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CLIENT INTAKE PACKET

The decision to file bankruptcy is not an easy one. Usually bankruptcy is the last resort for those suffering financial hardship.

Though it may be difficult to answer the personal questions contained in this packet, your attorney needs your answers to complete your bankruptcy documents and to properly advise you of your rights and responsibilities. As with all communications between you and your attorney, the information you supply is **ABSOLUTELY CONFIDENTIAL**. Never keep information from your attorney because you are afraid or embarrassed. To properly assist you, your attorney must have all the facts.

You might view these questions as our second step toward financial recovery. The first step was visiting with our office. Remember, the information and instructions you read while completing this form are not meant to replace your attorney who is your advocate and counselor.

Sincerely,

Jory L. Trease
Janci M. Lawes
Steven B. Ward

CHECKLIST OF ITEMS NEEDED TO COMMENCE THE BANKRUPTCY PROCESS:

- Consumer Credit Counseling Education Certificate
- This Completed Intake Packet
- Past Four (4) years income tax returns (both State & Federal)
- Last Six (6) month's paystubs from ALL sources of income
- Last Three (3) month's bank statements from all banking institutions
- Proof of any Charitable Contributions during the past year
- Copy of most recent property tax notice for any land or house you own or are purchasing
- Copies of all bills received during the most recent billing cycle
- Attorneys Fees in the amount of: \$ _____

Note: In order to file your paperwork with the Bankruptcy Court and receive a case number, it is important that you fill out all the following information.

The Law Office of Jory L. Trease, Esq. ("The Bankruptcy Attorney") and each of the Attorneys and staff members associated therewith have been designated as a debt relief agency by the U.S. Congress and the President of the United States. Each such entity assists people in the filing and obtaining of Bankruptcy Relief under the Bankruptcy Code.

PETITION INFORMATION

	Debtor 1	Debtor 2
Last Name		
First & Middle Name		

Street Address:		
Mailing Address:		
County of Residence		

Home Phone:		
Work Phone:		
Other Phone:		
E-Mail Address:		

Other Names You Have Used in the last six (6) years:		

Social Security No.		
Other Tax ID No.		

PRIOR BANKRUPTCIES: List All prior bankruptcies you have filed including cases that were not completed:				
Case Number	Location (State)	Date Filed	Chapter	Completed (Y/N)

RELATED BANKRUPTCIES: List all pending bankruptcies filed by any immediate family member or business partners:					
Case Number	Name of Debtor	Date Filed	Relation to you	Location Filed	Judge

PROPERTY INFORMATION

REAL ESTATE (i.e.; land, house, condo, townhome, etc.)

Only amounts that are due before the case is filed will be paid through the Chapter 13 Plan and your monthly payment will still be due on the due date. The bankruptcy will not affect the payment amount or the day due. If you fail to make your payment your home may not be protected by the bankruptcy. An interest in a mobilehome should be listed as personal property on Page 6 of this packet, unless you are also purchasing land along with the mobilehome.

YOUR HOME	Address:	Name of Co-Owners (and their respective percentage of interest)		Market Value	
Principal residence in Utah including home or mobile home <u>and</u> land not exceeding one acre.		1		\$	
		2		Property Serial # off Tax Notice: _____	
		3			
		Name of Lender	Monthly Payment	Amount in Default	Mortgage Balance
		1st:	\$	\$	\$
		2nd:	\$	\$	\$
		3rd:	\$	\$	\$
	How was the market value attained? (Circle One) Tax Notice (Year: ____)/ Appraisal (Year: ____)/ Prior Listing Price / Market Analysis / Comparables in the neighborhood / Other: _____				
Nature of ownership interest:(Circle One) fee simple / life estate / residual interest / other: _____					

OTHER REAL ESTATE	Description and Address:	Name of Co-Owners		Market Value	
		1		\$	
		2		Property Serial # off Tax Notice: _____	
		3			
		Name of Lender	Monthly Payment	Amount in Default	Mortgage Balance
		1st:	\$	\$	\$
		2nd:	\$	\$	\$
	How was the market value attained? (Circle One) Tax Notice (Year: ____)/ Appraisal (Year: ____)/ Prior Listing Price / Market Analysis / Comparables in the neighborhood / Other: _____				
	Nature of ownership interest:(Circle One) fee simple / life estate / residual interest / other: _____				

TIMESHARE	Description and Address:	Market Value: \$_____		
		Property Serial # off Tax Notice: _____		
	Name of Lender: (if any)	Monthly Payment: \$ _ _____	Amount in Default: \$ _ _____	Balance Owed: \$ _ _____
	Do you have a title to the timeshare property? (Circle One) Yes / No What amount of ownership do you hold to the property? ____% / ____ Weeks per year/ Other: _____			

***If you have additional interests in real property, provide such information on a separate sheet of paper consistent with the information requested above.

PERSONAL PROPERTY

Replacement Value of property means the price a retail merchant would charge for property of that kind considering the age and condition of the property at the time value is determined. List all property you own including property which is not in your possession. If an item of property is not in your possession, provide the name, address and telephone number of the individual or entity who has possession. Also identify why such individual or entity has the property.

<p><i>These 2 columns are for office use only, please disregard them when completing the packet.</i></p>		<p>Owner</p> <p><i>1=Debtor 1</i> <i>2=Debtor 2</i> <i>J=Joint Property</i></p>	<p>REPLACEMENT VALUE</p> <p>(What would you pay to purchase similar condition and quality items ?)</p> <p><i>(thrift store, D.I., pawn shop, etc.)</i></p>	<p><i>If item is pledged as collateral:</i> Creditor Name</p> <p>Otherwise: Basic Description of items or other information</p>
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1		Cash On Hand		\$	
2		Savings Account		\$	Bank: Account #:
2		Checking Account		\$	Bank: Account#:
2		Certificates of Deposit		\$	Bank: Certificate No.(s):
3		Security Deposits: -utility companies -landlord/housing deposit		\$	
3	5-1a iii	Proceeds from Disability or unemployment benefits		\$	
3	5-1a iv & 5-1a ix	insurance proceeds for medical care, etc.		\$	
3	5-1a v	Veteran's Benefit Proceeds		\$	

35	5-1a vii	Food Storage/provisions		\$	What period of time could you survive on your stored items? _____Months
4	5-1a vii	Microwave Oven		\$	

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4	5-1a vii	Sewing Machine		\$	
4	5-1a vii	Washer		\$	
4	5-1a vii	Dryer		\$	
4	5-1a vii	Refrigerator		\$	
4	5-1a vii	Freezer		\$	
4	5-1a vii	Stove		\$	
4		Dishes/Silverware		\$	
4	5-1a vii	Carpets		\$	
4	5-1a vii	Beds/Bedding		\$	

4	8(1a)	End Tables/Lamps		\$	
4	8(1a)	Chairs		\$	
4	8(1a)	Sofa/Loveseat		\$	
4	8(1a)	Televisions		\$	
4	8(1a)	VCR/ DVD		\$	
4	8(1a)	Radio		\$	
4	8(1a)	Stereo		\$	
4 / 26	8(1a)	Computer/Printer		\$	
4	8(1a)	Kitchen Table/Chairs		\$	

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5	8(1b & 8(2	Books		\$	
5	5-1a v (ii i)	Family Artwork		\$	
5	8(1d	Other Paintings/Art		\$	
5	8(1d	Coin or other Collections		\$	
6	5-1a vii	Clothing		\$	
7	8(1d	Jewelry		\$	
8	8(1b	Piano		\$	
8		Camera		\$	
8		Bikes		\$	
8		Sports Equipment		\$	
8		Camcorder		\$	
8		Video Games		\$	
8	8(1d	Guns		\$	
9	5-1a ix & 7	Insurance Policies		\$	company name: face value: \$_____ surrender/cash value: \$_____
10	6(3)	Annuities/Pension/etc.		\$	
11		Education Savings Plan -provide copy of most recent statement		\$	details:

These 2 columns are for office use only, please disregard them when completing the packet.		Owner <i>1=Debtor 1 2=Debtor 2 J=Joint Property</i>	REPLACEMENT VALUE (What would you pay to purchase similar condition and quality items ?) <i>(thrift store, D.I., pawn shop, etc.)</i>	<i>If item is pledged as collateral:</i> Creditor Name Otherwise: Basic Description of items or other information
12	5-1a x & 5-1a ix	Retirement Plan(IRA, ERISA, Keogh, Roth, etc.) -give particulars -provide copy of most recent statement	\$	
13		Stocks	\$	Company Name: # of Shares/portion of interest: _____ _____ value as of what date?: _____ _____
13		Bonds	\$	
14		Partnership/Joint Venture Interests	\$	Name of entity: Portion of Interest: _____
16		Accounts Receivable	\$	@ face value/ what is likelihood of recovery? high / medium / low Who owes the accounts receivable?
17	6(1) & 5-1a vi	Alimony/support/maintenance owed to you	\$	provide copy of divorce/domestic documents Who owes the money?:
17	5-1a ixi	Property Settlement in Divorce/Domestic proceedings	\$	provide copy of divorce or other relevant court documents.
18		Tax Refunds (not yet received)	\$	What year(s)?
18		Wages earned but not yet paid to you	\$	Who owes you the wages? For what period of time?
19/20	6(2)	Interests in Probate Estate or property of another (including life insurance policy of another, or a trust, etc.)	\$	

<p><i>These 2 columns are for office use only, please disregard them when completing the packet.</i></p>		<p>Owner</p> <p><i>1=Debtor 1</i> <i>2=Debtor 2</i> <i>J=Joint Property</i></p>	<p>REPLACEMENT VALUE</p> <p>(What would you pay to purchase similar condition and quality items ?)</p> <p><i>(thrift store, D.I., pawn shop, etc.)</i></p>	<p><i>If item is pledged as collateral:</i> Creditor Name</p> <p>Otherwise: Basic Description of items or other information</p>
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21	5-1a ix	Claims you have against another person (lawsuits, personal injury claim, insurance claims, EEOC, small claims, counterclaims, etc.)		\$	Person/Company involved: Nature of Claim:
22		Patents, Copyrights, other Intellectual Property Rights		\$	
23		License(s), Franchise(s) or other business rights		\$	
26		Boats		\$	
27		Air Craft		\$	
28	8(2)	Typewriter		\$	
28	8(2)	Fax Machine		\$	
28	8(2)	Other Business Equipment/Supplies		\$	
30		Inventory		\$	
31	1c & 8(1c)	Animals		\$	Breed & Number:
32/ 33		Crops & Other Farming Equipment or Supplies		\$	
35		Lawn Equipment (mowers, weeders, rototiller, etc.)		\$	
35	8(2)	Power tools (saws, drills, etc.)		\$	
35	8(2)	Hand Tools		\$	
35		Satellite Dish		\$	

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35	5- 1a i	Burial Plot		\$	
35	5- 1a ii	Health Aids: wheelchairs, walkers, crutches, etc.		\$	
35		Other:		\$	
				\$	
				\$	
				\$	
				\$	
				\$	
25		Recreational Vehicle (snowmobile, motorcycle, jetski, 4 wheeler, etc.)		\$	
	3(2b	Mobilehome:		\$	
25	8(3b	Vehicle No.1		\$	
25	8(3b	Vehicle No.2		\$	
25	8(3b	Vehicle No.3		\$	
25	8(3b	Vehicle No.4		\$	

VEHICLE INFORMATION REQUESTED BY TRUSTEE

VEHICLE No.1 (Include Cars, Trucks, Boats & Trailers)

VIN (vehicle identification number)			
Make		Passenger Air Bag	Driver Air Bag
Model		Automatic Transmission	4 Wheel Drive
Special Package		Manual Transmission	Custom Wheels
YEAR		Air Conditioning	Leather Interior
Engine (4Cyl., 6Cyl, 8Cyl)		Power Windows	Tilt Steering Wheel
Number of Doors		Power Locks	Sunroof
Mileage		Power Seats	Cruise Control
General Condition (Check one)		Cassette Player	Other:
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
		CD Player	
Describe all vehicle damage and other considerations that would affect the value of the vehicle:			

VEHICLE No. 2

VIN (vehicle identification number)			
Make		Passenger Air Bag	Driver Air Bag
Model		Automatic Transmission	4 Wheel Drive
Special Package		Manual Transmission	Custom Wheels
YEAR		Air Conditioning	Leather Interior
Engine (4Cyl., 6Cyl, 8Cyl)		Power Windows	Tilt Steering Wheel
Number of Doors		Power Locks	Sunroof
Mileage		Power Seats	Cruise Control
General Condition (Check one)		Cassette Player	Other:
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
		CD Player	
Describe all vehicle damage and other considerations that would affect the value of the vehicle:			

VEHICLE No. 3

VIN (vehicle identification number)			
Make		Passenger Air Bag	Driver Air Bag
Model		Automatic Transmission	4 Wheel Drive
Special Package		Manual Transmission	Custom Wheels
YEAR		Air Conditioning	Leather Interior
Engine (4Cyl., 6Cyl, 8Cyl)		Power Windows	Tilt Steering Wheel
Number of Doors		Power Locks	Sunroof
Mileage		Power Seats	Cruise Control
General Condition (Check one)		Cassette Player	Other:
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
		CD Player	
Describe all vehicle damage and other considerations that would affect the value of the vehicle:			

INCOME AND EXPENSES

Please provide a copy of all paystubs and other proof of income for the past SIX (6) MONTHS, so your income can be verified

What is your marital Status? (Circle One) Single Married Separated Divorced Widow/Widower

List the names, ages and relationship of each of your dependents that are currently living with you:

Name	Age	Relationship

(If you need additional space for dependents, attach a separate sheet of paper)

Age: _____
 What is your occupation: _____
 Name of employer: _____
 How long employed: _____
 City & State of Employer: _____

Age: _____
 Spouse Occupation: _____
 Name of employer: _____
 How long employed: _____
 City & State of Employer: _____

CURRENT INCOME

NOTE: You may have to discontinue payroll deductions for all voluntary contributions or loan payments to a retirement or 401K plan to successfully reorganize under Chapter 13.	Your Income	Your Spouse's Income
Current monthly gross wages, salary & commissions	\$	\$
Estimated monthly overtime	\$	\$
Subtotal	\$	\$
Less Payroll deductions:		
a. Payroll taxes and social security	\$	\$
b. Insurance	\$	\$
c. Union dues	\$	\$
d. Child Support/alimony or other spousal support	\$	\$
e. Other - Specify: _____	\$	\$
Total net monthly take home pay	\$	\$
Regular income from operation of business (attach detailed stmt)	\$	\$
Income from real property	\$	\$
Interest and dividends	\$	\$
Alimony, maintenance of support payments payable to debtor	\$	\$
Social Security or other government assistance. Specify:	\$	\$
Pension, retirement income, Veteran's Disability, etc.	\$	\$
Other monthly income. Specify:	\$	\$
TOTAL MONTHLY INCOME	\$	\$

CURRENT EXPENSES

	Your Expenditures
Rent or mortgage payment (include lot rented for mobile home) Are real estate taxes included in payment? Yes _____ No _____ Is property insurance included? Yes _____ No _____	\$
Utilities: Electricity and heating fuel	\$
Water & Sewer	\$
Telephone	\$
Other: (Circle) Cable t.v. / internet / satellite t.v. / cell phone	\$
Home maintenance (repairs and upkeep)	\$
Food	\$
Clothing	\$
Laundry & dry cleaning	\$
Medical and Dental Expenses	\$
Transportation (not including car payments)	\$
Recreation, clubs & entertainment, newspaper, magazines, etc.	\$
Charitable contributions	\$
Insurance: (not deducted from wages or included in mortgage pmts)	
Homeowner's or renter's	\$
Life and Health	\$
Auto	\$
Other - Specify: _____	\$
Taxes (not deducted from wages or mortgage payments) Specify:	\$
Installment payments: (In Chapter 13 cases, do not list payments that are included in the plan)	
Auto	\$
Payments on 401(k) or other loans on retirement account	\$
Contributions to an Educational Fund	\$
Other - Specify:	\$
Alimony, maintenance and support paid to others	\$
Payments for support of additional dependents not living at your home	\$
Regular expenses from operation of business or profession. (Attached detailed statement)	\$
Other - Specify:	\$
TOTAL MONTHLY EXPENSES	\$

Describe any increase or decrease in either INCOME or EXPENSES which are expected to occur within the next year:

STATEMENT OF FINANCIAL AFFAIRS

Please read each of the following Seventeen (17) questions and answer each question completely, including all subparts. If you do not understand a question please contact our office for clarification.

If you have conducted a business within the past SIX (6) years, the additional questions 18 - 25 will also have to be answered.

1. Income from regular employment or operation of a business.

List the total gross income as reported on your tax returns for the years indicated below and list the source of the income.

Amount for 2004 (Total Gross Amount)		Amount for 2005 (Total Gross Amount)		Amount for 2006(Total Gross Amount - year to date)	
\$	Employers Name:	\$	Employers Name:	\$	Employers Name: As of what Date?:
\$	Spouse's Employers Name:	\$	Spouse's Employers Name:	\$	Spouse's Employers Name: As of what Date?:

2. Income other than from employment or operation of a business.

List the total amount of all other income received during the current and past two years. Specify the amount of income and the source (*i.e.*; income tax refunds, social security, unemployment compensation, child support, alimony, 401(k) or pension disbursement, gambling winnings, proceeds from the sale of assets, monetary gifts from relatives, monetary assistance from religious sources, *etc.*)

NONE

Amount for 2003 (Total Gross Amount)	Amount for 2004 (Total Gross Amount)	Amount for 2005(Total Gross Amount - year to date)
Source	Source	Source
Amount	Amount	Amount

3. Recent payments made during the last 90 days.

NONE

a. **Consumer Debts:** If, within the past ninety (90) days, you have submitted payments on any debts that you owe more than \$600.00, indicate the following information: *(this would include "big ticket" items, such as cars, housing [either mortgage or rental], large balance credit cards, etc.)*

CREDITOR (name & address)	Date of Payments	Total Amount Paid	Amount Still Owing
		\$	\$
		\$	\$
		\$	\$
		\$	\$

a. **Domestic Support Obligations:** If, within the past ninety (90) days, you have submitted payments on any debts that you owe pursuant to a Domestic Relations Court Order, indicate the following information: *(this would include items such as child support, alimony/maintenance, etc.)*

NONE

Person Paid (name & complete Address)	Relationship	Amount Ordered to be Paid	Total Amount Paid	Date(s) of Payments

a. **Alternative Repayment Plan:** If, within the past ninety (90) days, you participated in an alternative repayment schedule/Plan by an approved nonprofit budgeting and creditor counseling agency, identify the following particulars related to such program:

NONE

Nonprofit Agency involved (name & address)	Amount of Monthly repayment schedule	Date(s) of Payments	Total Paid (past 90 days & During Entire Program)
	\$ _____		Past 90 days: \$ _____ During Entire Program: \$ _____

b. **Preferential Payments:** List all payments made within the past **YEAR** (ie; 12 months) by either you or your spouse to Creditors who have the right to collect the obligation from a co-signor, relative, business associate, or person other than yourself.

NONE

Name & Address of Creditor	Name & Relationship of other party liable on the Debt	Date(s) of Payments	Amount Paid	Amount Still Owing

4. (a) If you were a party to a law suit (civil or criminal in nature) during the **past year (ie; 12 months)** complete the following information for each law suit. (Including, but not limited to: domestic dissolutions/divorces, custody battles, child support issues, criminal charges, small claims cases, personal injury claims, collection lawsuits, administrative cases such as workers comp., unemployment, *etc.*) This applies to lawsuits that have been filed against you AND claims that you have filed against others as well.

NONE

Caption of lawsuit (Names of parties involved)	Case Number	Nature of Proceeding	Court and Location	Status or disposition of Case

(b) List any property garnished, attached or seized during the **last year** (ie; 12 months).

NONE

Creditor (Name and Address)	Date of seizure	Description of property	Value of property
			\$
			\$

5. List any repossessions, foreclosures and returns during the **last year** (ie; 12 months).

NONE

Creditor (Name and Address)	Date of repossession	Description of property	Value of property
			\$
			\$

6. (a) Describe any assignments of property for the benefit of creditors made within the last **120 days**.

NONE

Name and address of assignee	Date of assignment	Terms of assignment

(b) List all property which has been in the hands if a custodian, receiver, or Court-appointed official during the past year.

NONE

Name and address of custodian	Name and location of Court	Case Number	Date of Order	Description and value of Property

7. List all gifts or charitable contributions made during the **last year** (ie; 12 months) to family members totaling more than \$200 per family member and \$100 per charitable recipient (i.e. Tithing, United Way, Big Brother, or Big Sister). (Include gifts such as payments on vehicles, rent, insurance, and tuition for family members.) (Information on this question should also be consistent with that which has previously been reported on your income tax returns.)

NONE

Recipient of Gift (Name & Address)	Relationship (if any)	Date of Gift	Value of gift	Description of Gift
			\$	
			\$	
			\$	

8. Losses from fire, theft, casualty or gambling during the **past year** (ie; 12 months).

NONE

Description of Property	Value of Property	Circumstances of loss	Covered by Insurance? (Yes/No)	Date of Loss
	\$			
	\$			

9. List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy during the **past year** (ie; 12 months).

Payee (Name and Address)	Date of Payments	Amount Paid or value of property transferred
Jory L. Trease, Esq.		\$
Pre-Bankruptcy Education Program: Name: Address:		
Any other entity:		\$

10. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security during the **past TWO years** (ie; 24 months). Including, but not limited to sales of real property (home, land, etc.), transfers of assets to spouse or relative, granting of a security interest in any property (2nd mortgage, refinance, secured loan, pawned items, etc.)

NONE

Transferee (Name and Address)	Relationship (If any)	Date of Transfer	Describe property and value received	What was the money spent on ?

11. List all financial accounts and instruments held by or for the benefit of the debtor which were closed, sold or otherwise transferred in the **past year** (*ie*; 12 months). Include checking, savings, or other financial accounts, CD's, shares and share accounts held in banks, credit unions, pension funds, brokerage houses, etc.

NONE

Institution (Name & Address)	Account Number and Type of Account	Amount of Final Balance	Date of Closing
		\$	
		\$	
		\$	
		\$	
		\$	

12. List each safe deposit box or depository in which you have had valuables within the **past year** (*i.e.*; 12 months).

NONE

Institution Name & Address	Who has access? (Name & address)	<u>Description of contents</u>	Date of transfer or surrender

13. List all setoffs made by creditor (including, but not limited to, a bank, taxing authority, or any other person/entity) against a debt or deposit of the debtor within the past **90 days**. (A setoff is when a Creditor applies your funds, which they hold, to satisfy a loan or debt).

NONE

Creditor Name & Address	Date of setoff	Amount of Setoff

14. List all property OWNED by another person that the debtor holds or controls. This includes items such as a car that you are borrowing from another person, furniture that you are using/storing for someone else, *etc.* It also includes bank accounts that are held for the benefit of children (including certain college funds).

NONE

Actual Owner of the property Name & Address	Description and value of property	Location of property	Why is it that you have possession?

15. If you have moved within the last **THREE (3) years**, list all premises occupied and vacated during that period.

NONE

Names Used	Address	Dates of occupancy
		From:
		To:
		From:
		To:
		From:
		To:
		From:
		To:

16. Have you been a resident of Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin within the past **EIGHT (8) years?** (*Circle One*) **YES / NO**

If yes, identify the name of your spouse and any former spouse who resided with you.

Names	Address	Dates of occupancy
		From:
		To:

17. (a) Have you ever received a notice of violation of Environmental Law?

NONE

Site Name and Address	Name and Address of Governmental Unit	Dates of Notice / Environmental Law
		Date:
		Law:

NONE (b) List the name and address of every site for which you provided a notice to the governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of notice.

Site Name and Address	Name and Address of Governmental Unit	Dates of Notice / Environmental Law
		Date:
		Law:

NONE (c) List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you have been a party.

Name and Address of Governmental Unit	Docket Number	Status or Disposition

If you have been self-employed, conducted any sort of business, participated in a partnership, joint venture, or held an executive position with any corporation; or, owned more than 5% voting rights in a company within the past SIX (6) years, YOU MUST COMPLETE THE FOLLOWING ADDITIONAL QUESTIONS 18 - 25.

If you have not held any of the foregoing positions, you do NOT have to answer Questions 18-25. Please proceed directly to the Creditor information following Questions 18 - 25.

BUSINESS QUESTIONS

18. Nature, Location and Name of Business in the past **SIX (6) years**

Business Name and Address	Tax Payer ID Number / Nature of Business	Beginning and Ending Dates
		Beginning Date:
		Ending Date:
		Beginning Date:
		Ending Date:

19. a. **Books, Records and Financial Statements:** List all bookkeepers and accountants who within the last **TWO years** kept or supervised the keeping of books of account and records for the business.

Name & Address of Bookkeeper/Accountant	Dates Services were rendered
	Beginning Date:
	Ending Date:

b. **Accounting Audits:** List all firms or individuals who within the last **TWO years** audited the books of account and records, or prepared a financial statement of the business. (Please provide a copy of any such audit report and financial statement.)

NONE

Name & Address of Firm or Individual	Date Audit Conducted	For what purpose was the audit/statement prepared?

c. **Possession of the Books and Records:** Identify the firm or individual that is in possession of the books of account and records of the business presently. If the books and records are not available, explain.

I am currently in possession of the books of account and records of the business.

Name & Address of Person/Firm currently in possession of the Books/Records

- d. **Financial Statements:** List all financial institutions, creditors and other parties, to whom a financial statement was issued within the past **TWO** years.

NONE

Name & Address of Entity provided a Financial Statement	Date	Purpose for providing the Financial Statement

20. a. **Inventories:** List the dates of the last **TWO (2)** inventories taken of the business property, the name of the person who supervised the taking of such inventory, and the dollar amount and basis of each inventory.

No such inventory has been taken because the business does not maintain an inventory of goods to be sold.

Inventory Date	Name & Address of Inventory Supervisor	Dollar Amount of Inventory	Basis of Inventory (i.e.; cost, market, other)
		\$	
		\$	

- b. Who currently has possession of the records of each of the above-referenced inventories?

Name:

Address:

21. **Current Partners, Officers, Directors and Shareholders:**

- a. If the conducted business is a **partnership**, list the nature and percentage of partnership interest each member holds.

Name & Address of Partner	Nature of Interest	Percentage of Interest

b. If the conducted business is a **corporation**, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds five percent (5%) or more of the voting or equity securities of the corporation.

Name & Address of Officer/Director/Stockholder	Title	Nature & Percentage of Stock Ownership

22. **Former Partners, Officers, Directors and Shareholders:** Identify any person who withdrew from the partnership, or terminated their interest with the Corporation, within **ONE (1) year**.

NO member withdrew from the partnership.

Name & Address of person withdrawing	Date of Withdrawal	Reason given for withdrawing

23. **Payments/Distributions to Partner or Insider:** List all withdrawals or distributions credited or given to a Partner, Officer, Director, or Shareholder (or any relative or other affiliated party); including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other prerequisite within the past **YEAR**.

Name & Address of Recipient	Title/Relationship to Business Entity	Date of Payment	Purpose for Payment	Amount of Money or Description & Value of Property

24. **Tax Consolidation Group:** If the business is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the past **SIX (6) years**.

NONE

Name of Parent Corporation	Taxpayer Identification Number (EIN)

25. **Pension Funds:** List the name and federal taxpayer identification number of any pension fund to which the Debtor, as an employer, has been responsible for contributing at any time within the past **SIX (6) years**.

Pension Fund Name & Administrator	Taxpayer Identification Number (EIN)

Do you owe any funds to an employee benefit plan for services rendered within the past **SIX (6) MONTHS**?

Yes / No

-If yes, such obligations will likely be considered priority claims. Please identify the particulars:

Do you owe any wages, salaries, or commissions (including vacation, severance, and sick leave pay) to employee or independent sales representative for services provided within the past **180 DAYS**? Yes / No

-If yes, such amounts will likely be considered priority claims. Please identify the particulars:

Does your business hold any deposits by an individual related to the purchase, lease, or rental of property or services, which were intended for personal, family, or household use, but were not delivered or provided? Yes / No

-If yes, such amounts will likely be considered priority claims. Please identify the particulars:

CREDITOR QUESTIONS

The following forms are used to list your creditors (*i.e.*; the people you owe money to). You must list all your debts even though some debts may be non-dischargeable in your bankruptcy (e.g., taxes, child or spousal support, traffic tickets, criminal fines, student loans, *etc.*) Your attorney will explain which debts are not dischargeable. If in doubt as to whether a person or business is a creditor, go ahead and list the person or business as a creditor. If an obligation has been referred to a collection company and/or Attorney, list all that apply; but identify that they are collecting the same debt.

Secured Creditors

Secured debts are car loans, home loans, home equity loans, second mortgages, past due property taxes or any other loan where property is pledged as security. Secured debts are those debts that if you fail to make a payment, the Creditor will seize something from you. For instance, if you do not make a car payment, the Creditor will repossess your car. All other types of debts are unsecured. ***PLEASE FILL OUT "ALL" INFORMATION REQUESTED.***

You must indicate your intention with regards to each of your secured debts. The following options pertain to each secured debt:

1) **Surrender**: if you desire to give the purchased item(s) back to the Creditor, this is called surrender. It is likely that by doing so, you will owe nothing further (in the case of a Chapter 7 Bankruptcy), or very little (in the case of a Chapter 13 Bankruptcy, and any amount owed would be paid through the proposed Chapter 13 Plan of reorganization).

2) **Reaffirm**: this option is one to be elected in the situation that you want to retain (*i.e.*; keep) possession of the items you have purchased from or pledged to the Creditor. Effectively, this alternative removes the debt from the Bankruptcy (in the case of a Chapter 7), or allows you to repay the debt in a Chapter 13 Plan. Essentially this election creates a new contract between you and the Creditor which will survive the Bankruptcy Discharge. In many cases, you will be required to provide your Attorney with a written letter indicating that you are electing to reaffirm the debt against his advice.

3) **Redeem**: this option allows you to retain the purchased or pledged items, but requires you to pay (normally in a lump sum within a short period of time) the actual market value of the items to the Creditor. It is likely the least exercised option because you may not have the financial wherewithal to enable you to pay the necessary amount of funds to do so. However, there may be certain lenders that will cooperate with you to allow you to enter into a new repayment contract limited only to the fair market value of the collateral.

CREDITOR		Date Incurred		Name & Address of
Account Num		Default Amount	\$	Co-Signers:
Address		(Circle One) 1 / 2 / Joint		
Including ZIP		Market Value	\$	
		Balance Owed	\$	
		(Circle) Surrender / Reaffirm / Redeem		
Description of Collateral:				

CREDITOR		Date Incurred		Name & Address of
Account Num		Default Amount	\$	Co-Signers:
Address		(Circle One) 1 / 2 / Joint		
Including ZIP		Market Value	\$	
		Balance Owed	\$	
		(Circle) Surrender / Reaffirm / Redeem		
Description of Collateral:				

CREDITOR		Date Incurred		Name & Address of
Account Num		Default Amount	\$	Co-Signers:
Address		<i>(Circle One)</i> 1 / 2 / Joint		
Including ZIP		Market Value	\$	
		Balance Owed	\$	
		<i>(Circle)</i> Surrender / Reaffirm / Redeem		
Description of Collateral:				

CREDITOR		Date Incurred		Name & Address of
Account Num		Default Amount	\$	Co-Signers:
Address		<i>(Circle One)</i> 1 / 2 / Joint		
Including ZIP		Market Value	\$	
		Balance Owed	\$	
		<i>(Circle)</i> Surrender / Reaffirm / Redeem		
Description of Collateral:				

CREDITOR		Date Incurred		Name & Address of
Account Num		Default Amount	\$	Co-Signers:
Address		<i>(Circle One)</i> 1 / 2 / Joint		
Including ZIP		Market Value	\$	
		Balance Owed	\$	
		<i>(Circle)</i> Surrender / Reaffirm / Redeem		
Description of Collateral:				

CREDITOR		Date Incurred		Name & Address of
Account Num		Default Amount	\$	Co-Signers:
Address		<i>(Circle One)</i> 1 / 2 / Joint		
Including ZIP		Market Value	\$	
		Balance Owed	\$	
		<i>(Circle)</i> Surrender / Reaffirm / Redeem		
Description of Collateral:				

CREDITOR		Date Incurred		Name & Address of
Account Num		Default Amount	\$	Co-Signers:
Address		<i>(Circle One)</i> 1 / 2 / Joint		
Including ZIP		Market Value	\$	
		Balance Owed	\$	
		<i>(Circle)</i> Surrender / Reaffirm / Redeem		
Description of Collateral:				

******If you have additional Secured Creditors, please provide the necessary information on a separate sheet of paper, or visit www.jtbankruptcy.com and print an additional sheet from the internet packet.******

PRIORITY CREDITORS

Priority creditors include Domestic Support Obligations (alimony/child support), all state and federal tax debts, and debts associated with injuries caused by drugged or drunk driving.

DOMESTIC SUPPORT OBLIGATIONS (Alimony/Child Support/Other Maintenance)

(Please Provide a copy of all relevant Court Documents requiring these payments)

Description of Debt:				
Account Num		Date Incurred		Name & Address of Any State Agency or other Attorney involved in the Collection of the Account:
Ex-spouse or Child's Name				
Address Including ZIP		Balance Owed	\$	
		Default Amount	\$	

TAX OBLIGATIONS

Account Number		Tax Year(s) & Type of Tax	Amount Due	Name & Address of Co-Debtor:
Creditor Name	Internal Revenue Service		\$	
Address Including ZIP	Special Procedures 50 South 200 East, Mail Stop 5021 Salt Lake City, UT 84111	Were the Tax Returns filed timely? Yes / No If Not, when were they filed? Date: _____	\$	

Account Number		Tax Year(s) & Type of Tax	Amount Due	Name & Address of Co-Debtor:
Creditor Name	Utah State Tax Commission		\$	
Address Including ZIP	Bankruptcy Unit 210 North 1950 West Salt Lake City, UT 84134	Were the Tax Returns filed timely? Yes / No If Not, when were they filed? Date: _____	\$	

Other Priority Creditors

If you have any claims being asserted against you for Death or Personal Injury while you were under the influence of drugs or alcohol, provide the details and persons involved, on a separate sheet of paper. Likewise provide any relevant court documents associated with the claim.

LEASES OR CONTRACTS

If you are a party to a lease, rental agreement or contract then complete the following information on each contract below. (*Examples: apartment/house lease, cell phone contract, storage facility, spa membership, mobilehome lot, timeshares, etc.*) Remember to include leases or contracts for which you are the landlord. If the original contract has expired, identify that it is continuing on a month-to-month basis.

Name of Lease/Contract Holder		Description	
Address including ZIP		Monthly Payment	\$
		Expiration Date:	
		Balance Remaining	\$
Name of Lease/Contract Holder		Description	
Address including ZIP		Monthly Payment	\$
		Expiration Date:	
		Balance Remaining	\$
Name of Lease/Contract Holder		Description	
Address including ZIP		Monthly Payment	\$
		Expiration Date:	
		Balance Remaining	\$

Has your landlord obtained a Judgment against you? Yes / No / Not applicable

Do you still reside at the landlord's property? Yes / No / Not applicable

UNSECURED CREDITORS

Unsecured debts are charge cards, medical bills, returned checks, postdated check loans, student loans, signature loans, etc. They are creditors that do not have a lien or security attached to the loan. If an obligation has been referred to a collection company and/or Attorney, list all that apply; but identify that they are collecting the same debt.

PLEASE FILL OUT "ALL" INFORMATION REQUESTED.

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		<i>(Circle One)</i> 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		<i>(Circle One)</i> 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

CREDITOR		Description of Debt:		Name & Address of
Account Num				Co-Signers:
Address Including ZIP		DATE incurred		
		BALANCE OWED:	\$	
		(Circle One) 1 / 2 / Joint		

If you have additional Unsecured Creditors, please provide the necessary information on a separate sheet of paper, or visit www.jtbankruptcy.com and print an additional sheet from the internet packet.