

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Case number (if known): _____ Chapter you are filing under:
 Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|---|---|---|
| <p>1. Your full name</p> <p>Write the name that is on your government-issued picture identification (for example, your driver's license or passport).</p> <p>Bring your picture identification to your meeting with the trustee.</p> | <p>First name _____</p> <p>Middle name _____</p> <p>Last name _____</p> <p>Suffix (Sr., Jr., II, III) _____</p> | <p>First name _____</p> <p>Middle name _____</p> <p>Last name _____</p> <p>Suffix (Sr., Jr., II, III) _____</p> |
| <p>2. All other names you have used in the last 8 years</p> <p>Include your married or maiden names and any assumed, trade names and <i>doing business as</i> names.</p> <p>Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.</p> | <p>First name _____</p> <p>Middle name _____</p> <p>Last name _____</p> <p>First name _____</p> <p>Middle name _____</p> <p>Last name _____</p> <p>Business name (if applicable) _____</p> <p>Business name (if applicable) _____</p> | <p>First name _____</p> <p>Middle name _____</p> <p>Last name _____</p> <p>First name _____</p> <p>Middle name _____</p> <p>Last name _____</p> <p>Business name (if applicable) _____</p> <p>Business name (if applicable) _____</p> |
| <p>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</p> | <p>XXX - XX - _____</p> <p>OR</p> <p>9 XX - XX - _____</p> | <p>XXX - XX - _____</p> <p>OR</p> <p>9 XX - XX - _____</p> |

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer Identification Number (EIN), if any.

EIN - - - - -
EIN - - - - -

EIN - - - - -
EIN - - - - -

5. Where you live

If Debtor 2 lives at a different address:

Number Street
City State ZIP Code
County

Number Street
City State ZIP Code
County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street
P.O. Box
City State ZIP Code

Number Street
P.O. Box
City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
I have another reason. Explain. (See 28 U.S.C. § 1408.)

Horizontal lines for explanation

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
I have another reason. Explain. (See 28 U.S.C. § 1408.)

Horizontal lines for explanation

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No

Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No

Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

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

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

- No. Go to Part 4.
- Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

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

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

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

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

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

No

Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number Street _____

City State ZIP Code _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have? 16a. Are your debts primarily consumer debts? 16b. Are your debts primarily business debts? 16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

18. How many creditors do you estimate that you owe? 1-49, 50-99, 100-199, 200-999, 1,000-5,000, 5,001-10,000, 10,001-25,000, 25,001-50,000, 50,001-100,000, More than 100,000

19. How much do you estimate your assets to be worth? \$0-\$50,000, \$50,001-\$100,000, \$100,001-\$500,000, \$500,001-\$1 million, \$1,000,001-\$10 million, \$10,000,001-\$50 million, \$50,000,001-\$100 million, \$100,000,001-\$500 million, \$500,000,001-\$1 billion, \$1,000,000,001-\$10 billion, \$10,000,000,001-\$50 billion, More than \$50 billion

20. How much do you estimate your liabilities to be? \$0-\$50,000, \$50,001-\$100,000, \$100,001-\$500,000, \$500,001-\$1 million, \$1,000,001-\$10 million, \$10,000,001-\$50 million, \$50,000,001-\$100 million, \$100,000,001-\$500 million, \$500,000,001-\$1 billion, \$1,000,000,001-\$10 billion, \$10,000,000,001-\$50 billion, More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X Signature of Debtor 1 Executed on MM / DD / YYYY X Signature of Debtor 2 Executed on MM / DD / YYYY

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- No
- Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

- No
- Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- No
- Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x

Signature of Debtor 1

Date _____
MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

x

Signature of Debtor 2

Date _____
MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

Fill in this information to identify your case:

Debtor 1 _____
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
 (If known)

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
- Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
- Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
|---------------------|----------------------------|---|---|
| | | <input type="checkbox"/> Same as Debtor 1 | <input type="checkbox"/> Same as Debtor 1 |
| Number Street | From To | Number Street | From To |
| City State ZIP Code | | City State ZIP Code | |
| | | <input type="checkbox"/> Same as Debtor 1 | <input type="checkbox"/> Same as Debtor 1 |
| Number Street | From To | Number Street | From To |
| City State ZIP Code | | City State ZIP Code | |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No
- Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. 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.

- No
- Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|--|---|--|---|--|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |
| For last calendar year: (January 1 to December 31, _____) YYYY | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |
| For the calendar year before that: (January 1 to December 31, _____) YYYY | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |

5. 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.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|--|--------------------------------------|---|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| For last calendar year: (January 1 to December 31, _____) YYYY | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| For the calendar year before that: (January 1 to December 31, _____) YYYY | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$8,575* 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.

* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more 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.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|---|------------------|-------------------|----------------------|---|
| _____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| _____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| _____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |

7. 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.

- No
- Yes. List all payments to an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|--|------------------|-------------------|----------------------|-------------------------|
| Insider's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ | \$ _____ | |
| Insider's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ | \$ _____ | |

8. 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.

- No
- Yes. List all payments that benefited an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|--|------------------|-------------------|----------------------|-------------------------|
| Insider's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ | \$ _____ | Include creditor's name |
| Insider's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ | \$ _____ | |

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. 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.

- No
- Yes. Fill in the details.

| Nature of the case | | Court or agency | | Status of the case |
|---------------------------|--|---------------------------|--|------------------------------------|
| Case title _____ _____ | | Court Name _____ | | <input type="checkbox"/> Pending |
| Case number _____ | | Number Street _____ | | <input type="checkbox"/> On appeal |
| | | City State ZIP Code _____ | | <input type="checkbox"/> Concluded |
| | | | | |
| Case title _____ _____ | | Court Name _____ | | <input type="checkbox"/> Pending |
| Case number _____ | | Number Street _____ | | <input type="checkbox"/> On appeal |
| | | City State ZIP Code _____ | | <input type="checkbox"/> Concluded |
| | | | | |

10. 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.

- No. Go to line 11.
- Yes. Fill in the information below.

| Describe the property | Date | Value of the property |
|---|-------|-----------------------|
| Creditor's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ |
| Explain what happened | | |
| <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |
| Describe the property | Date | Value of the property |
| Creditor's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ |
| Explain what happened | | |
| <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |

11. 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?

- No
- Yes. Fill in the details.

| | Describe the action the creditor took | Date action was taken | Amount |
|--|---------------------------------------|-----------------------|----------|
| Creditor's Name _____ Number Street _____ City State ZIP Code _____ | | _____ | \$ _____ |
| Last 4 digits of account number: XXXX-__ __ __ __ | | | |

12. 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?

- No
- Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No
- Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|----------|
| Person to Whom You Gave the Gift _____ _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____ | | _____ | \$ _____ |
| | | _____ | \$ _____ |

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|----------|
| Person to Whom You Gave the Gift _____ _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____ | | _____ | \$ _____ |
| | | _____ | \$ _____ |

14. 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?

- No
- Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|--|-------------------------------|----------------------|----------|
| Charity's Name | | _____ | \$ _____ |
| Number Street | | _____ | \$ _____ |
| City State ZIP Code | | | |

Part 6: List Certain Losses

15. 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?

- No
- Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
| | Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | _____ | \$ _____ |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No
- Yes. Fill in the details.

| Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| Number Street | | _____ | \$ _____ |
| City State ZIP Code | | _____ | \$ _____ |
| Email or website address | | | |
| Person Who Made the Payment, if Not You | | | |

| | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| Person Who Was Paid <hr/> Number Street <hr/> City State ZIP Code <hr/> Email or website address <hr/> Person Who Made the Payment, if Not You <hr/> | <div style="border: 1px solid black; height: 150px;"></div> | <hr/> | \$ <hr/> |
| | | <hr/> | \$ <hr/> |

17. 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.

- No
- Yes. Fill in the details.

| | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|---|-----------------------------------|-------------------|
| Person Who Was Paid <hr/> Number Street <hr/> City State ZIP Code <hr/> | <div style="border: 1px solid black; height: 100px;"></div> | <hr/> | \$ <hr/> |
| | | <hr/> | \$ <hr/> |

18. 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.

- No
- Yes. Fill in the details.

| | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|---|--|------------------------|
| Person Who Received Transfer <hr/> Number Street <hr/> City State ZIP Code <hr/> Person's relationship to you _____ <hr/> | <div style="border: 1px solid black; height: 150px;"></div> | <div style="border: 1px solid black; height: 150px;"></div> | <hr/> |
| Person Who Received Transfer <hr/> Number Street <hr/> City State ZIP Code <hr/> Person's relationship to you _____ <hr/> | | | <hr/> |

19. 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*.)

- No
- Yes. Fill in the details.

| | Description and value of the property transferred | Date transfer was made |
|------------------------------|---|------------------------|
| Name of trust _____ _____ | | _____ |

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. 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.

- No
- Yes. Fill in the details.

| | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|---|---------------------------------|--|--|---|
| Name of Financial Institution _____ Number Street _____ City State ZIP Code _____ | XXXX-____-____-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| Name of Financial Institution _____ Number Street _____ City State ZIP Code _____ | XXXX-____-____-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |

21. 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?

- No
- Yes. Fill in the details.

| | Who else had access to it? | Describe the contents | Do you still have it? |
|---|--|-----------------------|---|
| Name of Financial Institution _____ Number Street _____ City State ZIP Code _____ | Name _____ Number Street _____ City State ZIP Code _____ | | <input type="checkbox"/> No <input type="checkbox"/> Yes |

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
- Yes. Fill in the details.

| Who else has or had access to it? | | Describe the contents | Do you still have it? |
|-----------------------------------|---------------------|-----------------------|---|
| Name of Storage Facility | Name | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Number Street | Number Street | | |
| City State ZIP Code | City State ZIP Code | | |
| City State ZIP Code | City State ZIP Code | | |

Part 9: Identify Property You Hold or Control for Someone Else

23. 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.

- No
- Yes. Fill in the details.

| Where is the property? | Describe the property | Value |
|------------------------|-----------------------|----------|
| Owner's Name | | \$ _____ |
| Number Street | | |
| City State ZIP Code | | |
| City State ZIP Code | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|---------------------|-----------------------------------|----------------|
| Name of site | | _____ |
| Number Street | | |
| City State ZIP Code | | |
| City State ZIP Code | | |

25. Have you notified any governmental unit of any release of hazardous material?

- No
Yes. Fill in the details.

Table with 3 columns: Governmental unit, Environmental law, if you know it, Date of notice. Includes fields for Name of site, Number Street, City State ZIP Code.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
Yes. Fill in the details.

Table with 3 columns: Court or agency, Nature of the case, Status of the case. Includes fields for Case title, Court Name, Number Street, Case number, City State ZIP Code, and status options: Pending, On appeal, Concluded.

Part 11: Give Details About Your Business or Connections to Any Business

27. 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. Go to Part 12.
Yes. Check all that apply above and fill in the details below for each business.

Table for business details with 2 columns: Business information (Name, Address, City State ZIP Code, Accountant) and Business identification (EIN, Dates business existed). Repeated for two businesses.

| | | |
|--|-------------------------------------|--|
| Business Name _____ Number Street _____ City State ZIP Code _____ | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | Name of accountant or bookkeeper | Dates business existed |
| | | From _____ To _____ |

28. 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.

- No
- Yes. Fill in the details below.

| | |
|---------------------|----------------|
| | Date issued |
| Name | MM / DD / YYYY |
| Number Street | |
| City State ZIP Code | |

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X _____ **X** _____
 Signature of Debtor 1 Signature of Debtor 2

Date _____ Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
- Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
- Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case and this filing:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____

Check if this is an amended filing

Official Form 106A/B
Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
- Yes. Where is the property?

1.1. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____
Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
(see instructions)

If you own or have more than one, list here:

1.2. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____
Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
(see instructions)

1.3. _____
 Street address, if available, or other description

 City State ZIP Code

 County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
|--|--|

| | |
|----------|----------|
| \$ _____ | \$ _____ |
|----------|----------|

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.>

| |
|----------|
| \$ _____ |
|----------|

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
|--|--|

| | |
|----------|----------|
| \$ _____ | \$ _____ |
|----------|----------|

If you own or have more than one, describe here:

3.2. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
|--|--|

| | |
|----------|----------|
| \$ _____ | \$ _____ |
|----------|----------|

3.3. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

[Text box for other information]

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

3.4. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

[Text box for other information]

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

4.1. Make: _____
Model: _____
Year: _____
Other information:

[Text box for other information]

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____
Model: _____
Year: _____
Other information:

[Text box for other information]

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

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

\$ [Text box for total value]

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No Yes. Describe..... \$

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No Yes. Describe..... \$

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No Yes. Describe..... \$

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No Yes. Describe..... \$

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No Yes. Describe..... \$

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No Yes. Describe..... \$

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No Yes. Describe..... \$

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No Yes. Describe..... \$

14. Any other personal and household items you did not already list, including any health aids you did not list

No Yes. Give specific information..... \$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here \$

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No Yes Cash: \$

17. Deposits of money

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.

No Yes Institution name: 17.1. Checking account: \$ 17.2. Checking account: \$ 17.3. Savings account: \$ 17.4. Savings account: \$ 17.5. Certificates of deposit: \$ 17.6. Other financial account: \$ 17.7. Other financial account: \$ 17.8. Other financial account: \$ 17.9. Other financial account: \$

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No Yes Institution or issuer name: \$ \$ \$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No Yes. Give specific information about them Name of entity: % of ownership: \$ \$ \$

20. Government and corporate bonds and other negotiable and non-negotiable instruments

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.

Form for section 20 with checkboxes for 'No' and 'Yes. Give specific information about them...' and lines for issuer name and dollar amounts.

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

Form for section 21 with checkboxes for 'No' and 'Yes. List each account separately.' and lines for account types (401(k), Pension plan, IRA, etc.) and dollar amounts.

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. Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

Form for section 22 with checkboxes for 'No' and 'Yes...' and lines for institution name or individual and various categories (Electric, Gas, Heating oil, etc.) with dollar amounts.

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

Form for section 23 with checkboxes for 'No' and 'Yes...' and lines for issuer name and description and dollar amounts.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

Three lines for listing institutions with dollar amounts.

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them....

Text box for details and a dollar amount line.

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them....

Text box for details and a dollar amount line.

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them....

Text box for details and a dollar amount line.

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Text box for details.

Federal, State, and Local dollar amount lines.

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

Text box for details.

Alimony, Maintenance, Support, Divorce settlement, Property settlement dollar amount lines.

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

Text box for details and a dollar amount line.

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value. ... Company name: Beneficiary: Surrender or refund value: \$

32. Any interest in property that is due you from someone who has died

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.

No

Yes. Give specific information..... \$

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim. \$

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim. \$

35. Any financial assets you did not already list

No

Yes. Give specific information..... \$

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here



\$

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own? Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe..... \$

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe..... \$

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No
 Yes. Describe..... \$ _____

41. Inventory

No
 Yes. Describe..... \$ _____

42. Interests in partnerships or joint ventures

No
 Yes. Describe..... Name of entity: _____ % of ownership: _____ % \$ _____
 _____ % \$ _____
 _____ % \$ _____

43. Customer lists, mailing lists, or other compilations

No
 Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?
 No
 Yes. Describe..... \$ _____

44. Any business-related property you did not already list

No
 Yes. Give specific information _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here → \$ _____

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No
 Yes..... \$ _____

48. Crops—either growing or harvested

No Yes. Give specific information. \$

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No Yes \$

50. Farm and fishing supplies, chemicals, and feed

No Yes \$

51. Any farm- and commercial fishing-related property you did not already list

No Yes. Give specific information. \$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here \$

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No Yes. Give specific information. \$ \$ \$

54. Add the dollar value of all of your entries from Part 7. Write that number here \$

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 \$

56. Part 2: Total vehicles, line 5 \$

57. Part 3: Total personal and household items, line 15 \$

58. Part 4: Total financial assets, line 36 \$

59. Part 5: Total business-related property, line 45 \$

60. Part 6: Total farm- and fishing-related property, line 52 \$

61. Part 7: Total other property not listed, line 54 + \$

62. Total personal property. Add lines 56 through 61. \$ Copy personal property total + \$

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(if known)

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|--|---|------------------------------------|
| | <small>Copy the value from <i>Schedule A/B</i></small> | <small>Check only one box for each exemption.</small> | |
| Brief description: _____ Line from <i>Schedule A/B</i> : _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from <i>Schedule A/B</i> : _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from <i>Schedule A/B</i> : _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |

3. **Are you claiming a homestead exemption of more than \$214,000?**
(Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 - No
 - Yes

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ _____ _____ |

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
 (If known)

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|--|---|
|---|--|---|

2.1 Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name _____
 Number _____ Street _____

 City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number _____

2.2 Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name _____
 Number _____ Street _____

 City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____

| | Additional Page | Column A | Column B | Column C |
|---------|---|---|--|-----------------------------|
| Part 1: | After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| □ | <p>Describe the property that secures the claim: _____ \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>_____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p> | | | |
| | <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number _____</p> | | | |
| □ | <p>Describe the property that secures the claim: _____ \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>_____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p> | | | |
| | <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number _____</p> | | | |
| □ | <p>Describe the property that secures the claim: _____ \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>_____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p> | | | |
| | <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number _____</p> | | | |
| | <p>Add the dollar value of your entries in Column A on this page. Write that number here: _____</p> <p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____</p> | \$ _____ | \$ _____ | \$ _____ |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | |
|--|--|
| <input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ _ _ _ |
| <input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ _ _ _ |
| <input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ _ _ _ |
| <input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ _ _ _ |
| <input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ _ _ _ |
| <input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ _ _ _ |

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
 (If known)

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
- Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|--|---|-----------------|--------------------|
| <div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">2.1</div> <hr/> Priority Creditor's Name _____ _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | |

| | | | |
|--|---|--|--|
| <div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">2.2</div> <hr/> Priority Creditor's Name _____ _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | |
|--|---|--|--|

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

| After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
|--|-------------|-----------------|--------------------|
|--|-------------|-----------------|--------------------|

| | |
|---|--|
| <input style="width: 100%; height: 20px;" type="text"/> Priority Creditor's Name <hr/> Number Street <hr/> City State ZIP Code <hr/> <p>Who incurred the debt? Check one.</p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <p>Is the claim subject to offset?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number ____ _ ____ _ \$ _____ \$ _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ |
|---|--|

| | |
|---|--|
| <input style="width: 100%; height: 20px;" type="text"/> Priority Creditor's Name <hr/> Number Street <hr/> City State ZIP Code <hr/> <p>Who incurred the debt? Check one.</p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <p>Is the claim subject to offset?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number ____ _ ____ _ \$ _____ \$ _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ |
|---|--|

| | |
|---|--|
| <input style="width: 100%; height: 20px;" type="text"/> Priority Creditor's Name <hr/> Number Street <hr/> City State ZIP Code <hr/> <p>Who incurred the debt? Check one.</p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <p>Is the claim subject to offset?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number ____ _ ____ _ \$ _____ \$ _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ |
|---|--|

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|---|---|--|-------------|
| 4.1 | Nonpriority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | Last 4 digits of account number _____ When was the debt incurred? _____ | \$ _____ |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | |

| | | | |
|---|---|--|----------|
| 4.2 | Nonpriority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | Last 4 digits of account number _____ When was the debt incurred? _____ | \$ _____ |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | |

| | | | |
|---|---|--|----------|
| 4.3 | Nonpriority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | Last 4 digits of account number _____ When was the debt incurred? _____ | \$ _____ |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | |

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

Input box for claim number

Nonpriority Creditor's Name, Number, Street, City, State, ZIP Code

Who incurred the debt? Check one. Debtor 1 only, Debtor 2 only, Debtor 1 and Debtor 2 only, At least one of the debtors and another. Check if this claim is for a community debt. Is the claim subject to offset? No, Yes

Last 4 digits of account number, \$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent, Unliquidated, Disputed

Type of NONPRIORITY unsecured claim:

- Student loans, Obligations arising out of a separation agreement or divorce that you did not report as priority claims, Debts to pension or profit-sharing plans, and other similar debts, Other. Specify

Input box for claim number

Nonpriority Creditor's Name, Number, Street, City, State, ZIP Code

Who incurred the debt? Check one. Debtor 1 only, Debtor 2 only, Debtor 1 and Debtor 2 only, At least one of the debtors and another. Check if this claim is for a community debt. Is the claim subject to offset? No, Yes

Last 4 digits of account number, \$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent, Unliquidated, Disputed

Type of NONPRIORITY unsecured claim:

- Student loans, Obligations arising out of a separation agreement or divorce that you did not report as priority claims, Debts to pension or profit-sharing plans, and other similar debts, Other. Specify

Input box for claim number

Nonpriority Creditor's Name, Number, Street, City, State, ZIP Code

Who incurred the debt? Check one. Debtor 1 only, Debtor 2 only, Debtor 1 and Debtor 2 only, At least one of the debtors and another. Check if this claim is for a community debt. Is the claim subject to offset? No, Yes

Last 4 digits of account number, \$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent, Unliquidated, Disputed

Type of NONPRIORITY unsecured claim:

- Student loans, Obligations arising out of a separation agreement or divorce that you did not report as priority claims, Debts to pension or profit-sharing plans, and other similar debts, Other. Specify

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | |
|---------------------------------|---|--|
| | | Total claim |
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ _____ |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ _____ |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ _____ |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + \$ _____ |
| | 6e. Total. Add lines 6a through 6d. | 6e. <div style="border: 1px solid black; padding: 2px;">\$ _____</div> |

| | | |
|---------------------------------|---|--|
| | | Total claim |
| Total claims from Part 2 | 6f. Student loans | 6f. \$ _____ |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ _____ |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ _____ |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + \$ _____ |
| | 6j. Total. Add lines 6f through 6i. | 6j. <div style="border: 1px solid black; padding: 2px;">\$ _____</div> |

Fill in this information to identify your case:

Debtor _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse If filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(if known)

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | State what the contract or lease is for |
|-----|--|---|
| 2.1 | Name _____ Number Street _____ City State ZIP Code _____ | |
| 2.2 | Name _____ Number Street _____ City State ZIP Code _____ | |
| 2.3 | Name _____ Number Street _____ City State ZIP Code _____ | |
| 2.4 | Name _____ Number Street _____ City State ZIP Code _____ | |
| 2.5 | Name _____ Number Street _____ City State ZIP Code _____ | |



Additional Page if You Have More Contracts or Leases

| Person or company with whom you have the contract or lease | What the contract or lease is for |
|--|-----------------------------------|
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |

Fill in this information to identify your case:

Debtor 1 _____
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
 (If known)

Check if this is an amended filing

Official Form 106H
Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent

 Number Street

 City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 _____
 Name

 Number Street

 City State ZIP Code

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.2 _____
 Name

 Number Street

 City State ZIP Code

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.3 _____
 Name

 Number Street

 City State ZIP Code

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

| | |
|--|--|
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
 (If known)

Check if this is:

- An amended filing
- A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY _____

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- Employed
 Not employed

- Employed
 Not employed

Occupation

Employer's name

Employer's address

| | |
|---------------------------------------|---------------------------------------|
| Number _____ Street _____ | Number _____ Street _____ |
| _____ | _____ |
| _____ | _____ |
| City _____ State _____ ZIP Code _____ | City _____ State _____ ZIP Code _____ |

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|---------------------|--|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ _____ | \$ _____ |
| 3. Estimate and list monthly overtime pay. | 3. + \$ _____ | + \$ _____ |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ _____ | \$ _____ |

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|----------------|--|
| Copy line 4 here..... → 4. | \$ _____ | \$ _____ |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ _____ | \$ _____ |
| 5b. Mandatory contributions for retirement plans | 5b. \$ _____ | \$ _____ |
| 5c. Voluntary contributions for retirement plans | 5c. \$ _____ | \$ _____ |
| 5d. Required repayments of retirement fund loans | 5d. \$ _____ | \$ _____ |
| 5e. Insurance | 5e. \$ _____ | \$ _____ |
| 5f. Domestic support obligations | 5f. \$ _____ | \$ _____ |
| 5g. Union dues | 5g. \$ _____ | \$ _____ |
| 5h. Other deductions. Specify: _____ | 5h. + \$ _____ | + \$ _____ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ _____ | \$ _____ |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ _____ | \$ _____ |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ _____ | \$ _____ |
| 8b. Interest and dividends | 8b. \$ _____ | \$ _____ |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ _____ | \$ _____ |
| 8d. Unemployment compensation | 8d. \$ _____ | \$ _____ |
| 8e. Social Security | 8e. \$ _____ | \$ _____ |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$ _____ | \$ _____ |
| 8g. Pension or retirement income | 8g. \$ _____ | \$ _____ |
| 8h. Other monthly income. Specify: _____ | 8h. + \$ _____ | + \$ _____ |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$ _____ | \$ _____ |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ _____ + | \$ _____ = \$ _____ |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | | |
| | | 11. + \$ _____ |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies | | 12. \$ _____ Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain: _____ | | |

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(if known)

Check if this is:

- An amended filing
- A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
- Yes. **Does Debtor 2 live in a separate household?**
 - No
 - Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.
 Do not state the dependents' names.

- No
- Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|--|-----------------|---|
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
- Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ _____

If not included in line 4:

- 4a. Real estate taxes 4a. \$ _____
- 4b. Property, homeowner's, or renter's insurance 4b. \$ _____
- 4c. Home maintenance, repair, and upkeep expenses 4c. \$ _____
- 4d. Homeowner's association or condominium dues 4d. \$ _____

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans

5. \$

6. Utilities:

6a. Electricity, heat, natural gas

6a. \$

6b. Water, sewer, garbage collection

6b. \$

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$

6d. Other. Specify:

6d. \$

7. Food and housekeeping supplies

7. \$

8. Childcare and children's education costs

8. \$

9. Clothing, laundry, and dry cleaning

9. \$

10. Personal care products and services

10. \$

11. Medical and dental expenses

11. \$

12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.

12. \$

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$

14. Charitable contributions and religious donations

14. \$

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$

15b. Health insurance

15b. \$

15c. Vehicle insurance

15c. \$

15d. Other insurance. Specify:

15d. \$

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:

16. \$

17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$

17b. Car payments for Vehicle 2

17b. \$

17c. Other. Specify:

17c. \$

17d. Other. Specify:

17d. \$

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$

19. Other payments you make to support others who do not live with you.

Specify:

19. \$

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20a. \$

20b. Real estate taxes

20b. \$

20c. Property, homeowner's, or renter's insurance

20c. \$

20d. Maintenance, repair, and upkeep expenses

20d. \$

20e. Homeowner's association or condominium dues

20e. \$

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

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

22a. Add lines 4 through 21.

22a. \$ _____

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ _____

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ _____

23b. Copy your monthly expenses from line 22c above.

23b. - \$ _____

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c. \$ _____

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(if known)

Check if this is:

- An amended filing
- A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J-2

Schedule J-2: Expenses for Separate Household of Debtor 2

12/15

Use this form for Debtor 2's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. *If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J.* Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Do you and Debtor 1 maintain separate households?

- No. Do not complete this form.
- Yes

2. Do you have dependents?

Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.

Do not state the dependents' names.

| | Dependent's relationship to Debtor 2: | Dependent's age | Does dependent live with you? |
|---|---------------------------------------|-----------------|-------------------------------|
| <input type="checkbox"/> No | _____ | _____ | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes. Fill out this information for each dependent..... | _____ | _____ | <input type="checkbox"/> Yes |
| | _____ | _____ | <input type="checkbox"/> No |
| | _____ | _____ | <input type="checkbox"/> Yes |
| | _____ | _____ | <input type="checkbox"/> No |
| | _____ | _____ | <input type="checkbox"/> Yes |
| | _____ | _____ | <input type="checkbox"/> No |
| | _____ | _____ | <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?

- No
- Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

| | Your expenses |
|---|---------------|
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. | 4. \$ _____ |
| If not included in line 4: | |
| 4a. Real estate taxes | 4a. \$ _____ |
| 4b. Property, homeowner's, or renter's insurance | 4b. \$ _____ |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. \$ _____ |
| 4d. Homeowner's association or condominium dues | 4d. \$ _____ |

Your expenses

- 5. Additional mortgage payments for your residence, such as home equity loans
6. Utilities:
6a. Electricity, heat, natural gas
6b. Water, sewer, garbage collection
6c. Telephone, cell phone, Internet, satellite, and cable services
6d. Other. Specify:
7. Food and housekeeping supplies
8. Childcare and children's education costs
9. Clothing, laundry, and dry cleaning
10. Personal care products and services
11. Medical and dental expenses
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.
13. Entertainment, clubs, recreation, newspapers, magazines, and books
14. Charitable contributions and religious donations
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.
15a. Life insurance
15b. Health insurance
15c. Vehicle insurance
15d. Other insurance. Specify:
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:
17. Installment or lease payments:
17a. Car payments for Vehicle 1
17b. Car payments for Vehicle 2
17c. Other. Specify:
17d. Other. Specify:
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).
19. Other payments you make to support others who do not live with you. Specify:
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.
20a. Mortgages on other property
20b. Real estate taxes
20c. Property, homeowner's, or renter's insurance
20d. Maintenance, repair, and upkeep expenses
20e. Homeowner's association or condominium dues

21. **Other.** Specify: _____

21. **+\$** _____

22. **Your monthly expenses.** Add lines 5 through 21.
The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2.

22. \$ _____

23. Line not used on this form.

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | |
|---|-----------------------|
| | Your assets |
| | Value of what you own |
| 1. <i>Schedule A/B: Property</i> (Official Form 106A/B) | |
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> | \$ _____ |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | \$ _____ |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | \$ _____ |

Part 2: Summarize Your Liabilities

| | |
|---|-------------------------|
| | Your liabilities |
| | Amount you owe |
| 2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D) | |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | \$ _____ |
| 3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F) | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ _____ |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | + \$ _____ |
| Your total liabilities | \$ _____ |

Part 3: Summarize Your Income and Expenses

| | |
|---|----------|
| 4. <i>Schedule I: Your Income</i> (Official Form 106I) | |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ _____ |
| 5. <i>Schedule J: Your Expenses</i> (Official Form 106J) | |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ _____ |

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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

\$ _____

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

| | Total claim |
|--|--------------------|
| From Part 4 on <i>Schedule E/F</i>, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ _____ |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ _____ |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ _____ |
| 9d. Student loans. (Copy line 6f.) | \$ _____ |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ _____ |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ _____ |
| 9g. Total. Add lines 9a through 9f. | \$ _____ |

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- No
- Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X _____
Signature of Debtor 1

X _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

United States Bankruptcy Court for the:

_____ District of _____

Case number (if known): _____

Official Form 121

Statement About Your Social Security Numbers

12/15

Use this form to tell the court about any Social Security or federal Individual Taxpayer Identification numbers you have used. Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

To protect your privacy, the court will not make this form available to the public. You should not include a full Social Security Number or Individual Taxpayer Number on any other document filed with the court. The court will make only the last four digits of your numbers known to the public. However, the full numbers will be available to your creditors, the U.S. Trustee or bankruptcy administrator, and the trustee assigned to your case.

Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Tell the Court About Yourself and Your spouse if Your Spouse is Filing With You

For Debtor 1:

For Debtor 2 (Only If Spouse Is Filing):

1. Your name

First name

Middle name

Last name

First name

Middle name

Last name

Part 2: Tell the Court About all of Your Social Security or Federal Individual Taxpayer Identification Numbers

2. All Social Security Numbers you have used

You do not have a Social Security number.

You do not have a Social Security number.

3. All federal Individual Taxpayer Identification Numbers (ITIN) you have used

9 _____
9 _____

9 _____
9 _____

You do not have an ITIN.

You do not have an ITIN.

Part 3: Sign Below

Under penalty of perjury, I declare that the information I have provided in this form is true and correct.

Under penalty of perjury, I declare that the information I have provided in this form is true and correct.

x _____
Signature of Debtor 1

x _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- 3. The commitment period is 3 years.
- 4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. **What is your marital and filing status?** Check one only.
- Not married.** Fill out Column A, lines 2-11.
 - Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | <i>Column A</i> Debtor 1 | <i>Column B</i> Debtor 2 or non-filing spouse | | | | | | | | | | | | |
|---|---|---|--|-----------------|-----------------|--|----------|----------|---|------------|------------|---|----------|----------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ _____ | \$ _____ | | | | | | | | | | | | |
| 3. Alimony and maintenance payments. Do not include payments from a spouse. | \$ _____ | \$ _____ | | | | | | | | | | | | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | \$ _____ | \$ _____ | | | | | | | | | | | | |
| 5. Net income from operating a business, profession, or farm | <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center; background-color: #f2f2f2;">Debtor 1</td> <td style="width: 25%; text-align: center; background-color: #f2f2f2;">Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">- \$ _____</td> <td style="text-align: right;">- \$ _____</td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | | | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$ _____ | \$ _____ | Ordinary and necessary operating expenses | - \$ _____ | - \$ _____ | Net monthly income from a business, profession, or farm | \$ _____ | \$ _____ |
| | Debtor 1 | Debtor 2 | | | | | | | | | | | | |
| Gross receipts (before all deductions) | \$ _____ | \$ _____ | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | - \$ _____ | - \$ _____ | | | | | | | | | | | | |
| Net monthly income from a business, profession, or farm | \$ _____ | \$ _____ | | | | | | | | | | | | |
| | \$ _____ | \$ _____ | | | | | | | | | | | | |
| 6. Net income from rental and other real property | <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center; background-color: #f2f2f2;">Debtor 1</td> <td style="width: 25%; text-align: center; background-color: #f2f2f2;">Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">- \$ _____</td> <td style="text-align: right;">- \$ _____</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | | | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$ _____ | \$ _____ | Ordinary and necessary operating expenses | - \$ _____ | - \$ _____ | Net monthly income from rental or other real property | \$ _____ | \$ _____ |
| | Debtor 1 | Debtor 2 | | | | | | | | | | | | |
| Gross receipts (before all deductions) | \$ _____ | \$ _____ | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | - \$ _____ | - \$ _____ | | | | | | | | | | | | |
| Net monthly income from rental or other real property | \$ _____ | \$ _____ | | | | | | | | | | | | |
| | \$ _____ | \$ _____ | | | | | | | | | | | | |

| Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|----------------------|--|
|----------------------|--|

7. Interest, dividends, and royalties

| | |
|----------|----------|
| \$ _____ | \$ _____ |
|----------|----------|

8. Unemployment compensation

| | |
|----------|----------|
| \$ _____ | \$ _____ |
|----------|----------|

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you \$ _____

For your spouse \$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

| | |
|----------|----------|
| \$ _____ | \$ _____ |
|----------|----------|

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ _____

\$ _____

Total amounts from separate pages, if any.

+ \$ _____ + \$ _____

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

| | | | | |
|----------|---|----------|---|----------|
| \$ _____ | + | \$ _____ | = | \$ _____ |
|----------|---|----------|---|----------|

Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. \$ _____

13. Calculate the marital adjustment. Check one:

- You are not married. Fill in 0 below.
- You are married and your spouse is filing with you. Fill in 0 below.
- You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

| | |
|-------|------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | + \$ _____ |

Total \$ _____ Copy here → _____

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

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → \$ _____
 Multiply line 15a by 12 (the number of months in a year). **x 12**

15b. The result is your current monthly income for the year for this part of the form. \$ _____

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. _____

16b. Fill in the number of people in your household. _____

16c. Fill in the median family income for your state and size of household. \$ _____
 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. \$ _____

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. - \$ _____

19b. Subtract line 19a from line 18. \$ _____

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b..... \$ _____
 Multiply by 12 (the number of months in a year). **x 12**

20b. The result is your current monthly income for the year for this part of the form. \$ _____

20c. Copy the median family income for your state and size of household from line 16c..... \$ _____

21. How do the lines compare?

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Debtor 1

First Name Middle Name Last Name

Case number (if known) _____

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X _____
Signature of Debtor 1

X _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

Date _____
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/25

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1)*.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ _____

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$

7b. Number of people who are under 65 X

7c. Subtotal. Multiply line 7a by line 7b. \$ Copy here -> \$

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$

7e. Number of people who are 65 or older X

7f. Subtotal. Multiply line 7d by line 7e. \$ Copy here -> + \$

7g. Total. Add lines 7c and 7f. \$ Copy here -> \$

Local Standards

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities - Insurance and operating expenses
Housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$

9. Housing and utilities - Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Table with 2 columns: Name of the creditor, Average monthly payment. Includes input lines for creditor names and payments.

9b. Total average monthly payment \$ Copy here -> - \$ Repeat this amount on line 33a.

9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0. \$ Copy here -> \$

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$

Explain why: _____

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
1. Go to line 12.
2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. \$

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1:

13a. Ownership or leasing costs using IRS Local Standard \$

13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Table with 2 columns: Name of each creditor for Vehicle 1, Average monthly payment

Table rows showing creditor names and average monthly payments with a plus sign.

Total average monthly payment Copy here - \$ Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. Copy net Vehicle 1 expense here \$

Vehicle 2 Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard \$

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Table with 2 columns: Name of each creditor for Vehicle 2, Average monthly payment

Table rows showing creditor names and average monthly payments with a plus sign.

Total average monthly payment Copy here - \$ Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this number is less than \$0, enter \$0. Copy net Vehicle 2 expense here \$

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation. \$

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation. \$

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

- 16. Taxes: The total monthly amount that you actually pay for federal, state and local taxes...
17. Involuntary deductions: The total monthly payroll deductions that your job requires...
18. Life insurance: The total monthly premiums that you pay for your own term life insurance...
19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court...
20. Education: The total monthly amount that you pay for education that is either required...
21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare...
22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care...
23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services...
24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.

Additional Expense Deductions

These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24.

- 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
Health insurance \$
Disability insurance \$
Health savings account + \$
Total \$ Copy total here -> \$
Do you actually spend this total amount?
[] No. How much do you actually spend? \$
[] Yes \$

- 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.
27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ _____

29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$214.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\$ _____

* Subject to adjustment on 4/01/28, and every 3 years after that for cases begun on or after the date of adjustment.

30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary.

\$ _____

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income.

+ \$ _____

32. Add all of the additional expense deductions. Add lines 25 through 31.

\$ _____

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly payment

Mortgages on your home

33a. Copy line 9b here -> \$ _____

Loans on your first two vehicles

33b. Copy line 13b here. -> \$ _____

33c. Copy line 13e here. -> \$ _____

33d. List other secured debts:

Table with 3 columns: Name of each creditor for other secured debt, Identify property that secures the debt, Does payment include taxes or insurance? (No/Yes) and corresponding dollar amounts.

33e. Total average monthly payment. Add lines 33a through 33d. \$ _____ Copy total here -> \$ _____

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

- No. Go to line 35.
- Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

| Name of the creditor | Identify property that secures the debt | Total cure amount | Monthly cure amount |
|----------------------|---|-------------------|--|
| _____ | _____ | \$ _____ ÷ 60 = | \$ _____ |
| _____ | _____ | \$ _____ ÷ 60 = | \$ _____ |
| _____ | _____ | \$ _____ ÷ 60 = | + \$ _____ |
| Total | | | <div style="border: 1px solid black; display: inline-block; padding: 2px;">\$ _____</div> <div style="display: inline-block; vertical-align: middle; margin-left: 5px;">Copy total here →</div> <div style="margin-left: 20px;">\$ _____</div> |

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

- No. Go to line 36.
- Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

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

36. Projected monthly Chapter 13 plan payment

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

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

\$ _____

X _____

\$ _____

Copy total here →

\$ _____

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

\$ _____

Total Deductions from Income

38. Add all of the allowed deductions.

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

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

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

Total deductions

\$ _____

Copy total here →

\$ _____

Part 2:

Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. \$

40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here \$

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Table with 2 columns: Describe the special circumstances, Amount of expense. Includes a Total row and a 'Copy here' instruction.

44. Total adjustments. Add lines 40 through 43. \$ Copy here - \$

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$

Part 3:

Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below.

Table with 6 columns: Form, Line, Reason for change, Date of change, Increase or decrease?, Amount of change. Includes checkboxes for Increase/Decrease and dollar amount fields.

Debtor 1

First Name Middle Name Last Name

Case number (if known) _____

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

x _____

Signature of Debtor 1

x _____

Signature of Debtor 2

Date _____
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
 (If known)

Check if this is an amended filing

Official Form 103A

Application for Individuals to Pay the Filing Fee in Installments

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: Specify Your Proposed Payment Timetable

1. Which chapter of the Bankruptcy Code are you choosing to file under?
- Chapter 7
 - Chapter 11
 - Chapter 12
 - Chapter 13

2. You may apply to pay the filing fee in up to four installments. Fill in the amounts you propose to pay and the dates you plan to pay them. Be sure all dates are business days. Then add the payments you propose to pay.

You must propose to pay the entire fee no later than 120 days after you file this bankruptcy case. If the court approves your application, the court will set your final payment timetable.

You propose to pay...

- \$ _____ With the filing of the petition
- \$ _____ On or before this date..... MM / DD / YYYY
- \$ _____ On or before this date MM / DD / YYYY
- \$ _____ On or before this date MM / DD / YYYY
- + \$ _____ On or before this date MM / DD / YYYY

Total \$ _____

◀ Your total must equal the entire fee for the chapter you checked in line 1.

Part 2: Sign Below

By signing here, you state that you are unable to pay the full filing fee at once, that you want to pay the fee in installments, and that you understand that:

- You must pay your entire filing fee before you make any more payments or transfer any more property to an attorney, bankruptcy petition preparer, or anyone else for services in connection with your bankruptcy case.
- You must pay the entire fee no later than 120 days after you first file for bankruptcy, unless the court later extends your deadline. Your debts will not be discharged until your entire fee is paid.
- If you do not make any payment when it is due, your bankruptcy case may be dismissed, and your rights in other bankruptcy proceedings may be affected.

x _____
 Signature of Debtor 1

x _____
 Signature of Debtor 2

x _____
 Your attorney's name and signature, if you used one

Date _____
 MM / DD / YYYY

Date _____
 MM / DD / YYYY

Date _____
 MM / DD / YYYY

Fill in this information to identify the case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Chapter filing under:
 Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Order Approving Payment of Filing Fee in Installments

After considering the *Application for Individuals to Pay the Filing Fee in Installments* (Official Form 103A), the court orders that:

- The debtor(s) may pay the filing fee in installments on the terms proposed in the application.
- The debtor(s) must pay the filing fee according to the following terms:

| <u>You must pay...</u> | <u>On or before this date...</u> |
|------------------------|----------------------------------|
| \$ _____ | _____ Month / day / year |
| \$ _____ | _____ Month / day / year |
| \$ _____ | _____ Month / day / year |
| + \$ _____ | _____ Month / day / year |
| Total | |
| \$ _____ | |

Until the filing fee is paid in full, the debtor(s) must not make any additional payment or transfer any additional property to an attorney or to anyone else for services in connection with this case.

Month / day / year

By the court: _____
United States Bankruptcy Judge

Fill in this information to identify your case:

Debtor 1 _____
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
 (if known)

Check if this is an amended filing

Official Form 103B

Application to Have the Chapter 7 Filing Fee Waived

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: Tell the Court About Your Family and Your Family's Income

1. What is the size of your family?

Your family includes you, your spouse, and any dependents listed on *Schedule J: Your Expenses* (Official Form 106J).

Check all that apply:

- You
- Your spouse
- Your dependents

_____ How many dependents?

_____ Total number of people

2. Fill in your family's average monthly income.

Include your spouse's income if your spouse is living with you, even if your spouse is not filing.

Do not include your spouse's income if you are separated and your spouse is not filing with you.

Add your income and your spouse's income. Include the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

If you have already filled out *Schedule I: Your Income*, see line 10 of that schedule.

Subtract any non-cash governmental assistance that you included above.

Your family's average monthly net income

That person's average monthly net income (take-home pay)

You \$ _____

Your spouse + \$ _____

Subtotal..... \$ _____

— \$ _____

Total..... \$ _____

3. Do you receive non-cash governmental assistance?

- No
- Yes. Describe.....

Type of assistance

4. Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months?

- No
- Yes. Explain.....

5. Tell the court why you are unable to pay the filing fee in installments within 120 days. If you have some additional circumstances that cause you to not be able to pay your filing fee in installments, explain them.

Part 2: Tell the Court About Your Monthly Expenses

6. Estimate your average monthly expenses.

Include amounts paid by any government assistance that you reported on line 2. \$ _____

If you have already filled out Schedule J, Your Expenses, copy line 22 from that form.

7. Do these expenses cover anyone who is not included in your family as reported in line 1?

- No
Yes. Identify who.....

Empty box for identifying family members.

8. Does anyone other than you regularly pay any of these expenses?

- No
Yes. How much do you regularly receive as contributions? \$ _____ monthly

If you have already filled out Schedule I: Your Income, copy the total from line 11.

9. Do you expect your average monthly expenses to increase or decrease by more than 10% during the next 6 months?

- No
Yes. Explain

Empty box for explaining expense changes.

Part 3: Tell the Court About Your Property

If you have already filled out Schedule A/B: Property (Official Form 106A/B) attach copies to this application and go to Part 4.

10. How much cash do you have?

Examples: Money you have in your wallet, in your home, and on hand when you file this application

Cash: \$ _____

11. Bank accounts and other deposits of money?

Examples: Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other similar institutions. If you have more than one account with the same institution, list each. Do not include 401(k) and IRA accounts.

Table with columns: Institution name, Amount. Rows for Checking account, Savings account, and two Other financial accounts.

12. Your home? (if you own it outright or are purchasing it)

Examples: House, condominium, manufactured home, or mobile home

Form fields for Number, Street, City, State, ZIP Code, Current value, and Amount you owe on mortgage and liens.

13. Other real estate?

Form fields for Number, Street, City, State, ZIP Code, Current value, and Amount you owe on mortgage and liens.

14. The vehicles you own?

Examples: Cars, vans, trucks, sports utility vehicles, motorcycles, tractors, boats

Form fields for Make, Model, Year, Mileage, Current value, and Amount you owe on liens for two vehicles.

15. Other assets?

Describe the other assets:

Do not include household items and clothing.

[Empty box for describing other assets]

Current value: \$

Amount you owe on liens: \$

16. Money or property due you?

Examples: Tax refunds, past due or lump sum alimony, spousal support, child support, maintenance, divorce or property settlements, Social Security benefits, workers' compensation, personal injury recovery

Who owes you the money or property?

Two lines for listing who owes money

How much is owed?

Two lines for amount owed (\$)

Do you believe you will likely receive payment in the next 180 days?

- No
Yes. Explain:

[Empty box for explaining 'Yes' answer]

Part 4: Answer These Additional Questions

17. Have you paid anyone for services for this case, including filling out this application, the bankruptcy filing package, or the schedules?

- No
Yes. Whom did you pay? Check all that apply:
An attorney
A bankruptcy petition preparer, paralegal, or typing service
Someone else

How much did you pay?

\$

18. Have you promised to pay or do you expect to pay someone for services for your bankruptcy case?

- No
Yes. Whom do you expect to pay? Check all that apply:
An attorney
A bankruptcy petition preparer, paralegal, or typing service
Someone else

How much do you expect to pay?

\$

19. Has anyone paid someone on your behalf for services for this case?

- No
Yes. Who was paid on your behalf? Check all that apply:
An attorney
A bankruptcy petition preparer, paralegal, or typing service
Someone else
Who paid? Check all that apply:
Parent
Brother or sister
Friend
Pastor or clergy
Someone else

How much did someone else pay?

\$

20. Have you filed for bankruptcy within the last 8 years?

- No
Yes. District When Case number
District When Case number
District When Case number

Part 5: Sign Below

By signing here under penalty of perjury, I declare that I cannot afford to pay the filing fee either in full or in installments. I also declare that the information I provided in this application is true and correct.

X Signature of Debtor 1 X Signature of Debtor 2

Date MM / DD / YYYY

Date MM / DD / YYYY

Fill in this information to identify the case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(if known)

Order on the Application to Have the Chapter 7 Filing Fee Waived

After considering the debtor's *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B), the court orders that the application is:

Granted. However, the court may order the debtor to pay the fee in the future if developments in administering the bankruptcy case show that the waiver was unwarranted.

Denied. The debtor must pay the filing fee according to the following terms:

| <u>You must pay...</u> | <u>On or before this date...</u> |
|------------------------|---|
| \$ _____ | _____/_____/_____ Month / day / year |
| \$ _____ | _____/_____/_____ Month / day / year |
| \$ _____ | _____/_____/_____ Month / day / year |
| + \$ _____ | _____/_____/_____ Month / day / year |
| Total | <input type="text"/> |

If the debtor would like to propose a different payment timetable, the debtor must file a motion promptly with a payment proposal. The debtor may use *Application for Individuals to Pay the Filing Fee in Installments* (Official Form 103A) for this purpose. The court will consider it.

The debtor must pay the entire filing fee before making any more payments or transferring any more property to an attorney, bankruptcy petition preparer, or anyone else in connection with the bankruptcy case. The debtor must also pay the entire filing fee to receive a discharge. If the debtor does not make any payment when it is due, the bankruptcy case may be dismissed and the debtor's rights in future bankruptcy cases may be affected.

Scheduled for hearing.

A hearing to consider the debtor's application will be held

on _____ at _____ AM / PM at _____.
Month / day / year Address of courthouse

If the debtor does not appear at this hearing, the court may deny the application.

Month / day / year

By the court: _____
United States Bankruptcy Judge

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF WEST VIRGINIA**

Debtor 1:
Debtor 2:

Case No.:

N.D.W. Va. Model Plan (04/01/23)

Chapter 13 Plan

Part 1: Notices

To Creditors: Your rights may be affected by this plan. You should read this plan carefully and discuss it with your attorney if you have one. If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must timely file an objection to confirmation. Objections by any party other than the Chapter 13 Trustee must be in writing and filed with the court **no later than fourteen days after the date first set for the section 341(a) meeting of creditors**, unless otherwise permitted by the court. If this proposed plan was not filed at least nine days before the date first set for the meeting of creditors, objections must be filed within twenty-three days from the issuance of the Clerk's notice of the confirmation hearing that accompanies this proposed plan, or amended plan, unless otherwise permitted by the court. The plan may be confirmed without further notice if no objection is timely filed.

This plan does not allow claims. The fact that your claim is classified herein does not mean that you will receive payment. You must file a timely proof of claim to be paid.

Non-standard provisions, if any, are specifically set forth in Paragraphs 3.4, 5.3 and 8.1. Valuation or stripoff of a secured claim under 11 U.S.C. 506 and the avoidance of a security interests under 11 U.S.C. 522(f) require a separate motion or adversary proceeding. Interest rate modifications do not require a separate motion.

Amended Plan: Only complete this section if this is an amended plan before confirmation

Sections of the Plan that have been amended:

Creditors affected by the amendment (list creditor name and proof of claim number (if known))

Does the Debtor have "current monthly income" above the applicable median income for the State?

Is the Debtor eligible for a discharge? Is the Joint Debtor eligible for a discharge?

Part 2: Plan Payments and Length of Plan

If you have not paid the Chapter 13 filing fee, do you desire to have the Chapter 13 Trustee pay the filing fee from your first plan payment(s)?

| | |
|---------------|--|
| | Monthly income of the Debtor as stated on Schedule I, Line 12 |
| | Less reasonably necessary monthly living expenses of the Debtor and all monthly payments for which the Debtor will remain the disbursing agent |
| \$0.00 | Income available to feasibly make monthly Chapter 13 plan payments |

| | | | | |
|---|---|--|--|---------------|
| The Debtor shall make plan payments as follows: | | Total Length of Plan in Months: | | |
| | <input type="checkbox"/> weekly for | | <input type="checkbox"/> months, totaling: | \$0.00 |
| | <input type="checkbox"/> bi-weekly for | | <input type="checkbox"/> months, totaling: | \$0.00 |
| | <input type="checkbox"/> semi-monthly for | | <input type="checkbox"/> months, totaling: | \$0.00 |
| | <input type="checkbox"/> monthly for | | <input type="checkbox"/> months, totaling: | \$0.00 |

Other plan payment terms (e.g., "step" payments)

Total Paid In ("Plan Base"): **\$0.00**

Plan Payment Method: The first plan payment is due within 30 days of the filing of the bankruptcy petition. The Chapter 13 Trustee encourages debtors to make electronic plan payments through TFS Bill Pay, accessible via: <https://www.tfsbillpay.com>. Debtors may also mail payments to "Chapter 13 Trustee for WV, P.O. Box 2207, Memphis, TN 38101-2207" with your Case Number in the memo line. If the debtor seeks to pay by wage withholding order, the debtor shall provide the information below, which the Bankruptcy Court will use to enter a wage withholding order.

Debtor 1 (for payroll deduction cases only)

Debtor 2 (for payroll deduction cases only)

Employer:
Address:
Address:
Tele:
Deduction:

Employer:
Address:
Address:
Tele:
Deduction:

Other Property. In addition to the monthly plan payments proposed by the Debtor, the following additional property is dedicated to pay claims against the Debtor:

Income Tax Refunds - Unless otherwise indicated below, the Debtor will provide the Trustee with a copy of each income tax return filed during the term of the plan within 14 days of filing the return and will turnover to the Trustee all income tax refunds in excess of \$2,000.00 within 30 days of receipt.

Other Treatment:

EFFECTIVE DATE FOR PLAN LENGTH. Plan payments shall commence not later than 30 days after the filing of the petition or the date of conversion from another chapter to Chapter 13. The amount of the monthly plan payment may be increased without notice at or before the confirmation hearing. The proposed plan length runs from:

- The date that the first plan payment is made pursuant to 11 U.S.C. 1326(a)(1)
- The effective date of confirmation with all pre-confirmation payments being dedicated to the plan

Total Payments Provided for in the Plan by Class

Analysis does not include any amounts not paid through the Trustee in the Plan

| | | | |
|--------|--|---------------|--|
| Class: | 3.2 Cure & Maintain Secured Debts | \$0.00 | |
| | 3.3 to 3.4 Modification of Secured Debts | \$0.00 | |
| | 3.5 Valuation of Secured Debts | \$0.00 | |
| | 3.6 Certain Unavoidable Liens | \$0.00 | |
| | 4.2 Trustee's Fees | \$0.00 | |
| | 4.3 Attorney's Fees | \$0.00 | |
| | 4.4 to 4.5 DSOs and Priority Debts | \$0.00 | |
| | 5.2 to 5.3 Cure & Maintain Unsecured Debts | \$0.00 | |
| | 5.4 General Unsecured Debts | \$0.00 | |
| | 8.1 Non-Standard Treatments | \$0.00 | |
| | Total Paid Out of Plan Base | \$0.00 | |

Part 3: Treatment of Secured Claims

Secured Claims. Each holder of an allowed secured claim, which is paid in full during the life of the plan and for which the collateral is not surrendered, shall retain the lien securing the claim until the earlier of: (1) payment of the underlying debt as determined under non-bankruptcy law; or (2) discharge. Should this case be dismissed or converted before the plan is completed, the lien securing an allowed secured claim shall be retained by the holder to the extent recognized by non-bankruptcy law.

3.3 Secured Claims Excluded from 11 U.S.C. 506. The claims listed below were either: (1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or (2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value. Claims that are modified in a Chapter 13 plan must be paid through the Chapter 13 Trustee. The Trustee may pay the interest, secured principal and arrearage amount on an amortized basis over the life of the plan, and, thus, the total amount of interest may vary from the amount calculated. If relief from the automatic stay is ordered as to any item of collateral listed below, then the Trustee is authorized to cease all payments to the secured creditor. The dollar amount listed in a creditor's timely filed and allowed claim controls over the dollar amount listed below and the creditor need not object to confirmation on the basis that this proposed plan does not accurately reflect the dollar amount of the creditor's proof of claim. Absent a timely filed objection to this plan, the Trustee will pay the bankruptcy *Till* rate of interest, proposed below, or the proof of claim contractual repayment rate of interest, whichever is lower.

| Claim No. (if known) | Secured Creditor | Collateral | Total Owed Including Arrearage | Interest Rate | 90 Days Unpaid Interest + Principal | Total Paid In Plan |
|----------------------|------------------|------------|--------------------------------|---------------|-------------------------------------|--------------------|
| | | | | | \$0 | \$0.00 |
| | | | | | \$0 | \$0.00 |
| | | | | | \$0 | \$0.00 |
| | | | | | \$0 | \$0.00 |
| | | | | | \$0 | \$0.00 |
| | | | | | \$0 | \$0.00 |

3.4 Other Treatment of Secured Claims. The Debtor proposes the following treatment:

Total paid in the plan by the Trustee in Section 3.4

3.5 Secured Claims that are Subject to a Separate Motion or Adversary Proceeding Based on Valuation. This Plan does not value claims. To value a claim pursuant 11 U.S.C. 506, the Debtor must file and serve a separate motion pursuant to Fed. R. Bankr. P. 3012, 7004, 9014(b), or, as applicable, file an adversary proceeding under Fed. R. Bankr. P. 7001, or submit an agreed order to the court resolving value. The information provided below is for information purposes only, and the Debtor's valuation stated herein is subject to change, without the need to modify the plan, based on the resolution of any motion, adversary proceeding, or pursuant to the terms of an agreed order regarding valuation. The amount of the creditor's claim in excess of the Debtor's valuation for the collateral shall be treated with other general unsecured claims and paid pro rata provided that the creditor timely files a proof of claim. If an order is entered treating the claim as wholly unsecured then the creditor's lien will be avoided pursuant to 11 U.S.C. 506.

| Claim No. (if known) | Creditor | Collateral | Amount Owed | Debtor's Valuation | Interest Rate | 90 Days Interest + Principal | Total Paid in Plan |
|----------------------|----------|------------|-------------|--------------------|---------------|------------------------------|--------------------|
| | | | | | | 0 | \$0.00 |
| | | | | | | 0 | \$0.00 |
| | | | | | | 0 | \$0.00 |
| | | | | | | 0 | \$0.00 |

3.6 Lien Avoidance. This plan does not avoid judicial liens or nonpossessory, nonpurchase money security interests under 11 U.S.C. 522(f). To avoid such liens, the Debtor must file and serve a separate motion on the affected creditor(s) pursuant to Fed. R. Bankr. P. 7004 and 9014(b). The Debtor may at a later date seek to avoid a judicial lien held by a creditor not listed below. The information provided below is for information purposes only, and the information provided is subject to change, without the need to modify the plan, based on the resolution of the Debtor's motion to avoid lien. The monthly payment amount and the duration of payments is subject to the Trustee's discretion. The amount of the creditor's avoided lien, if any, shall be treated with other general unsecured claims and paid pro rata provided that the creditor timely files a proof of claim. The Debtor discloses the intention to avoid liens held by the following creditors:

| Claim No. (if known) | Creditor | Collateral / Face Value of Lien | Estimated Remaining Lien Value | Interest Rate | 90 Days Interest + Principal | Total Paid in Plan |
|----------------------|----------|---------------------------------|--------------------------------|---------------|------------------------------|--------------------|
| | | | | | \$0 | \$0.00 |
| | | | | | 0 | \$0.00 |
| | | | | | 0 | \$0.00 |
| | | | | | 0 | \$0.00 |

3.7 Surrender or Sale of Collateral. For property the Debtor proposes to sell, a separate motion and proposed order must be filed which provide the details of the sale. Court approval must be obtained for the hire and use of a professional to sell property. After the payment of secured debts and the costs of sale, all net proceeds shall be paid to the Trustee for distribution. Property to be sold by the Debtor that is not sold in the applicable time period listed below will be surrendered to the creditor unless the Trustee or Debtor requests additional time, or unless the Debtor modifies the plan to retain the collateral and cure existing defaults. A secured creditor entitled to a deficiency claim must file that claim within 90 days of the date that the real or personal property is surrendered, or within 30 days of a sale that is conducted by the Debtor, unless otherwise ordered by the Court. Any allowed unsecured claim resulting from the disposition of the collateral will be paid pro rata with all other general unsecured claims. The Debtor requests that upon confirmation of this plan the stay under 11 USC 362(a) and 1301 be terminated with respect to surrendered collateral. This request is not a motion, is not governed by 11 USC 362(d) or (e), and no fee is owed.

| Claim No. (if known) | Creditor | Collateral | Amount Owed | Debtor's Valuation / Amount Secured | Indicate if Surrender or Sale | Time to Complete Sale, if applicable |
|----------------------|----------|------------|-------------|-------------------------------------|-------------------------------|--------------------------------------|
| | | | | | | |

Part 4: Treatment of Fees and Priority Claims

4.1 General. Unless the holder of a priority claim agrees to different treatment, Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in Section 4.4.1, will be paid in full without post-petition interest. Any agreement for different treatment should be formalized in a joint stipulation between the priority creditor and the Debtor and be filed with the Court.

4.2 Trustee's Fees. The Trustee's fee is governed by statute and may change during the course of the case. The Trustee's fee is estimated to be 10% of the Total Plan Base

| | | |
|--|---------------|-------------------------------------|
| | \$0.00 | Total Plan Base as stated in Part 2 |
| | \$0.00 | Total estimated Trustee's Fee |

4.3 Attorney's Fees. After a debtor's Chapter 13 plan is confirmed, the Chapter 13 Trustee shall pay all outstanding attorney's fees concurrently with any secured debt payments and any domestic support obligation that is to be paid by the Trustee; provided, however, that funds are to be applied first to long term mortgage debts paid through the Trustee, second to equal monthly payments to other secured creditors, third to domestic support creditors, and only then to attorney's fees. Attorney's fees are to be paid, in full, before any plan payment is applied to an arrearage claim or before payment is applied to any other priority or unsecured debt.

| | |
|---------------|--|
| | Total attorney's fee |
| | Amount received pre-petition |
| \$0.00 | Amount to be paid in the plan by the Trustee |

4.4 Domestic Support Obligations. If the Debtor has domestic support obligations, use only the initials of minor children and do not list confidential information.

Proof of Claim # (if known)

Name & Address of Claimant or Agency:

| | |
|---------------|--|
| | Estimated DSO arrearage to be paid in the Plan |
| | Payment amount for on-going monthly DSO obligations if paid by the Trustee |
| 0 | Lesser of Plan length or remaining monthly payments |
| \$0.00 | Total amount paid in the Plan by the Trustee as a Class 4.4 Claim |

4.4.1 Domestic Support Obligations Assigned or Owed to A Governmental Unit and Paid Less than the Full Amount. The allowed priority claims listed below are based on a domestic support obligation that has been assigned or is owed to a governmental unit and will be paid less than the full amount of the claim under 11 U.S.C. 1322(a)(4). This plan provision requires that payments in Part 2 be for a term of 60 months.

| Claim No. (if known) | Creditor | Amount Owed | Amount Paid in Plan |
|----------------------|----------|-------------|---------------------|
| | | | |

4.5 Other Priority Claims as Defined by 11 U.S.C. 507.

| Claim No. (if known) | Creditor | Type of Priority | Amount Paid in Plan |
|----------------------|----------|------------------|---------------------|
| | | | |

4.6 Direct Payments on Priority Debts. The Debtor will maintain current installment payments on the priority unsecured debts listed below.

| Claim No. (if known) | Creditor | Type of Priority | Monthly Payment | Total Payments Remaining |
|----------------------|----------|------------------|-----------------|--------------------------|
| | | | | |

Part 5: Treatment of Non-Priority Unsecured Claims

5.1 Direct Payments Made by the Debtor on Unsecured Debts. The Debtor is not in arrears on the unsecured debts listed below and will directly maintain the current contractual installment payments, with any change required by the applicable contract that is noticed in conformity with any applicable rules.

| Claim No. (if known) | Unsecured Creditor | Type of Debt (e.g., student loan, co-debtor claims, executory contracts, unexpired leases, etc) | Monthly Payment | Number of Payments Remaining |
|----------------------|--------------------|---|-----------------|------------------------------|
| | | | | |

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

5.2 Maintenance of Payments and Cure of any Defaults on Unsecured Claims. Any existing arrearages will be paid in full by the Trustee at 0% interest unless otherwise indicated. The Trustee will maintain the contractual installment payments, with any change required by the applicable contract that is noticed in conformity with any applicable rule. Unless otherwise ordered by the court, the amount listed on a timely filed proof of claim controls over any amounts listed below as to the current installment payment and arrearage and such a creditor need not object to confirmation on the basis that this proposed plan does not accurately reflect the creditor's proof of claim. In the absence of a contrary timely proof of claim, the amount stated below is controlling. If relief from the automatic stay is ordered as to any of the debts listed below, then the Trustee is authorized to cease all payments to the unsecured creditor.

| Claim No. (if known) | Unsecured Creditor | Type of Debt (e.g., student loan, co-debtor claims, executory contracts, unexpired leases, etc) | Pre-Petition Arrearage |
|----------------------|--------------------|---|------------------------|
| | | | |

Treatment of Contractual Installment Payments (these payments must be made by the Trustee)

| Unsecured Creditor | Type of Debt | Regular Monthly Payment | Lesser of payments remaining or plan length | Total Paid in Plan |
|--------------------|--------------|-------------------------|---|--------------------|
| 0 | 0 | | 0 | \$0.00 |
| 0 | 0 | | 0 | \$0.00 |
| 0 | 0 | | 0 | \$0.00 |
| 0 | 0 | | 0 | \$0.00 |
| 0 | 0 | | 0 | \$0.00 |
| 0 | 0 | | 0 | \$0.00 |

5.3 Other Separately Classified Non-Priority Unsecured Claims. The Debtor proposes the following treatment:

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

Total payments, if any, made by the Trustee in Section 5.3:

5.4 Non-Priority Unsecured Claims Not Separately Classified. Allowed non-priority claims that are not separately classified will be paid pro rata. Payment of any dividend will depend on the amount of secured and priority claims allowed, payments to separately designated classes, and the total amount of all allowed unsecured claims. No payment will be made until unsecured priority claims are paid in full, and no payment will be made on scheduled claims unless a proof of claim is filed. The value as of the effective date of the plan of property to be distributed in the plan on account of each allowed unsecured claim is not less than the amount that would be paid on such claim if the estate of the Debtor was liquidated in Chapter 7 of the Bankruptcy Code on that date.

\$0.00 Estimated distribution to unsecured creditors

The distribution to unsecured creditors will be *pro rata*. It will depend on the amount of the allowed claims and the amount actually paid by the Debtor.

5.5 Special Provisions Governing Student Loans. This Plan does not provide for discharge of a debtor's student loan obligation. Discharge of a student loan requires a separate adversary proceeding. The debtor shall be allowed to seek enrollment in any applicable income-driven repayment plan with the U.S. Department of Education and/or other student loan servicers, guarantors, etc., without disqualification due to the debtor's bankruptcy provided that the debtor otherwise qualifies for an income-driven repayment plan. If the debtor qualifies and enrolls in an income-driven repayment plan, the debtor shall notify the Chapter 13 Trustee within 30 days of the amount of such payment and of any subsequent change in that payment. It shall not be a violation of the automatic stay or confirmation order for an educational lender, servicer, or guarantor to send the debtor normal monthly statements regarding payments due and other communications including, without limitation, notices of late payment or delinquency.

Part 6: Executory Contracts and Unexpired Leases

6.1 Assumption and Rejection. The executory contracts and unexpired leases listed below are assumed and will be treated as specified in Section 5.1, 5.2, and/or 5.3. Any executory contract or unexpired lease not listed below, or not specifically listed in Part 5, is rejected.

| Name of Executory Contract or Lease Holder | Description of Leased Property or Executory Contract | Disbursing Agent: Trustee, Debtor, Third Party. MUST BE CONSISTENT WITH § 5.1, 5.2 and/or 5.3 |
|--|--|--|
| | | |

Part 7: Vesting of Property of the Estate

7.1 Property of the estate will vest in the Debtor upon entry of discharge.

Part 8: Non-Standard Provisions

8.1 Non-Standard Provisions. A non-standard provision is a provision not otherwise included above. Non-standard provisions are listed here and/or in Paragraphs 3.4 and 5.3. No creditor may act in any manner whatsoever to collect, offset, or setoff all or any part of a debt that is to be paid in this Plan, or that is otherwise treated in the Confirmed Plan, unless expressly permitted by the Bankruptcy Code or by further Order of the Court. By filing a proof of claim, a creditor accepts the treatment of the claim in the Confirmed Plan. In the event that a creditor receives funds on a claim treated in this Plan from sources other than provided by this Plan, the creditor must file an amended proof of claim within 30 days.

Total, if any, to be paid by the Trustee in Section 8.1

By signing below, I certify that the plan does not contain any non-standard provision other than as set forth in Sections 3.5, 5.3 and/or 8.1

Part 9: Signatures

The Debtor, by signing below further states that the Debtor will be able to make all payments and comply with all provisions of this Plan, based on the availability to the Debtor of the income and property the Debtor proposes to use to complete the Plan. This Plan complies with all applicable provisions of the Bankruptcy Code. Any fee, charge, or amount required to be paid prior to confirmation has been paid or will be paid prior to confirmation. The Plan has been proposed in good faith and not by any means forbidden by law.

Signature of Attorney for the Debtor

Date

Signature of Debtor 1

Date

Signature of Debtor 2 (if applicable)

Date

EXHIBIT A: LIQUIDATION ANALYSIS, COMPARISON, AND ESTIMATED DIVIDEND

| Real Property | Property 1 | Property 2 | Property 3 |
|---------------------------|------------|------------|------------|
| Value on Schedule A/B | | | |
| Less First Mortgage | | | |
| Less Other Lien(s) | | | |
| Less Claimed Exemption(s) | | | |
| Less 10% Costs of Sale | \$0 | \$0 | \$0 |
| Net Equity | \$0 | \$0 | \$0 |

| Motor Vehicles | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 | Vehicle 5 |
|---------------------------|-----------|-----------|-----------|-----------|-----------|
| Value on Schedule A/B | | | | | |
| Less Lien(s) | | | | | |
| Less Claimed Exemption(s) | | | | | |
| Less 10% Costs of Sale | \$0 | \$0 | \$0 | \$0 | \$0 |
| Net Equity | \$0 | \$0 | \$0 | \$0 | \$0 |

| Other Assets | Item 1 | Item 2 | Item 3 | Item 4 | Everything Else |
|---------------------------|--------|--------|--------|--------|-----------------|
| Property Value | | | | | |
| Less Lien(s) | | | | | |
| Less Claimed Exemption(s) | | | | | |
| Less 10% Costs of Sale | \$0 | \$0 | \$0 | \$0 | \$0 |
| Net Equity | \$0 | \$0 | \$0 | \$0 | \$0 |

Unsecured Liabilities & Liquidation Comparison

| Total Unsecured Claims on Schedules D, E/F | Outcome in Chapter 7 |
|---|--|
| Priority Claims on Schedule E/F | Total Net Equity align="right">\$0 |
| Non-Priority Portions of Priority Claims on E/F | Less Chapter 7 Commission align="right">\$0 |
| General Unsecured Claims on Schedule E/F | Less Chapter 7 Attorney's Fees |
| Undersecured portions, if any, on Schedule D | Less Payment to Priority Claims align="right">\$0 |
| Total Unsecured Claims align="right">\$0 | Amount Payable to Gen. Unsecured align="right">\$0 |
| | Total General Unsecured Claims align="right">\$0 |
| | Percentage Distribution in Ch. 7 align="right">#DIV/0! |

Outcome in Proposed Plan

| | |
|--|---------|
| Total Plan Payments | \$0.00 |
| Less Secured Claims in Part 3 paid by the Trustee | \$0.00 |
| Less Priority Claims in Part 4 paid by the Trustee | \$0.00 |
| Less Classified Unsecured Claims in Part 5 paid by the TE | \$0.00 |
| Less Non-Standard Claims in Part 8.1 paid by the Trustee | \$0.00 |
| Amount Payable to General Unsecured Claims | \$0.00 |
| Undersecured portions in Sections 3.4,3.5,3.6, 3.7, if any | |
| Total General, Non-Priority Unsecured Claims on Sch. E/F | \$0.00 |
| Total Unsecured and Undersecured, Non-Priority Claims | \$0.00 |
| Percentage Distribution in Chapter 13 | #DIV/0! |