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Office Use Only	Date	Initials
Packet Submitted		
Ready to Process		
Processed		

Bankruptcy Worksheets & Document Checklist

Chapter: [] 7 [] 13	Type of Bankruptcy: [] Individual [] Joint
Initial	CHECKLIST – Please complete this checklist in its entirety prior to submitting. Incomplete submission will delay your case.
	Bankruptcy Fees: All fees must be paid prior to submitting documents.
	Credit Counseling Class: www.accesshopenet.net - Code: BLG (class is valid for only 180 days) [] Debtor 1 [] Debtor 2
	Last 2 Years of Federal & State Tax Returns, Extensions & W2 Forms [] Debtor 1 [] Debtor 2
	Proof of Income: Include last 7 months of paystubs (and 12 month Profit/Loss if self employed). [] Debtor 1 [] Debtor 2
	Retirement Plan/IRA/401K/Stock/Etc: Include a copy of each plan statement. [] Debtor 1 [] Debtor 2
	Vehicle Registration: Include a copy for each vehicle you are on title to or own. [] Debtor 1 [] Debtor 2
	Auto Insurance Declaration Page [] I have no car
	Mortgage Refinance: Itemization of how proceeds were spent for refinances in last 2 years. [] NA
	Additional Creditors: Include herein all creditors who do not appear in the credit report supplied by DLG.
	Lawsuits: Include copies of all lawsuits, wage garnishment orders, bank levies, judgment liens, etc.
	Copies Made: Make copies of everything. Everything submitted will be scanned and shredded.
	Delivery: Mail, email, or deliver the completed packet to the SAN CLEMENTE OFFICE only.
	Case Review: Allow up to 45 days to obtain a case review after submission of completed homework.
	Case Filings: Cases are usually filed at the end of each month.
	Emergency Filing: An Emergency Expedition Fee of \$500 will apply to expedite case filing.

Debtor 1						PERSONAL INFORMATION						Debtor 2					
<i>If you are married, please provide your spouse's information, even if you are filing bankruptcy individually.</i>																	
First Name			Middle Name			Last Name			First Name			Middle Name			Last Name		
List any other names you have used in the last 8 years. [] None									List any other names you have used in the last 8 years. [] None								
Social Security No/Tax ID				Date of Birth		Marital Status		Social Security No/Tax ID				Date of Birth		Marital Status			
Address (Where you live)									Address (Where you live) [] Same as Debtor								
City			State	Zip		City			State	Zip							
Mailing Address [] Same as Street						Apt No			Mailing Address [] Same as Street [] Same as Debtor						Apt No		
City			State	Zip		City			State	Zip							
Home Phone			Cell Phone			Work Phone			Home Phone			Cell Phone			Work Phone		
Fax			Email						Fax			Email					

PRIOR BANKRUPTCY FILINGS. List ALL prior bankruptcy filings for you and your spouse.				
Chapter	Case No	Individual / Joint	Date Filed	City & State you were living in

ASSETS PART 1: REAL ESTATE. (If more than one property, copy and complete this page for each additional parcel).

Property Description (ie, Home, Condo, Townhome, Land, Timeshare) <input type="checkbox"/> NONE			Is anyone else on title with you for this property? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, who?		
Street Address			Current Fair Market Value \$	What do you base the value upon?	
City	State	Zip	Purchase Price \$	Yr Purchased	Do you want to keep this property? <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Surrender/Walk

Real Estate Secured Debt #1

Secured Creditor Name			Who is responsible for this debt? <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COMMUNITY PROPERTY			Interest Rate %
Creditor Street/PO Box			Account Balance \$	Monthly Payment \$	Months Late	Amount to Cure \$
City	State	Zip	Co-Debtor's Full Name <input type="checkbox"/> None			
Account No		Date Debt/Loan Incurred		Co-Debtor's Mailing Address		
Nature of Lien <input type="checkbox"/> 1ST MORTGAGE <input type="checkbox"/> 2ND MORTGAGE <input type="checkbox"/> HELOC <input type="checkbox"/> PPTY TAX <input type="checkbox"/> JUDGMENT LIEN			City		State	Zip

Real Estate Secured Debt #2

Secured Creditor Name			Who is responsible for this debt? <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COMMUNITY PROPERTY			Interest Rate %
Creditor Street/PO Box			Account Balance \$	Monthly Payment \$	Months Late	Amount to Cure \$
City	State	Zip	Co-Debtor's Full Name <input type="checkbox"/> None			
Account No		Date Debt/Loan Incurred		Co-Debtor's Mailing Address		
Nature of Lien <input type="checkbox"/> 1ST MORTGAGE <input type="checkbox"/> 2ND MORTGAGE <input type="checkbox"/> HELOC <input type="checkbox"/> PPTY TAX <input type="checkbox"/> JUDGMENT LIEN			City		State	Zip

Real Estate Secured Debt #3

Secured Creditor Name			Who is responsible for this debt? <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COMMUNITY PROPERTY			Interest Rate %
Creditor Street/PO Box			Account Balance \$	Monthly Payment \$	Months Late	Amount to Cure \$
City	State	Zip	Co-Debtor's Full Name <input type="checkbox"/> None			
Account No		Date Debt/Loan Incurred		Co-Debtor's Mailing Address		
Nature of Lien <input type="checkbox"/> 1ST MORTGAGE <input type="checkbox"/> 2ND MORTGAGE <input type="checkbox"/> HELOC <input type="checkbox"/> PPTY TAX <input type="checkbox"/> JUDGMENT LIEN			City		State	Zip

Real Estate Secured Debt #4 (If more than 4, attach additional page).

Secured Creditor Name			Who is responsible for this debt? <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COMMUNITY PROPERTY			Interest Rate %
Creditor Street/PO Box			Account Balance \$	Monthly Payment \$	Months Late	Amount to Cure \$
City	State	Zip	Co-Debtor's Full Name <input type="checkbox"/> None			
Account No		Date Debt/Loan Incurred		Co-Debtor's Mailing Address		
Nature of Lien <input type="checkbox"/> 1ST MORTGAGE <input type="checkbox"/> 2ND MORTGAGE <input type="checkbox"/> HELOC <input type="checkbox"/> PPTY TAX <input type="checkbox"/> JUDGMENT LIEN			City		State	Zip

ASSETS PART 2: VEHICLE

#	None <input checked="" type="checkbox"/>	Mark the "None" box if applicable. Indicate Owner by circling the corresponding letter if the asset belongs to you, Debtor (D), your Spouse (S), Community Property (C), or Joint with another (J).	OWNER D S C J	VALUE
3a	None <input type="checkbox"/>	Cars, Vans, Trucks, Motorcycles, SUVs, Tractors – <i>List Vehicle 1 Below:</i> Make: _____ Model: _____ Yr: _____ Miles: _____	Owner D S C J	Value \$ _____
Secured Creditor Name <input type="checkbox"/> None – Vehicle is paid for.		Who is responsible for this debt? <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COMMUNITY PROPERTY		Interest Rate %
Creditor Street/PO Box		Account Balance \$ _____	Monthly Payment \$ _____	Months Late _____
City		Co-Debtor's Full Name <input type="checkbox"/> None		
Account No		Co-Debtor's Mailing Address		
Nature of Lien <input type="checkbox"/> AUTO LIEN <input type="checkbox"/> LEASE		What are your intentions with this car? <input type="checkbox"/> Keep & Pay <input type="checkbox"/> Surrender		City
				State
				Zip
3b	None <input type="checkbox"/>	Cars, Vans, Trucks, Motorcycles, SUVs, Tractors – <i>List Vehicle 2 Below:</i> Make: _____ Model: _____ Yr: _____ Miles: _____	Owner D S C J	\$ _____
Secured Creditor Name <input type="checkbox"/> None – Vehicle is paid for.		Who is responsible for this debt? <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COMMUNITY PROPERTY		Interest Rate %
Creditor Street/PO Box		Account Balance \$ _____	Monthly Payment \$ _____	Months Late _____
City		Co-Debtor's Full Name <input type="checkbox"/> None		
Account No		Co-Debtor's Mailing Address		
Nature of Lien <input type="checkbox"/> AUTO LIEN <input type="checkbox"/> LEASE		What are your intentions with this car? <input type="checkbox"/> Keep & Pay <input type="checkbox"/> Surrender		City
				State
				Zip
3c	None <input type="checkbox"/>	Cars, Vans, Trucks, Motorcycles, SUVs, Tractors – <i>List Vehicle 3 Below:</i> Make: _____ Model: _____ Yr: _____ Miles: _____	Owner D S C J	\$ _____
Secured Creditor Name <input type="checkbox"/> None – Vehicle is paid for.		Who is responsible for this debt? <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COMMUNITY PROPERTY		Interest Rate %
Creditor Street/PO Box		Account Balance \$ _____	Monthly Payment \$ _____	Months Late _____
City		Co-Debtor's Full Name <input type="checkbox"/> None		
Account No		Co-Debtor's Mailing Address		
Nature of Lien <input type="checkbox"/> AUTO LIEN <input type="checkbox"/> LEASE		What are your intentions with this car? <input type="checkbox"/> Keep & Pay <input type="checkbox"/> Surrender		City
				State
				Zip

Attach additional page if you own more than 3. Additional Page/s Attached

ASSETS PART 2: BOAT, ATV, RV, AIRPLANE, TRAILER

#	None <input checked="" type="checkbox"/>	Mark the "None" box if applicable. Indicate Owner by circling the corresponding letter if the asset belongs to you, Debtor (D), your Spouse (S), Community Property (C), or Joint with another (J).	OWNER D S C J	VALUE \$
4a	None <input type="checkbox"/>	Watercraft, Aircraft, Recreational, Other Vehicles & Accessories Make: _____ Model: _____ Yr: _____	Owner D S C J	Value \$
Secured Creditor Name <input type="checkbox"/> None – Vehicle is paid for.		Who is responsible for this debt? <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COMMUNITY PROPERTY		Interest Rate %
Creditor Street/PO Box		Account Balance \$	Monthly Payment \$	Months Late Amount to Cure \$
City	State	Zip	Co-Debtor's Full Name <input type="checkbox"/> None	
Account No	Date Debt/Loan Incurred		Co-Debtor's Mailing Address	
Nature of Lien <input type="checkbox"/> AUTO LIEN <input type="checkbox"/> LEASE	What are your intentions with this car? <input type="checkbox"/> Keep & Pay <input type="checkbox"/> Surrender		City	State Zip
4b	None <input type="checkbox"/>	Watercraft, Aircraft, Recreational, Other Vehicles & Accessories Make: _____ Model: _____ Yr: _____	Owner D S C J	Value \$
Secured Creditor Name <input type="checkbox"/> None – Vehicle is paid for.		Who is responsible for this debt? <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COMMUNITY PROPERTY		Interest Rate %
Creditor Street/PO Box		Account Balance \$	Monthly Payment \$	Months Late Amount to Cure \$
City	State	Zip	Co-Debtor's Full Name <input type="checkbox"/> None	
Account No	Date Debt/Loan Incurred		Co-Debtor's Mailing Address	
Nature of Lien <input type="checkbox"/> AUTO LIEN <input type="checkbox"/> LEASE	What are your intentions with this car? <input type="checkbox"/> Keep & Pay <input type="checkbox"/> Surrender		City	State Zip
4c	None <input type="checkbox"/>	Watercraft, Aircraft, Recreational, Other Vehicles & Accessories Make: _____ Model: _____ Yr: _____	Owner D S C J	Value \$
Secured Creditor Name <input type="checkbox"/> None – Vehicle is paid for.		Who is responsible for this debt? <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COMMUNITY PROPERTY		Interest Rate %
Creditor Street/PO Box		Account Balance \$	Monthly Payment \$	Months Late Amount to Cure \$
City	State	Zip	Co-Debtor's Full Name <input type="checkbox"/> None	
Account No	Date Debt/Loan Incurred		Co-Debtor's Mailing Address	
Nature of Lien <input type="checkbox"/> AUTO LIEN <input type="checkbox"/> LEASE	What are your intentions with this car? <input type="checkbox"/> Keep & Pay <input type="checkbox"/> Surrender		City	State Zip

Attach additional page if you own more than 3. Additional Page/s Attached

ASSETS PART 3: HOUSEHOLD ITEMS				
#	None X	Mark the "None" box if applicable. Indicate Owner by circling the corresponding letter if the asset belongs to you, Debtor (D), your Spouse (S), Community Property (C), or Joint with another (J).	OWNER	VALUE
6		Household goods and furnishings. <i>Examples: Major appliances, furniture, linens, china, kitchenware.</i>	D S C J	\$
7		Electronics. <i>Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games.</i>	D S C J	\$
8		Collectibles of value. <i>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.</i>	D S C J	\$
9		Equipment for sports and hobbies. <i>Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments.</i>	D S C J	\$
10		Firearms. <i>Examples: Pistols, rifles, shotguns, ammunition, and related equipment.</i>	D S C J	\$
11		Clothes. <i>Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories.</i>	D S C J	\$
12		Jewelry. <i>Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver.</i>	D S C J	\$
13		Non-farm animals. <i>Examples: Dogs, cats, birds, horses.</i>	D S C J	\$
14		Any other personal and household items you did not already list, including any health aids you did not list.	D S C J	\$
ASSETS PART 4: FINANCIAL				
16		Cash. <i>Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition.</i>	D S C J	\$
17		Deposits of money. <i>Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Attach most recent statement for each.</i>	D S C J	\$
18		Bonds, mutual funds, or publicly traded stocks. <i>Examples: Bond funds, investment accounts with brokerage firms, money market accounts. Describe each. Attach most recent statement for each.</i>	D S C J	\$
19		Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture. Describe.	D S C J	\$
20		Government and corporate bonds and other negotiable and non-negotiable instruments. <i>Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Describe.</i>	D S C J	\$
21		Retirement or pension accounts. <i>Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans. Describe each. Attach most recent statement for each.</i>	D S C J	\$
22		Security deposits and prepayments. Your share of all unused deposits you have made so that you may continue service or use from a company. <i>Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others. Describe each.</i>	D S C J	\$
23		Annuities. <i>(A contract for a periodic payment of money to you, either for life or for a number of years). Describe.</i>	D S C J	\$
24		Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. <i>26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Describe.</i>	D S C J	\$

25	Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit. Describe.	D S C J	\$
26	Patents, copyrights, trademarks, trade secrets, and other intellectual property. <i>Examples: Internet domain names, websites, proceeds from royalties and licensing agreements.</i> Describe.	D S C J	\$
27	Licenses, franchises, and other general intangibles. <i>Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses.</i> Describe.	D S C J	\$
28	Tax refunds owed you. Indicate if Fed/State and Year, and if returns filed or not.	D S C J	\$
29	Family support. <i>Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement.</i> Describe.	D S C J	\$
30	Other amounts someone owes you. <i>Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else.</i> Describe.	D S C J	\$
31	Interests in insurance policies. <i>Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance.</i> Describe.	D S C J	\$
32	Any interest in property that is due you from someone who has died. <i>If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.</i> Describe.	D S C J	\$
33	Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment. <i>Examples: Accidents, employment disputes, insurance claims, or rights to sue.</i> Describe.	D S C J	\$
34	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims. Describe.	D S C J	\$
35	Any financial assets you did not already list. Describe.	D S C J	\$
ASSETS PART 5: BUSINESS RELATED			
38	Accounts receivable or commissions you already earned. Describe.	D S C J	\$
39	Office equipment, furnishings, and supplies. <i>Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices.</i>	D S C J	\$
40	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade.	D S C J	\$
41	Inventory. Describe.	D S C J	\$
42	Interests in partnerships or joint ventures. Describe.	D S C J	\$
43	Customer lists, mailing lists, or other compilations.	D S C J	\$
44	Any business-related property you did not already list. Describe.	D S C J	\$
ASSETS PART 6: FARM RELATED			
47	Farm animals. <i>Examples: Livestock, poultry, farm-raised fish.</i>	D S C J	\$
48	Crops—either growing or harvested.	D S C J	\$
49	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade.	D S C J	\$
50	Farm and fishing supplies, chemicals, and feed.	D S C J	\$
51	Any farm- and commercial fishing-related property you did not already list. Describe.	D S C J	\$
ASSETS PART 6: OTHER			
53	Do you have other property of any kind you did not already list? <i>Examples: Season tickets, country club membership.</i> Describe.	D S C J	\$

🔍 CREDITORS NOT FOUND ON CREDIT REPORT – Attach additional copies if needed.

List below any creditors who **DO NOT APPEAR** on the credit report we ordered for you.

Name of Creditor	If Collections, collecting for:		Who is responsible for this debt? [] DEBTOR [] SPOUSE [] JOINT [] COMMUNITY PROPERTY		Account Balance \$
Creditor Street/PO Box			Co-Debtor's Full Name [] NONE		
City	State	Zip	Co-Debtor's Mailing Address		
Account No	Date Debt/Loan Incurred		City	State	Zip
What was this debt for? Check all that may apply: <input type="checkbox"/> Misc Credit Card Purchases <input type="checkbox"/> Cash Advances <input type="checkbox"/> Balance Transfers <input type="checkbox"/> Medical <input type="checkbox"/> Dept Store Purchases <input type="checkbox"/> Auto Repo Deficiency <input type="checkbox"/> Foreclosure Deficiency <input type="checkbox"/> Student Loans <input type="checkbox"/> Old Utilities/Rent <input type="checkbox"/> Personal Income Taxes <input type="checkbox"/> Domestic/Child/Spousal Support <input type="checkbox"/> Other:					

Name of Creditor	If Collections, collecting for:		Who is responsible for this debt? [] DEBTOR [] SPOUSE [] JOINT [] COMMUNITY PROPERTY		Account Balance \$
Creditor Street/PO Box			Co-Debtor's Full Name [] NONE		
City	State	Zip	Co-Debtor's Mailing Address		
Account No	Date Debt/Loan Incurred		City	State	Zip
What was this debt for? Check all that may apply: <input type="checkbox"/> Misc Credit Card Purchases <input type="checkbox"/> Cash Advances <input type="checkbox"/> Balance Transfers <input type="checkbox"/> Medical <input type="checkbox"/> Dept Store Purchases <input type="checkbox"/> Auto Repo Deficiency <input type="checkbox"/> Foreclosure Deficiency <input type="checkbox"/> Student Loans <input type="checkbox"/> Old Utilities/Rent <input type="checkbox"/> Personal Income Taxes <input type="checkbox"/> Domestic/Child/Spousal Support <input type="checkbox"/> Other:					

Name of Creditor	If Collections, collecting for:		Who is responsible for this debt? [] DEBTOR [] SPOUSE [] JOINT [] COMMUNITY PROPERTY		Account Balance \$
Creditor Street/PO Box			Co-Debtor's Full Name [] NONE		
City	State	Zip	Co-Debtor's Mailing Address		
Account No	Date Debt/Loan Incurred		City	State	Zip
What was this debt for? Check all that may apply: <input type="checkbox"/> Misc Credit Card Purchases <input type="checkbox"/> Cash Advances <input type="checkbox"/> Balance Transfers <input type="checkbox"/> Medical <input type="checkbox"/> Dept Store Purchases <input type="checkbox"/> Auto Repo Deficiency <input type="checkbox"/> Foreclosure Deficiency <input type="checkbox"/> Student Loans <input type="checkbox"/> Old Utilities/Rent <input type="checkbox"/> Personal Income Taxes <input type="checkbox"/> Domestic/Child/Spousal Support <input type="checkbox"/> Other:					

Name of Creditor	If Collections, collecting for:		Who is responsible for this debt? [] DEBTOR [] SPOUSE [] JOINT [] COMMUNITY PROPERTY		Account Balance \$
Creditor Street/PO Box			Co-Debtor's Full Name [] NONE		
City	State	Zip	Co-Debtor's Mailing Address		
Account No	Date Debt/Loan Incurred		City	State	Zip
What was this debt for? Check all that may apply: <input type="checkbox"/> Misc Credit Card Purchases <input type="checkbox"/> Cash Advances <input type="checkbox"/> Balance Transfers <input type="checkbox"/> Medical <input type="checkbox"/> Dept Store Purchases <input type="checkbox"/> Auto Repo Deficiency <input type="checkbox"/> Foreclosure Deficiency <input type="checkbox"/> Student Loans <input type="checkbox"/> Old Utilities/Rent <input type="checkbox"/> Personal Income Taxes <input type="checkbox"/> Domestic/Child/Spousal Support <input type="checkbox"/> Other:					

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List below any creditors who DO NOT APPEAR on the credit report we ordered for you.

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Creditor Street/PO Box			Co-Debtor's Full Name <input type="checkbox"/> NONE		
City	State	Zip	Co-Debtor's Mailing Address		
Account No	Date Debt/Loan Incurred		City	State	Zip
What was this debt for? Check all that may apply: <input type="checkbox"/> Misc Credit Card Purchases <input type="checkbox"/> Cash Advances <input type="checkbox"/> Balance Transfers <input type="checkbox"/> Medical <input type="checkbox"/> Dept Store Purchases <input type="checkbox"/> Auto Repo Deficiency <input type="checkbox"/> Foreclosure Deficiency <input type="checkbox"/> Student Loans <input type="checkbox"/> Old Utilities/Rent <input type="checkbox"/> Personal Income Taxes <input type="checkbox"/> Domestic/Child/Spousal Support <input type="checkbox"/> Other:					

Name of Creditor	If Collections, collecting for:		Who is responsible for this debt? <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COMMUNITY PROPERTY		Account Balance \$
Creditor Street/PO Box			Co-Debtor's Full Name <input type="checkbox"/> NONE		
City	State	Zip	Co-Debtor's Mailing Address		
Account No	Date Debt/Loan Incurred		City	State	Zip
What was this debt for? Check all that may apply: <input type="checkbox"/> Misc Credit Card Purchases <input type="checkbox"/> Cash Advances <input type="checkbox"/> Balance Transfers <input type="checkbox"/> Medical <input type="checkbox"/> Dept Store Purchases <input type="checkbox"/> Auto Repo Deficiency <input type="checkbox"/> Foreclosure Deficiency <input type="checkbox"/> Student Loans <input type="checkbox"/> Old Utilities/Rent <input type="checkbox"/> Personal Income Taxes <input type="checkbox"/> Domestic/Child/Spousal Support <input type="checkbox"/> Other:					

Name of Creditor	If Collections, collecting for:		Who is responsible for this debt? <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COMMUNITY PROPERTY		Account Balance \$
Creditor Street/PO Box			Co-Debtor's Full Name <input type="checkbox"/> NONE		
City	State	Zip	Co-Debtor's Mailing Address		
Account No	Date Debt/Loan Incurred		City	State	Zip
What was this debt for? Check all that may apply: <input type="checkbox"/> Misc Credit Card Purchases <input type="checkbox"/> Cash Advances <input type="checkbox"/> Balance Transfers <input type="checkbox"/> Medical <input type="checkbox"/> Dept Store Purchases <input type="checkbox"/> Auto Repo Deficiency <input type="checkbox"/> Foreclosure Deficiency <input type="checkbox"/> Student Loans <input type="checkbox"/> Old Utilities/Rent <input type="checkbox"/> Personal Income Taxes <input type="checkbox"/> Domestic/Child/Spousal Support <input type="checkbox"/> Other:					

Name of Creditor	If Collections, collecting for:		Who is responsible for this debt? <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COMMUNITY PROPERTY		Account Balance \$
Creditor Street/PO Box			Co-Debtor's Full Name <input type="checkbox"/> NONE		
City	State	Zip	Co-Debtor's Mailing Address		
Account No	Date Debt/Loan Incurred		City	State	Zip
What was this debt for? Check all that may apply: <input type="checkbox"/> Misc Credit Card Purchases <input type="checkbox"/> Cash Advances <input type="checkbox"/> Balance Transfers <input type="checkbox"/> Medical <input type="checkbox"/> Dept Store Purchases <input type="checkbox"/> Auto Repo Deficiency <input type="checkbox"/> Foreclosure Deficiency <input type="checkbox"/> Student Loans <input type="checkbox"/> Old Utilities/Rent <input type="checkbox"/> Personal Income Taxes <input type="checkbox"/> Domestic/Child/Spousal Support <input type="checkbox"/> Other:					

☺ MONTHLY INCOME <i>Attach the last seven months of paystubs AND 1 year profit and loss statements.</i>			
MARITAL STATUS		[] Single [] Married [] Separated [] Divorced [] Widowed [] Other:	
EMPLOYMENT		DEBTOR 1	DEBTOR 2 [] None
1 Occupation			
Name of Employer			
Employer's Address			
How long employed?			
INCOME OF DEBTORS – Attach Proof of Income for Last 7 Months!		DEBTOR 1	DEBTOR 2 [] NA
2	GROSS INCOME <i>(Current Monthly Average Gross Wages, Salary, and Commissions)</i>	\$	\$
3	OVERTIME <i>(Current Monthly Average)</i>	\$	\$
4	SUBTOTAL OF GROSS INCOME FROM EMPLOYMENT <i>(Add Lines 2 and 3)</i>	\$	\$
5a	(-) Tax, Medicare and Social Security deductions	\$	\$
5b	(-) Mandatory contributions for retirement plans	\$	\$
5c	(-) Voluntary contributions for retirement plans	\$	\$
5d	(-) Required repayments of retirement fund loans	\$	\$
5e	(-) Insurance	\$	\$
5f	(-) Domestic Support Obligations	\$	\$
5g	(-) Union Dues	\$	\$
5h	(-) Other Deductions:	\$	\$
6	SUBTOTAL PAYROLL DEDUCTIONS <i>(Add lines 5a through 5h)</i>	\$	\$
7	TOTAL NET MONTHLY TAKE HOME PAY <i>(Line 4 minus Line 6)</i>	\$	\$
8	GROSS INCOME FROM OPERATION OF BUSINESS, PROFESSION OR FARM	\$	\$
	(-) Operational Expenses	\$	\$
*	= NET INCOME FROM OPERATION OF BUS, PROF, FARM	\$	\$
	GROSS INCOME FROM REAL PROPERTY	\$	\$
	(-) Property Expenses	\$	\$
**	= NET INCOME FROM REAL PROPERTY	\$	\$
8a	COMBINED BUSINESS & REAL ESTATE INCOME <i>(Add Lines * and **)</i>	\$	\$
8b	INTEREST AND DIVIDENDS	\$	\$
8c	FAMILY SUPPORT PAYMENTS (ALIMONY, SPOUSAL/CHILD SUPPORT, ETC)	\$	\$
8d	UNEMPLOYMENT COMPENSATION	\$	\$
8e	SOCIAL SECURITY	\$	\$
8f	OTHER GOV'T ASSISTANCE:	\$	\$
8g	PENSION/RETIREMENT INCOME:	\$	\$
8h	OTHER MONTHLY INCOME:	\$	\$
9	TOTAL OTHER MONTHLY INCOME <i>(Add Lines 8a through 8h)</i>	\$	\$
10	MONTHLY INCOME <i>(Add Lines 7, 8a, and 9)</i>	\$	\$
11	OTHER REGULAR CONTRIBUTIONS TO EXPENSES <i>(not included above)</i>	\$	
12	COMBINED MONTHLY INCOME ALL SOURCES <i>(Add both columns Line 10 + Line 11)</i>	\$	
13	Describe anticipated increase or decrease of more than 10% in any expense to occur within the next 12 months:		

☺ AVERAGE MONTHLY LIVING EXPENSES <i>If Joint Debtors live separately, complete one column for each debtor.</i>			
1	Is this a JOINT case? <input type="checkbox"/> Yes <input type="checkbox"/> No Do debtors live separately? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If debtors live separately, complete both columns. If living together, complete first column.</i>	Debtor 1	Debtor 2
2	DO YOU HAVE DEPENDENTS? <i>Indicate Relationship to you, Age, and who he/she Resides with.</i> a. Relationship: Age: Resides with: <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> Both Debtors <input type="checkbox"/> Neither b. Relationship: Age: Resides with: <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> Both Debtors <input type="checkbox"/> Neither c. Relationship: Age: Resides with: <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> Both Debtors <input type="checkbox"/> Neither d. Relationship: Age: Resides with: <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> Both Debtors <input type="checkbox"/> Neither e. Relationship: Age: Resides with: <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> Both Debtors <input type="checkbox"/> Neither f. Relationship: Age: Resides with: <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> Both Debtors <input type="checkbox"/> Neither g. Relationship: Age: Resides with: <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> Both Debtors <input type="checkbox"/> Neither <input type="checkbox"/> If additional dependents, check the box and attach an additional page listing the required information.		
3	Do your expenses include expenses of people other than yourself and your dependents ?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4	<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE <input type="checkbox"/> SPACE LEASE: [Includes: Property <input type="checkbox"/> Taxes <input type="checkbox"/> Insurance]	\$	\$
4a	Real Estate/Property Taxes (if not included in 4, above)	\$	\$
4b	Property, Homeowner, Renter Insurance (if not included in 4, above)	\$	\$
4c	Home maintenance, repair, and upkeep expenses	\$	\$
4d	Homeowner Association (HOA) or Condominium Dues	\$	\$
5	ADDITIONAL MORTGAGE PAYMENTS FOR RESIDENCE SUCH AS HOME EQUITY LOANS	\$	\$
6a	UTILITIES: Electricity, Heat, Natural Gas	\$	\$
6b	Water, Sewer, Garbage Collection	\$	\$
6c	Home Telephone, Cell Phone, Internet, Satellite, and Cable	\$	\$
6d	Other Utilities:	\$	\$
7	FOOD & HOUSEKEEPING SUPPLIES	\$	\$
8	CHILDCARE & CHILDREN'S EDUCATION COSTS	\$	\$
9	CLOTHING, LAUNDRY, DRYCLEANING	\$	\$
10	PERSONAL CARE PRODUCTS & SERVICES	\$	\$
11	MEDICAL & DENTAL EXPENSES	\$	\$
12	TRANSPORTATION (Include gas, maintenance, bus, train, etc. but NOT monthly payments)	\$	\$
13	ENTERTAINMENT, CLUBS, RECREATION, NEWSPAPERS, MAGAZINES & BOOKS	\$	\$
14	CHARITABLE CONTRIBUTIONS AND RELIGIOUS DONATIONS	\$	\$
15a	INSURANCE: Life Insurance (not already deducted from earnings)	\$	\$
15b	Health Insurance (not already deducted from earnings)	\$	\$
15c	Auto Insurance	\$	\$
15d	Other Insurance (Specify):	\$	\$
16	TAXES (Not already deducted from wages or included in Line 4 or 20):	\$	\$
17a	INSTALLMENT/LEASE PAYMENTS: Car payment Vehicle 1:	\$	\$
17b	Car payment Vehicle 2:	\$	\$
17c	INSTALLMENT/LEASE PAYMENTS: Other Installment Payment:	\$	\$
17c	Other Installment Payment:	\$	\$
17c	Other Installment Payment:	\$	\$
18	SPOUSAL/CHILD SUPPORT PAYMENTS (not already deducted from pay)	\$	\$
19	OTHER PAYMENTS made to others who do not live with you:	\$	\$
19	OTHER PAYMENTS made to others who do not live with you:	\$	\$

AVERAGE MONTHLY LIVING EXPENSES (continued from prior page)		Debtor 1	Debtor 2
20	OTHER REAL PROPERTY EXPENSES NOT INCLUDED IN LINES 4 OR 5	-----	-----
20a	Mortgages on Other Properties	\$	\$
20b	Real Estate Taxes on Other Properties	\$	\$
20c	Property, Homeowner, Renter Insurance on Other Properties	\$	\$
20d	Home maintenance, repair, and upkeep expenses on Other Properties	\$	\$
20e	Homeowner Association (HOA) or Condominium Dues on Other Properties	\$	\$
21	OTHER EXPENSES:	\$	\$
21	OTHER EXPENSES:	\$	\$
21	OTHER EXPENSES:	\$	\$
22a	MONTHLY EXPENSES (Add Lines 4 through 21)	\$	\$
22b	COMBINED MONTHLY EXPENSES (Add together both columns in Line 22)	\$	
23	CALCULATE YOUR MONTHLY DISPOSABLE INCOME		
23a	COMBINED MONTHLY INCOME ALL SOURCES (Enter Line 12 from INCOME form)	\$	
23b	COMBINED MONTHLY EXPENSES (Enter Line 22b from above)	\$	
23c	MONTHLY DISPOSABLE INCOME (Enter Line 23a minus Line 23b)	\$	
Describe anticipated increase or decrease of more than 10% in any expense to occur within the next 12 months:			
Other notes concerning expenses.			

STATEMENT OF FINANCIAL AFFAIRS. 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. Answer every question.

1. Indicate your current Marital Status: Married Not Married

2. None **PRIOR ADDRESSES** - Prior addresses during the last three years:

Debtor 1 Prior Address	Dates Debtor 1 Lived There	Debtor 2 Prior Address	Dates Debtor 2 Lived There

3. None **COMMUNITY PROPERTY** - Within the last 8 years, did you live with a spouse or legal equivalent in a community property state or territory other than California? (Arizona, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin). Yes No. If yes, indicate the community property state/s for each debtor:

Debtor 1	Debtor 2

4. NONE **GROSS INCOME** - Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

Period	Gross Annual Income	Indicate the Source
2017 Gross Income (Year to date)	Debtor 1: \$	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Other:
	Debtor 2: \$	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Other:
2016 Gross Income	Debtor 1: \$	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Other:
	Debtor 2: \$	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Other:
2015 Gross Income	Debtor 1: \$	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Other:
	Debtor 2: \$	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Other:

5. NONE **ANY OTHER INCOME** - Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

Period	Gross Annual Income	Indicate the Source
2017 Gross Income (Year to date)	Debtor 1: \$	
	Debtor 2: \$	
2016 Gross Income	Debtor 1: \$	
	Debtor 2: \$	
2015 Gross Income	Debtor 1: \$	
	Debtor 2: \$	

6a. NONE **\$6,425+ PAYMENTS TO CREDITORS** - List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Name and Address of Creditor & Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed
		\$	\$

6b. NONE **\$600+ PAYMENTS TO ORDINARY CREDITORS** - During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? (ie: mortgage, car, etc.).

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$

7. NONE **PAYMENTS TO INSIDER CREDITORS** - Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

Name and Address of Creditor & Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed

Name and Address of Creditor & Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed

8. NONE **PAYMENTS ON ACCOUNT OF INSIDERS** - Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.

Name and Address of Insider & Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed

9. NONE **LAW SUIT, COURT, ADMIN PROCEEDING** - Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

Caption of Suit and Case Number	Nature of Proceeding	Court & Location	Status/Disposition

10. NONE **REPOSESSIONS, FORECLOSURES, GARNISHMENT & LEVIES** - Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

Name & Address of Acting Entity	Date of Seizure	Description & Value of Property

11. NONE **SETOFFS** Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

Name & Address of Assignee	Date Assigned	Terms of Assignment/Settlement

12. NONE **RECEIVERSHIPS** - Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Custodian's Name & Address	Caption, Case No, Court	Date of Order	Description & Value of Property

13. NONE **PERSONAL GIFTS** - Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Name & Address of Recipient	Relationship to you, if any.	Date of Gift	Description & Value of Property

14. NONE **CHARITABLE DONATIONS** - Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

Name & Address of Recipient	Relationship to you, if any.	Date of Gift	Description & Value of Property

15. NONE **LOSSES** - Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

Description and Value of Property	Describe Circumstances & Amount Covered by Insurance, if Any	Date of Loss

16. NONE **PAYMENTS RELATED TO BANKRUPTCY** - Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

Name/Address of Payee	Date Paid	Payer=s Name (If not you)	Amount of Money/Description and Value of Property

17. NONE **PAYMENTS RELATED TO HELP WITH CREDITORS** - Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

Name/Address of Payee	Date Paid	Payer=s Name (If not you)	Amount of Money/Description and Value of Property

18. NONE **TRANSFERS/SALES OF PROPERTY** - Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Name & Address of Transferee and Relationship to You	Description of Property and Date of Transfer	Value Received

19. NONE **SELF-SETTLED TRUST TRANSFERS** - Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are abeneficiary? (These are often called asset-protection devices.)

Name & Address of Transferee and Relationship to You	Description of Property and Date of Transfer	Value Received

20. NONE **FINANCIAL ACCOUNT ACTIVITY** - Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

Name and Address of Institution	Type of Account & Acct No.	Amount and Date of Sale or Closing

21. NONE **SAFE DEPOSIT BOXES** - Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

Bank/Depository Name & Address	Who has access?	Description of Contents	Date of Transfer, if Any

Bank/Depository Name & Address	Who has access?	Description of Contents	Date of Transfer, if Any

22. NONE **STUFF IN STORAGE** - Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

Storage Facility Name & Address	Who has access?	Description of Contents	Do you still have it?

23. NONE **PROPERTY HELD FOR ANOTHER PERSON** - Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

Name and Address of Owner	Description and Value of Property	Location of Property

24. NONE **ENVIRONMENTAL LIABILITIES** - Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

Name & Address of Site	Name & Address of Gov'l Unit	Environmental Law (if known)	Notice Date

25. NONE **HAZARDOUS MATERIALS** - Have you notified any governmental unit of any release of hazardous material?

Name & Address of Site	Name & Address of Gov'l Unit	Environmental Law (if known)	Notice Date

26. NONE **ENVIRONMENTAL RELATED PROCEEDINGS** - Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Case Title & Case Number	Name & Address of Court or Agency	Nature of the case	Case Status

27. NONE **BUSINESS CONNECTIONS.** Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies.

Yes. Check all that apply above and fill in the details below for each business.

Business Name & Address	Nature of the Business	Accountant/Bookkeeper	Dates Business Existed

28. NONE **FINANCIAL STATEMENTS** - Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Name & Address	Date Issued

DECLARATION OF DEBTORS	
<p>I/we hereby declare that I/we have filled out these worksheets to the best of my/our knowledge, information, and belief. I/we understand that Official Bankruptcy Forms will be generated exclusively from the information contained herein. I/we understand that if we failed to list a creditor, the debt may not be discharged. I/we understand that failure to disclose assets may result in a denial of discharge with a bar to refiling, fines, imprisonment, or both. I/we hold Doan Law Group harmless for any ramifications of not disclosing information requested within these worksheets.</p>	
Date	Signature of Debtor
Date	Signature of Joint-Debtor

NEXT STEPS:

- 1) Attach Supporting Documents: Incomplete submission will delay filing your bankruptcy.
- 2) Submit Complete Packet: Please submit these worksheets and all attachments together as one packet.
- 3) Continue to Submit Paystubs: Please continue to submit paystubs/proof of income as you receive them until your case is filed.
- 4) Petition Preparation
 - a) After your complete packet is submitted, allow 2 to 4 weeks for your Case Manager to prepare your case prior to scheduling the Telephonic Pre-Filing Review.
- 5) Telephonic Pre-Filing Review
 - a) When your case is ready, we will schedule a time to review your case in its entirety with you. This can take between 30 minutes to two hours, depending upon the size and complexity of your case. Please have your copies of your documentation handy for reference.
- 6) Sign & Return Completed Petition
 - a) We will email your completed bankruptcy petition for your final review and signature.
 - i) Print and sign the signature pages.
 - ii) Scan/Fax signature pages to us ASAP.
 - iii) Immediately mail the original signature pages to the San Clemente office.
- 7) Case Filing
 - a) Cases are usually filed at the end of the month, unless agreed otherwise.
 - i) \$500 Emergency Filing Fee will get your case filed the same or next day.
 - b) We will notify you immediately of the date, time, and location of your hearing.
- 8) Complete 2nd Course
 - a) Personal Financial Management Course at www.accesshope.net
- 9) Complete & Submit Any Reaffirmation Agreements for secured debt that you are keeping.
- 10) Attend your 341a Meeting of Creditors – Bring Driver’s License & Social Security Card.
- 11) Obtain Your Discharge – Throw a “Debt-Free Party” and invite your friends!
- 12) Buy/Sell Real Estate, Loan Modification, Refinance – Many Doans are Realtor/Brokers: Visit www.doanre.com.

