPLETED ALL QUESTIONS TRUTHFULLY. NOT LISTING A DEBTOR OR CORRECT ACCOUNT NUMBER FOR THE DEBTOR'S ACCOUNT WILL RESULT IN THE DEBT NOT BEING DISCHARGED. TRY TO COMPLETE THE QUESTIONS TO THE BEST OF YOUR ABILITY AND REMEMBER WE CAN ALWAYS COMPLETE THIS FORM WITH YOU WHEN WE MEET.

*Do not write below the following line. For office use only.*

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|        |                |              |                |
|--------|----------------|--------------|----------------|
| 1st:   | \$ _____.      | Received:    | \$ _____.      |
| 2nd:   | \$ _____.      | Remaining:   | \$ _____.      |
| 3rd:   | \$ _____.      | Prepared by: | _____          |
| Total: | \$ _____.      | Date:        | ____/____/____ |
| Date:  | ____/____/____ |              |                |