



LOTUS LAW GROUP

INFORMATION NEEDED FOR PREPARATION OF BANKRUPTCY SCHEDULES *For Individuals*

Fill out the following form completely. Every question we ask matters and the answers must be disclosed to the court in some form. The more complete the questionnaire, the less expensive your case will be. If you have questions, you can contact us by telephone, in the office, or by email.

5200 SW Macadam Ave., Ste. 500
Portland, Oregon 97239
503-606-8930
matt@lotuslawgroup.com
www.lotuslawgroup.com
Licensed in Oregon and Washington

PRELIMINARY INFORMATION

1. Debtor

Name (including middle name): _____

Other names in the last eight years: _____ Date of Birth: _____

Social Security # _____ Tax ID # _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

email address: _____ Cell Phone: _____

County of Residence _____ Fax No.: _____

How long have you lived in Oregon? _____

Occupation: _____ How long employed? _____

Employer: _____

Address: _____

City, State, Zip: _____

Hours and days at work: _____

OK to phone at work? Yes No

Name and phone number of relative or friend who can usually reach you: _____

2. Spouse

Name (including middle name): _____

Other names in the last eight years: _____ Date of Birth: _____

Social Security # _____ Tax ID # _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

email address: _____ Cell Phone: _____

County of Residence _____ Fax No.: _____

How long have you lived in Oregon? _____

Occupation: _____ How long employed? _____

Employer: _____

Address: _____

City, State, Zip: _____

Hours and days at work: _____

OK to phone at work? Yes No

Name and phone number of relative or friend who can usually reach you: _____

3. Both

Have either of you filed bankruptcy in the last eight years? Yes No

If Yes, in what State? _____ When? _____

Which Chapter? _____ Case No. _____

Result: Discharged Dismissed

4. Tax Returns

Have you filed your last tax year's returns? Federal: Yes No

State: Yes No

If No, when you file your tax returns do you expect:

Federal: a Refund To Pay Break Even

State: a Refund To Pay Break Even

How much for Federal? \$ _____ How much for State? \$ _____

Have you received an extension to file tax returns within the last three years? Yes No

If Yes, for what years? _____

Did you receive an income tax refund for the previous tax year? Yes No

If Yes, how much for Federal? \$ _____ How much for State? \$ _____

Do you expect to receive a tax refund for the current tax year?

Federal: Yes No

State: Yes No

How much: Federal: \$ _____

State: \$ _____

Do you have unfiled returns? If **Yes**, what years? _____

Do you owe Multnomah County Income Taxes? Yes No If **Yes**, how much \$ _____

If you owe any taxes, include the taxing authority, amounts, and other details in your list of obligations.

OBLIGATIONS

On a separate sheet of paper (or make several copies of this blank page), please provide for each creditor the following information: (Be sure to also include debts owed to family members.) It is important that we include all of your creditors on your schedules because amending your schedules to add creditors requires an additional fee.

1. Name: _____
2. Address: _____
3. City, State, ZIP Code: _____
4. Whether creditor has rights in specific property:
 - Unsecured (i.e., medical bills, credit cards, personal loans)
 - Secured by Personal Property (i.e. vehicles, furniture, jewelry, etc.)
 - Secured by Real Property (Trust Deeds, Mortgages, Judgment Liens, Tax Liens, Divorce Liens)
5. Account Number: _____
6. Amount owed: _____
7. How or why debt was incurred (i.e. credit card purchases, mail order, medical bills, personal loan, etc.): _____
8. Who owes on this debt (list names of all persons or businesses): _____

9. Name and address of any collection agent and/or attorney handling this claim:
 - Name: _____
 - Address: _____
 - Attorney: _____
10. Whether judgment has been taken against you on this claim, and if so, when and in which court:
 - Judgment: _____ Court: _____
 - Date Entered: _____ Case No.: _____
11. Address of any co-signor: _____

Please Note: You MUST provide us with a COMPLETE address for EVERY creditor, including ZIP Code. Incomplete addresses without a ZIP Code will result in REJECTION of your schedules by the BANKRUPTCY COURT and DELAY in the filing of your case.

ASSET INFORMATION

1. Real Property

Do you own any real property? Yes No If **No**, go to **Section 2**.

Joint Separate Other: _____

Description: (i.e. personal residence, rental property) _____

Address: _____

City, State, Zip: _____

Nature of interest: (i.e. buying on contract, paying on mortgage) _____

Is there a Co-Owner? Yes No If **Yes**, please list:

Name: _____ % of Interest: _____

Address: _____

Mortgage Company Name: _____

Mortgage Company Address: _____

Account Number: _____

Amount of monthly payments? \$ _____

Payments current? Yes No If **not** current, how many payments behind? _____

Value of real estate: \$ _____ Balance due: \$ _____

When purchased? _____ Purchase price: \$ _____

Tax assessed value: \$ _____

Amount of Yearly Property Taxes: \$ _____ Are you current? Yes No

If **No**, how much do you owe the County? \$ _____

Are Property Taxes included in your Mortgage payment? Yes No

Is your Homeowner's Insurance included in your Mortgage payment? Yes No

Any Unpaid: Property Taxes Income Tax Liens Judgment Liens

If **Yes**, describe: _____

Any attempts to sell? Yes No If **Yes**, lowest price listed for sale? \$ _____

Do you have an Second Mortgage? If **Yes**, answer below:

Second Mortgage Company Name: _____

Second Mortgage Company Address: _____

Account Number: _____

Amount of monthly payments? \$ _____ Balance due: \$ _____

Payments current? Yes No If **not** current, how many payments behind? _____

Do you have other Mortgages on the property? If **Yes**, answer the same questions as immediately above on a separate sheet of paper and check here

If you own more than one piece of real property, please supply the above information for each piece of property on a separate sheet of paper and check here.

2. Personal Property (Please list the values for the following:)

(1) How much cash (coins, currency) do you have on hand? \$ _____ None

(2) How many bank accounts do you and/or your spouse have? _____ None

(If None, skip to Question (3) below)

(a) Name of financial institution including branch: _____

Address: _____

City, State, Zip Code: _____

Number of accounts at this institution: _____

Name of owner on account: _____

Account No.: _____

Account Type: Savings Checking Balance: \$ _____

Any debts with this financial institution? Yes No

Type of Debt: _____

(b) Name of financial institution including branch: _____

Address: _____

City, State, Zip Code: _____

Number of accounts at this institution: _____

Name of owner on account: _____

Account No.: _____

Account Type: Savings Checking Balance: \$ _____

Any debts with this financial institution? Yes No

Type of Debt: _____

Please provide above information for each additional account on the back of this page and check here

List the value for the items with *'s at the asset's fair market value (that is, what you would receive for the asset in its present condition, if you sold the asset as a willing seller to a willing buyer, where neither of you is under any duress or compulsion to sell or buy). For the non *'d items, list the asset's face amount.

(3) Security deposits with landlord: \$ _____

What type (phone, electric, power, pet, etc.): _____ Refundable? Yes No

(4)* Households goods, supplies and furnishings (including audio, video, and computer equipment): \$ _____

Please describe any single item(s) valued over \$1,000: _____

(5)* Books, pictures, collectibles, art objects, antiques, CD's, etc: \$ _____

Please describe any single item(s) valued over \$1,000: _____

(6)* Wearing apparel: \$ _____

(7)* Jewelry: \$ _____ Furs: \$ _____

Please describe any single item(s) valued over \$1,000: _____

(8)* Firearms: (Describe: Type, Make and Model) _____ \$ _____

Sports, photographic or hobby equipment: \$ _____

You may group items together such as "camping equipment" etc., however, if any single item is valued over \$1,000 you must list it separately:

Item: _____ Value: \$ _____

Item: _____ Value: \$ _____

- (9) Do you own any life insurance? Yes No
 If **Yes**, what type?: Whole Life Term Universal
 Who is Beneficiary? _____
 If Whole Life what is its cash surrender value? \$_____ (call your insurance agent).
- (10) Annuities: \$_____
- (11) Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars: _____
- (12) Do you have a Retirement account? If **Yes**, what type? Keogh ERISA
 Pension Plan Deferred compensation fund IRA SEP TSP
 Account balance: \$_____
- Account Custodian: _____
- Name of Fund: _____ Institution IRA is held at: _____
- Amount of funds contributed in the last year: \$_____
- Any loans against this account? Yes No
- (13)* Stocks and interests in incorporated and unincorporated businesses: \$_____
- Name of company: _____ No. of Shares: _____
- (You can use www.cbsmarketwatch.com for stock values.)
- (14)* Interests in partnerships or joint ventures: \$_____
- Name of partnership: _____ % of Interest: _____
- (15) Government and corporate bonds: \$_____
- Name of Company: _____
- (16) Accounts receivable, fair market value: \$_____
- Face Amount: \$_____
- (17) Do you receive alimony, maintenance, support or are entitled to property from a settlement? Yes No If **Yes**, which? _____ Value: \$_____
- Any amount in arrears? Yes No If **Yes**, how much? \$_____
- (18) Other liquidated debts (including tax refunds): \$_____
- Wages owing: (leave blank, attorney will go over with you)
- Husband: \$_____ Wife: \$_____
- (19)* Equitable and future interests, life estates: \$_____
- (20) Contingent and unliquidated claims of every nature, including interests in estate of a decedent, death benefit plan, life insurance policy, trust:
- Regarding whom: _____ Value: \$_____
- (21) Other contingent, unliquidated claims (including tax refunds, counterclaims, rights to set offs):
- Against whom: _____ Value: \$_____
- (22)* Patents, copyrights, franchises and other: \$_____
- Describe: _____ Value: \$_____
- (23)* Licenses, franchises and other general intangibles:
- Describe: _____ Value: \$_____
- (24) Customer lists or other compilations containing personally liable identifiable information provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purpose.
- Describe: _____

(25)* Automobiles, truck, trailers and other vehicles:

Make: _____; Model: _____;
Value: \$ _____
Lender Company Name: _____
Lender Address: _____
Account Number: _____ Amount owing on Loan: \$ _____
Year, Make and Model: _____
Wholesale/Trade-in Value: \$ _____ Retail/Private Party Value: \$ _____
Mileage: _____ Names on Title: _____
Lease OR Buy If Lease, please list terms: _____

Make: _____; Model: _____;
Value: \$ _____
Lender Company Name: _____
Lender Address: _____
Account Number: _____ Amount owing on Loan: \$ _____
Year, Make and Model: _____
Wholesale/Trade-in Value: \$ _____ Retail/Private Party Value: \$ _____
Mileage: _____ Names on Title: _____
Lease OR Buy If Lease, please list terms: _____

Make: _____; Model: _____;
Value: \$ _____
Lender Company Name: _____
Lender Address: _____
Account Number: _____ Amount owing on Loan: \$ _____
Year, Make and Model: _____
Wholesale/Trade-in Value: \$ _____ Retail/Private Party Value: \$ _____
Mileage: _____ Names on Title: _____
Lease OR Buy If Lease, please list terms: _____

Bring copies of your vehicle titles to your appointment with you.

For values on motor vehicles, please call the Multnomah County Central Library at 503-988-5123 and ask for the Reference Desk. Tell them you want the wholesale and retail blue book value on your vehicle. You could use the Kelly Blue Book web page at www.kbb.com. Have the person that knows the most about the car make the call or use the web page.

List additional vehicles and their values on the back of this page and check here:

(26)* Boats, motors and accessories: Make: _____; Model: _____;
Value: \$ _____
Lender Company Name: _____
Lender Address: _____
Account Number: _____ Amount owing on Loan: \$ _____
Year, Make and Model: _____

Wholesale/Trade-in Value: \$ _____ Retail/Private Party Value: \$ _____
Length: _____ # of Hours: _____ Do you own outright? Yes No
Names on Title: _____

(Go online to www.nadaquide.com to obtain the valuation of your boat(s) directly from the Nada Guide, print the valuation and bring it to your appointment with you. If you do not have internet access, then you can call the Multnomah County Library Reference Desk at 503-988-5234 and tell them you want the wholesale and retail blue book value on your boat. Have the person that knows the most about the boat make the call.)

List additional items and their values on the back of this page and check here:

- (27)* Aircraft and accessories: \$ _____
- (28)* Office equipment, furnishings and supplies: \$ _____
Describe (i.e., computer, printer, fax scanner): _____
- (29)* Machinery, fixtures, equipment and supplies. This includes any tools used in your business or trade (i.e., mechanics tools, carpentry tools):
Item: _____
Age: _____ Est. Value \$: _____ Used in Business? Yes No
Do you own outright? Yes No
- (30)* Inventory, specify cost or market value \$ _____
Describe: _____
- (31)* Animals (included pets): \$ _____
Type: _____ Registered? Yes No
- (32)* Crops - growing or harvested: \$ _____
Describe: _____
- (33)* Farming equipment and implements: \$ _____
Describe: _____
- (34)* Farm Supplies, chemicals and feed: \$ _____
Describe: _____
- (35)* Other personal property of any kind not listed above:
Describe: _____ Value: \$ _____
- (36) Does any one owe you money? Yes No
Name: _____
Address: _____
Amount Owed to You: _____
Describe: _____
- (37) Are you owed any tax refunds? Yes No
How much: \$ _____
Which taxing authorities: _____
- (38) Are you or have you ever been the beneficiary of an inheritance or a trust? Yes No
Is there any reason to believe you may become the beneficiary of an inheritance or be named as a trust beneficiary in the next year? Yes No
If Yes, briefly describe: _____

List all property that you have sold or transferred in the past four years:

	Description of Item Sold	Date Sold	Value	Buyer/Transferee Name and Address	Relationship to Buyer/Transferee
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

BUDGET INFORMATION

1. General Information:

Are you currently: Single Married Divorced Separated

Do you have any dependents other than your spouse and self? Yes No

If **Yes**, please complete below:

Do they reside with you? Yes No

Name	Age	Relationship (i.e. husband's, wife's or both)	Gender (M or F)

Do either of you anticipate any substantial income changes, upward or downward in the next 12 months?
Yes No If **Yes**, please explain.

2. Debtor's Income:

Are you currently employed? Yes No

If **Yes**, complete Section **2a** through **2c** below.

Do you have more than one job? Yes No

If **Yes**, complete Section **2a** through **2b** below on a separate sheet of paper.

2a. How often are you paid? Monthly Every two weeks Twice a month
Weekly Other? (specify) _____

Date last check received: _____

Date next check expected: _____

Are you paid through the date your check is received (i.e. paid on the 15th through the 15th)? Yes No

Or are you paid on a lag (i.e. paid on the 20th through the 15th)? Yes No

Gross per pay check: \$ _____ Net per pay check (take home): \$ _____

2b. Payroll Deductions:

Payroll Taxes: \$ _____

Insurance:

Medical: \$ _____

Dental: \$ _____

Vision: \$ _____

Other: \$ _____

Union Dues: \$ _____

Commission: \$ _____

Overtime: \$ _____

2c. Other monthly income from operation of business or profession or farm: \$ _____

Interest or dividend income: \$ _____

Real estate and personal property income: \$ _____

Social Security: \$ _____

Pension or other retirement income: \$ _____

Alimony, child support: \$ _____

Trust income: \$ _____

Other income: \$ _____

YOU MUST ATTACH THE LAST 60 DAYS WORTH OF PAYSTUBS.

If Self-Employed, please complete the following:

Monthly draw (average over the last 12 months): \$ _____

Last Month's draw: \$ _____

Estimate of Monthly Tax Payments: \$ _____

State: \$ _____ Federal: \$ _____

Other/Local Taxes: \$ _____

3. Spouse's Income:

Are you currently employed? Yes No

If **Yes**, complete Section **3a** through **3c** below.

Do you have more than one job? Yes No

If **Yes**, complete Section **3a** through **3b** below on a separate sheet of paper.

3a. How often are you paid? Monthly Every two weeks Twice a month
Weekly Other? (specify) _____

Date last check received: _____

Date next check expected: _____

Are you paid through the date your check is received (i.e. paid on the 15th through the 15th)? Yes No

Or are you paid on a lag (i.e. paid on the 20th through the 15th)? Yes No

Gross per pay check: \$ _____ Net per pay check (take home): \$ _____

3b. Payroll Deductions:

Payroll Taxes: \$ _____

Insurance:

Medical: \$ _____

Dental: \$ _____

Vision: \$ _____

Other: \$ _____

Union Dues: \$ _____

Commission: \$ _____

Overtime: \$ _____

3c. Other monthly income from operation of business or profession or farm: \$ _____

Interest or dividend income: \$ _____

Real estate and personal property income: \$ _____

Social Security: \$ _____

Pension or other retirement income: \$ _____

Alimony, child support: \$ _____

Trust income: \$ _____

Other income: \$ _____

YOU MUST ATTACH THE LAST 60 DAYS WORTH OF PAYSTUBS.

If Self-Employed, please complete the following:

Monthly draw (average over the last 12 months): \$ _____

Last Month's draw: \$ _____

Estimate of Monthly Tax Payments: \$ _____

State: \$ _____ Federal: \$ _____

Other/Local Taxes: \$ _____

4. List Your Current Monthly Expenses:

Entire Household or Individual

Rent or 1st Mortgage (include tax assessments) Do NOT include 2nd or 3rd \$ _____

Property taxes included? Yes No

Homeowner's Insurance included? Yes No

Electricity and Heating Fuel (Gas)..... \$ _____

Water & Sewer..... \$ _____

Telephone (please breakdown), Home Phone \$ _____

Cell Phone \$ _____

Pager \$ _____

Internet/DSL \$ _____

Additional Fax/Phone Lines \$ _____

TOTAL \$ _____

Garbage \$ _____

Cable..... \$ _____

Alarm \$ _____

Wood Oil or BOTH \$ _____

Other Utilities (Please describe: i.e., Satellite)..... \$ _____

Home maintenance..... \$ _____

Food..... \$ _____

Clothing..... \$ _____

Laundry and dry cleaning..... \$ _____

Medical, dental (co-pays and medicines)..... \$ _____

Transportation, excluding car payments (i.e. gas, oil)..... \$ _____

Recreations, Newspapers, periodicals, books,

Clubs and entertainment..... \$ _____

Charitable contributions \$ _____

Homeowner's or renter's insurance..... \$ _____

Life insurance..... \$ _____

Health insurance..... \$ _____

Auto insurance..... \$ _____

Other insurance (i.e. disability, AFLAC)..... \$ _____

Describe: _____

Estimated tax payments (if self-employed) \$ _____

Taxes (not included elsewhere) \$ _____

Describe: _____

Real estate taxes (if not included in house payment)..... \$ _____

Car installment payments..... \$ _____

Other installments on items you want to keep (2nd or 3rd Mortgages, furniture):

Describe: _____

Describe: _____

Alimony, maintenance, support to others (Fill out attached DSO)..... \$ _____

Payments for additional dependents not at home..... \$ _____

Continuation of Current Monthly Expenses:

Unreimbursed job expenses (pagers, phones, etc.)..... \$ _____
Regular expenses from operation of business..... \$ _____

Other Expenses:

Education (tuition, books)..... \$ _____
Postage..... \$ _____
Haircuts/Personal Grooming..... \$ _____
Gifts..... \$ _____
Child Care..... \$ _____
School Activities..... \$ _____
Household Supplies..... \$ _____
Pet/Veterinary Expenses..... \$ _____
Diaper/Diaper Services..... \$ _____

Any other expenses:

Describe: _____
Describe: _____
Describe: _____

Describe any unusually high expense: _____

5. Leases or Contracts

Do you have any leases or executory contracts (Such as vehicle lease, office lease, furniture rental?) Yes No

If **Yes**, please complete below:

Creditor Name: _____
Creditor Address: _____
Monthly Payment: _____
Terms of Loan: _____
Time Remaining on Loan: _____
Type of Lease (apartment, vehicle, etc.): _____

Please bring copies of Leases and Executory Contracts with you to your appointment.

3b. List all payments made within one year to relatives or business associates on debts owed to them.

Creditor Name, Address, and Relationship	Payment Dates	Amount Paid	\$ Still Owing

None

4a. List all suits and administrative proceedings that you were a party to within one year. Include divorces or collection actions. (Bring copies of any Complaints and Judgments with you to discuss with your attorney.)

Who is Suing You?	Court	Case #	Description	Status

None

4b. Describe all money or property that has been garnished, attached or seized within the last year (i.e., wages or bank accounts garnished). List the name and address of the creditor, date and place of seizure and amount or value taken.

None

5. List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year. List creditor's name and address, date and value of the property taken.

Property taken by: _____ Date Repossessed: _____

Address: _____

Description: _____ Value: \$ _____

None

6a. Have you assigned any of your property for the benefit of creditors? Yes No
Name/address of assignee: _____
Date/terms of assignment: _____

6b. List all property which has been in the hands of a receiver, trustee or other liquidating agent (within the last year).

Description of Property: _____
Agent Name/Address: _____
If court-appointed agent, Court: _____
Case #: _____ Case Description: _____
Value: \$ _____

None

7. Did you give any gifts during the last year, other than usual presents to family members and charitable donations? (Include gifts to charities and family members if more than \$200.00 in value per individual family member and charitable contributions aggregating less than \$100.00 per recipient.) Yes No

Date of gifts, description and value: _____
Name of recipient: _____
Address of recipient: _____
Relationship to recipient: _____

(Married debtors filing under Chapter 12 or 13 must include gifts or contributions by either or both spouses.)

8. Have you lost anything due to fire, theft, gambling, or other casualty during the last year?
Yes No If Yes, complete below:

Property Description: _____ Value: \$ _____
Location, Date of loss: _____
Circumstances: _____
Was loss covered in whole or part by insurance? Yes No
Was a police report filed? Yes No

9. Payments relating to Debt Counseling or Bankruptcy.

Have you consulted with any other attorneys regarding financial matters besides this office in the last year? Yes No

Recipient Name: _____
Address: _____
Type of matter attorney handled: _____
Date/amount of money transferred: _____ \$ _____
Remaining obligation, if any: _____ Terms of repayment _____

10. Have you sold or transferred any property in the last two years, either absolute or for the purpose of giving security? (i.e., garage sale, traded in car, sold a house) Yes No

First Transfer:

Date of transfer: _____ Value: \$ _____

Description of property: _____

To whom transferred and their relationship to you: _____

Address of the person receiving transfer: _____

Consideration for transfer: _____

Second Transfer:

Date of transfer: _____ Value: \$ _____

Description of property: _____

To whom transferred and their relationship to you: _____

Address of the person receiving transfer: _____

Consideration for transfer: _____

List additional sales on a separate sheet of paper and check here

11. Please list all financial accounts closed in the last year including stock or IRA accounts:

Name of Financial Institution: _____

Address: _____

Name of account owner: _____

Closing Balance: \$ _____ Type of Account: _____

Date closed: _____ What was done with money: _____

List additional accounts on the back of this page and check here

None

12. Do you have a safe deposit box? Yes No

Institution Name: _____

Institution Address: _____

Account holder name: _____

Persons with authorized access: _____

Their address: _____

Contents of Box: _____ Date of Close: _____

13. Within the last 90 days, has your banking institution set off funds held in a deposit account you own because of late or past due payments? Yes No

Name of banking institution: _____

Address: _____

Amt. owed by you: \$ _____ Amt. owed to you: \$ _____

Date of set off: _____

Has anyone else set off funds they owed you to satisfy a debt you owed them within the last 90 days? Yes No

Name of person: _____

Their Address: _____

Relationship to you: _____

Amt. owed by you: \$ _____ Amt. owed to you: \$ _____

Date of set off: _____

14. Property held for another person.

Are you storing any property for another person? Yes No

Are you on anyone's bank accounts? Yes No

Are you listed on the title to anyone's car? Yes No

Are you listed on the title to anyone's home? Yes No

If you answered **Yes** to any of the above questions, please describe below:

Property Description.: _____ Value: \$ _____

Name and Address: _____

Relationship: _____

Explanation: _____

Location where property is held: _____

15. List all prior addresses during the last three years:

Address: _____

City: _____ State _____ Zip: _____

Husband Wife Both

When there (month and year): _____ to: _____

Address: _____

City: _____ State _____ Zip: _____

Husband Wife Both

When there (month and year): _____ to: _____

List the same information for additional residences on the back of this page and check here.

16. If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the last eight years, please list the name of your spouse or former spouse who resides or resided with you.

Name: _____ State: _____

Not Applicable

- 17a. List the name and address of every site for which you have received notice in writing by a governmental unit that you may be liable for a violation of an Environmental law.

Site Name: _____ Date of Notice: _____

Site Address: _____

Governmental Unit Name: _____

Address: _____

Environmental Law: _____

Not Applicable

- 17b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material.

Site Name: _____ Date of Notice: _____

Site Address: _____

Governmental Unit Name: _____

Address: _____

Environmental Law: _____

Not Applicable

- 17c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, which you were a party in.

Governmental Unit Name: _____

Address: _____

Docket/Case #: _____ Status: _____

Governmental Unit Name: _____

Address: _____

Docket/Case #: _____ Status: _____

Not Applicable

HAVE YOU OWNED A BUSINESS OR BEEN SELF-EMPLOYED DURING THE LAST SIX YEARS?
YES NO

IF YES, COMPLETE QUESTIONS #18 THROUGH #20.

IF NO, SKIP TO QUESTION #21.

18a. List names and addresses of any and all businesses in which you were an Officer, Director, Partner or Managing Executive of a Corporation, Partnership, Sole Proprietor-Ship or Self-Employed within the last six years.

Business Name	Business Address	Tax Payer ID#	Type of Business	Dates	
				Start	End

18b. List above the start and end dates for business (to present, if still operating).

18c. Identify any business listed in 18a above, that is real property on which you generate substantially all your income and on which you do not operate a business other than operating the real property.

18d. Identify any business listed above that is a “single asset real estate”.

19a. List the names and addresses of all firms or individuals who kept or supervised your books and records during the last two years.

Name	Address	Dates	
		From	To

19b. List the names and addresses of all firms or individuals who audited your books and records within the last two years.

Name	Address	Dates	
		From	To

19c. List the names and addresses of all firms or individuals who are in your possession of your books and records.

Name of Firm	Address

19d. List the names and address of any and all financial institutions, creditors or other parties which have been provided with financial statements within the last two years and the dates in which they were provided this information.

Name of Financial Institution	Address	Date Issued

20a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, the dollar amount and basis of each inventory. Include the name and address of the person having possession of the records of each to the inventories.

Supervisor Name	Supervisor Address	Date of Inventory	Value of Inventory	Basis of Inventory

20b. List the names and addresses of the individual in possession of these inventory records.

Name of Individual	Address

21a. If the entity filing bankruptcy is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

Partner Name	Partner Address	%	Nature

21b. If the entity filing bankruptcy is a corporation, list all the officers and directors of the corporation and each stockholder who directly or indirectly owns, controls, or holds five percent or more of the voting securities.

Name	Address	Title	%

22a. List each partner who withdrew from the partnership within the last 12-month period.

Name	Address	Withdraw Date

22b. List all the officers whose relationship with the corporation terminated within the last 12-month period.

Name	Address	Title	Ex-Date

23. If the entity filing bankruptcy is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other prerequisite during the last 12-month period.

Name	Address	Relationship	Date	Purpose	Amount	Description

24. If the entity filing bankruptcy is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which you have been a member at any time within the last six years.

Name _____ Federal Taxpayer ID # _____

25. If you are not an individual, list the name and federal taxpayer identification number of any pension fund to which you, as an employer, have been responsible for contributing at any time within the last six years.

Name _____ Federal Taxpayer ID # _____

26. Special Circumstances or Emergencies:

Is your name on any deeds? Yes No If **Yes**, please provide the value, address and description of such property: _____

Is your name on any unrecorded deeds? Yes No If **Yes**, please provide the value, address and description of such property: _____

Do you own an interest in any timeshare? Yes No If **Yes**, please provide the value, address and description of such property: _____

Are you facing a foreclosure? Yes No

If **Yes**, list date of foreclosure sale: _____

Are you being garnished or think you soon will be? Yes No

Do you have IRS Liens Yes No or think you soon will have? Yes No

Have you been sued Yes No or think you soon will be? Yes No

Do you have a trial date scheduled within the next 90 days for any lawsuits pending against you?
Yes No

Are you in a divorce proceeding or think that you soon will be? Yes No

Have you done any balance transfers from one credit card to another within the last year?

Yes No

If **Yes**, provide a ledger of the balance transfer and the purpose of the transfer, including dates and amounts and names of the creditor.

Have you received a cash advance on a credit card or otherwise borrowed money in the last 6 months?

Yes No

If **Yes**, provide a ledger of the advances, including dates and amounts, the name of the creditor, and how you used the money.

Have you otherwise used your credit cards, lines of credit, or other credit available to you within the last 90 days? Yes No

If **Yes**, provide a ledger of the charges or loans and the purpose of the charges or loans, including dates and amounts and names of the creditor.

Has the total owed on your credit cards gone up significantly in the last 6 months? Yes No

Have you obtained any new credit cards or loans in the last 6 months? Yes No

Do you have credit cards or loans with your current depository bank? Yes No

Do you have accounts or loans with any Credit Union? Yes No

Have you ever been convicted of a crime or any felony? Yes No

Has any of your property been repossessed Yes No or do you think it soon will be? Yes No

Have you taken out any payday loans? Yes No If **Yes**, be sure to list them in the unsecured creditor section (Page 3).

Have you written any checks which have been dishonored for insufficient funds? Yes No

Do you still owe a bank or creditor for the NSF check? Yes No

Do you have any serious health problems? Yes No

Have you been an Oregon resident for the past 90 days? Yes No

Have you been an Oregon resident for the past full 2 years? Yes No

Are you considering bankruptcy for yourself only? Yes No

Are you considering bankruptcy for both yourself and your spouse? Yes No

Do you own or operate a business? Yes No

Could any person make a claim against you due to your driving while intoxicated? Yes No

Could any person make a claim against you for fraud, physical injury or any other conduct which might constitute a crime under the laws of any state, even if you deny it? Yes No

Do you have any unusual circumstances, questions, or comments you think should be brought to the attorney's attention? Yes No If **Yes**, please describe below:

27. How did you find out about our office?

Personal friend

Personal friend of attorney or staff

Another Lawyer Who? _____

Yellow Pages

If so, which telephone book -

US West Yellow Pages;

Verizon Washington County; or

Verizon Portland/Vancouver

Unknown

Other Source : _____

The answers to these questions are true and accurate to the best of my knowledge. (Both spouses need to sign if this is a joint filing.)

Date

Signature

Date

Signature