

Doan Law Group

(Brother's Law Group, LLP)
 25401 Cabot Road, Suite 113 | Laguna Hills , California 92653
 Tel 949.472.0593 | Fax 949.334.5700 | www.doanlaw.net
 Creditor Line 949.472.3159

| Office Use Only | Date | Initials |
|------------------|------|----------|
| Packet Submitted | | |
| Ready to Process | | |
| Processed | | |

Bankruptcy Worksheets & Document Checklist - 2018

| | | | |
|-----------------------|--|--|--------------|
| 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.accessshope.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> | | | | | | Owner D S C J | Value \$ |
| | | Make: | Model: | Yr: | Miles: | | | | |
| 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 | |
| 3b | None <input type="checkbox"/> | Cars, Vans, Trucks, Motorcycles, SUVs, Tractors – <i>List Vehicle 2 Below:</i> | | | | | | Owner D S C J | \$ |
| | | Make: | Model: | Yr: | Miles: | | | | |
| 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 | |
| 3c | None <input type="checkbox"/> | Cars, Vans, Trucks, Motorcycles, SUVs, Tractors – <i>List Vehicle 3 Below:</i> | | | | | | Owner D S C J | \$ |
| | | Make: | Model: | Yr: | Miles: | | | | |
| 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 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? <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: | | | | | |

| | | | | | |
|--|---------------------------------|-----|---|-------|-----------------------|
| 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: | | | | | |

🔍 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? <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: | | | | | |

| | | | | | |
|--|---------------------------------|-----|---|-------|-----------------------|
| 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. If self employed, attach prior 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 |
|---|---------------------|--|
| 2018 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: |
| 2017 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: |
| 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: |

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 |
|---|---------------------|---------------------|
| 2018 Gross Income (Year to date) | Debtor 1: \$ | |
| | Debtor 2: \$ | |
| 2017 Gross Income | Debtor 1: \$ | |
| | Debtor 2: \$ | |
| 2016 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.). Attach additional sheet if necessary.

| 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 |
|--|-------------------|-------------|-------------------|
| | | | |

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 bankruptcy related services.

| 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 a beneficiary? (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 |
|--------------------------------|-----------------|-------------------------|--------------------------|
| | | | |

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 |

REMINDERS & 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 to the Laguna Hills Office.
- 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.

