

Vanden Bos & Chapman, LLP
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Portland, OR 97204
503-241-4869

**INTAKE FORM #2 -
BUSINESS/SOLE PROPRIETOR CHAPTER 7 OR 13
INTAKE FORM**

Please use this form if you have done business in the last six years as an individual/sole proprietor. Do not use this form if the intended bankruptcy Debtor is a corporation, L.L.C. or Partnership.

Questions? Please refer to our Intake Instruction Sheet or make a list of questions. You list can be discussed with your attorney either by phone or in the office.

Please answer each question completely. If a question does not apply to you, please fill in the initials "n/a" (not applicable) to let us know the question does not apply. We are unable to file a bankruptcy for you unless we have all the information contained in this questionnaire.

PRELIMINARY INFORMATION

1. **Debtor** (If this is a joint filing - Husband's Information)

(Please note that all business information will be asked later in this packet)

Name (including middle name): _____

Other names in the last six years: _____

Social Security # _____ Tax ID # _____

Driver's License # _____ Date of Birth _____ / _____ / _____

Street Address: _____

City, State, Zip: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Email: _____

Hours at Work (i.e. 8 am - 5pm): _____ Days at work (i.e. Mon-Fri): _____

OK to phone at work? Yes No

County of Residence (i.e. Multnomah, Washington): _____

How many years have you lived in Oregon?: _____

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

Phone Number of relative or friend who can usually reach you: _____

2. Joint Debtor (Wife's information)

Name (including middle name): _____

Other names in the last six years: _____

Social Security # _____ Tax ID # _____

Driver's License # _____ Date of Birth _____ / _____ / _____

Street Address: _____

City, State, Zip: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Email: _____

Hours at Work (i.e. 8 am - 5pm): _____ Days at work (i.e. Mon-Fri): _____

OK to phone at work? Yes No

County of Residence (i.e. Multnomah, Washington) _____

How many years have you lived in Oregon? _____

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

Phone Number of relative or friend who can usually reach you: _____

3. Prior Bankruptcy

Have either of you ever filed bankruptcy before: Yes No

If so, in what District/State? _____ When? _____

Which Chapter? Ch.7 Ch.13 Case No. _____

Result: Discharged Dismissed

4. Tax Information

Personal -

When you file your taxes in April, do you expect: a Refund To pay Break even

If you expect a refund - How much for federal? \$ _____ How much for state? \$ _____

Have you received either or both refunds? Yes No

If you expect to pay, how much to each? Federal: \$ _____ State: \$ _____

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

How much for federal? \$ _____ How much for state? \$ _____

Are you entitled to a refund from any prior tax years? Yes No Amount: _____

Have you filed all your previous Personal Federal Tax Returns? Yes No

If No, which years have NOT been filed?

2010 2009 2008 2007 2006 2005 2004 2003 2002 Prior to 2002

Do you owe money to the IRS for personal taxes? Yes No
 If Yes - What is the approximate amount owed for each year ?

Year	Amount Owed	Lien Filed?

Have you filed all your previous Personal State Tax Returns? Yes No
 If No, Which years have NOT been filed?

- 2010 2009 2008 2007 2006 2005 2004 2003 2002 Prior to 2002

Do you owe money to the State of Oregon (or other States) for personal taxes? Yes No
 If Yes - What is the approximate amount owed for each year ?

Year	Amount Owed	Lien Filed?

Do you owe Multnomah County Personal Income Taxes? Yes No
 If Yes - What is amount owed for each year?

Year	Amount Owed	Lien Filed?

Have you received an extension to file personal tax returns within the last 3 years? Yes No
 If yes, for what years? _____

Business -

Have you filed all your previous Business Federal Tax Returns? Yes No
 If No, Which years have NOT been filed?

- 2010 2009 2008 2007 2006 2005 2004 2003 2002 Prior to 2002

Does your business owe money to the IRS for taxes? Yes No

If Yes - What is the approximate amount owed for each year ?

Year	Amount Owed	Lien Filed?

Has the business filed all previous State Tax Returns? Yes No

If No, Which years have NOT been filed?

2010 2009 2008 2007 2006 2005 2004 2003 2002 Prior to 2002

Does your business owe money to the State of Oregon (or other States) for taxes? Yes No

If Yes - What is the approximate amount owed for each year ?

Year	Amount Owed	Lien Filed?

Does your business owe Multnomah County Income Taxes? Yes No

If Yes - What is amount owed for each year?

Year	Amount Owed	Lien Filed?

Has the business received an extension to file tax returns within the last 3 years? Yes No

If yes, for what years? _____

5. Prior History

Have you ever owned any real estate which has since been sold or transferred? Yes No

If yes, describe the property or properties: _____

When did you sell or transfer the property to someone else: _____

Did you have HOA fees on the property? Yes No

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: _____

ASSET INFORMATION

1. Real Estate

Do you own any real estate? Yes No . If no, go to Section 2 below.

How many parcels do you own? _____ **If more than 1 parcel please provide the following information for each parcel on a separate piece of paper.**

1st Parcel -

Is there a co-owner? Yes No If yes, Name: _____

Mailing Address of Co-Signor: _____

Percentage of Interest: _____%

Home w/Land Bare Land Mobile Home w/land Mobile Home without land

Commercial Building Other: _____

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

Street Address: _____

Nature of interest: Owner w/Mortgage Land Contract

Real Market Value of real estate: \$ _____

First Mortgage Balance: \$ _____ Monthly Payment: \$ _____

Second Mortgage Balance: \$ _____ Monthly Payment: \$ _____

Third Mortgage Balance: \$ _____ Monthly Payment: \$ _____

Unpaid Property Taxes owed \$ _____

Unpaid Income Tax Liens (if any) \$ _____

Unpaid Judgment Liens (if any) \$ _____

Unpaid Homeowner's Assoc. Fees \$ _____ Monthly HOA Dues: \$ _____

Real Market Value per Tax Statement: \$ _____

When purchased? _____ Purchase price: \$ _____

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

Property Tax Information

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

If you are not current, how much do you owe the County? \$ _____

Are your property taxes included in your mortgage payment? Yes No

Is your homeowner's insurance included in your mortgage payment? Yes No

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

2. Personal Property

Indicate what categories of property you (or your business) own(s) or don't own by marking "Yes" or "No".

Where applicable, indicate quantity, descriptions and value)

1. Yes No **Cash (coins, currency) you have on hand:** Amount: \$ _____

2. Yes No **Bank accounts:** (If No, skip to Question (3) below)

How many bank accounts do you have? _____ **Provide the following for each account.**

Bank Name	Last 4 Digits of Acct #	Type of Account	Joint, Husband, Wife or Business account	Balance	Any other debts w/this bank?	Type of Debt? (Loan, credit card, line of credit)
Example: US Bank	0154	Checking	Joint Acct	\$120.00	Yes	Car loan

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

3. Yes No **Security deposits with landlord, phone, electric:**

Type of Deposit	Who With:	Amount:	Refundable?

4. Yes No **Household goods, supplies and furnishings:**

Total Value: \$ _____

Describe any single item(s) valued over \$1,000

Item:						
Value:						

5. Yes No **Books, pictures, collectibles, art objects, antiques, CD's, etc.:**
 Total Value \$ _____
 Describe any single item(s) valued over \$1,000

Item:						
Value:						

6. Yes No **Wearing apparel:** Total Value \$ _____

7. Yes No **Furs and jewelry:**
 If Yes - Value: \$ _____
 Describe any single item(s) valued over \$1,000

Item:					
Value:					

8. (a) Yes No **Firearms:**

Type (rifle, pistol)	Make	Model	Value

8. (b) Yes No **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.

Describe Item(s)	Value

9. Yes No **Do you own any life insurance?**

Type: Whole, Term, Universal?	Name of Institution	Last 4 Digits of Policy #	Who is Beneficiary?	If Whole Life - Cash Surrender Value

10. Yes No **Annuities:**

Describe	Value

11. Yes No **Interests in an education IRA or under a qualified State tuition plan.**

Value (do not deduct any loans against)	Type of Account (see above)	Account Custodian	Amount Contributed last year	Any loans against account?	Balance of Loan

12. Yes No **Retirement Accounts:**
(Pension Plan, Deferred compensation fund, IRA, SEP, TSP)
If yes, How many: _____

Value (do not deduct any loans against)	Type of Account (see above)	Account Custodian	Amount Contributed last year	Any loans against account?	Balance of Loan

13. (a) Yes No **Do you own any Stocks:** (You can use www.cbsmarketwatch.com for stock values)

Name	Number of Shares	Current Value (per share)

13. (b) Yes No **Do you have any Interests in any incorporated businesses:**

Name of Business	Percentage of Interest

14. Yes No **Do you have any Interests in partnerships:**

Name of Partnership	Percentage of Interest	Who is other partner?

15. Yes No **Do you have any Government and corporate bonds:**

Name of Company	Value

16. Yes No **Does the business have any Accounts Receivable:** If yes - Amount: \$ _____
 (Please bring an itemization of your current accounts receivable to your appointment)

17. Yes No **Do you receive alimony, maintenance or support or are you entitled to property from a divorce settlement?**

Describe	Monthly Payment	Amount in arrears

18. Yes No **Do you have any other liquidated debts** (including tax refunds, back wages):

Describe:	Amount:	Who is owed: Husband, Wife, Joint or Business

19. Yes No **Do you have any equitable and future interests, life estates:**

Describe	Amount

20. Yes No **Do you have any contingent and unliquidated claims of every nature, including interests in estate of a decedent, death benefit plan, life insurance policy, trust:**

Describe	Amount

21. Yes No **Do you have any other contingent, unliquidated claims** (including counterclaims, rights to set offs):

Describe:	Amount:	Against Whom?

22. Yes No **Do you have any patents, copyrights, etc.:**

Describe	Amount

23. Yes No **Do you have any licenses, franchises and other general intangibles:**

Describe	Amount

24. Yes No Do you have customer lists or other compilations containing personally identifiable information provided to you by individuals in connection with obtaining a product or service from the you primarily for personal, family, or household purposes. If Yes, please list the value of the customer list or other compilation \$_____.

25. Yes No **Do you or the business own any automobiles, trucks, trailers and other vehicles:**

If Yes - Complete Below

(Go online to www.kbb.com to obtain the valuation of your car(s) directly from Kelley Blue book, 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 vehicle. Have the person that knows the most about the car make the call)

Please complete ALL information describing your Vehicle(s)/including Motorcycles, RV's, Trailers etc.

	EXAMPLE	VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4
Year	2000				
Make	Acura				
Model	3.2 TL				
Style	Sedan 4 Door				
Mileage	50,500				
Date of Purchase	10/10/08				
Trade in Value	\$13,500				

Private Party Value	\$15,780				
Name(s) on Title	John and Jane Doe				
Name of Lender	US Bank				

Bring copies of your vehicle titles to your appointment with you

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

26. Yes No **Boats, motors and accessories:**
 _____ If Yes - Complete Below

(Go online to www.nadaguide.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)

Year	Make	Model	Length	# of Hours	Date of Purchase	Est. Value	Name on Title (if applicable)	Do you own outright?

27. Yes No **Aircraft and accessories:**

Description:	Value:

28. Yes No **Office equipment (computer, printer, fax, scanner), furnishings and supplies:**

Description of Item	Age	Est. Value	Used in Business?	Do you own outright?
Example: Dell Computer	3 years	\$200.00	No	Yes

29. Yes No **Machinery, fixtures, equipment and supplies:**
 This includes any tools used in your business or trade
 (i.e. mechanics tools, carpentry tools).

Description of Item	Age	Est. Value	Used in Business?	Do you own outright?
Example: Air Compressor	3 years	\$200.00	Yes	Yes

30. Yes No **Inventory - specify cost or market value**

Cost or Market Value?	Value

31. Yes No **Animals** (including pets):

Type of Animal:	Value:	Registered?

32. Yes No **Crops - growing or harvested:**

Description:	Value:

33. Yes No **Farming equipment and implements:**

Description:	Value:

34. Yes No **Farm Supplies, chemicals and feed:**

Description:	Value:

35. (a) Yes No **Other personal property of any kind not listed above:**

Description:	Value:

35. (b) Yes No **Does Anyone owe you money?**

Name	Address	Amount Owed to You	Describe

CREDITORS AND DEBTS

Provide the following information about all of your debts and creditors, including 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. Use additional sheets as necessary.

PLEASE NOTE: YOU MUST PROVIDE US WITH A COMPLETE ADDRESS FOR EVERY CREDITOR, INCLUDING ZIP CODE. INCOMPLETE ADDRESSES WILL PREVENT US FROM COMPLETING YOUR PAPERWORK OR RESULT IN REJECTION OF YOUR SCHEDULES BY THE BANKRUPTCY COURT AND DELAY IN THE FILING OF YOUR CASE.

PRIORITY CREDITORS

Yes No Do you owe Child Support or Alimony?

Name Owed To:	Address	Amount Owed	Other Details (Type, Relationship, etc)

Yes No Does your business owe Back Wages, or Accrued Vacation and Sick Time to any employees?

Name Owed To:	Address	Value Vacation	Value Sick Time	Amount of Wages

For Additional Creditors, please provide above information on a separate sheet and check here

You may download or print additional Priority Creditor forms by going to the main menu of our intake section.

CREDITORS SECURED BY REAL PROPERTY
(Trust Deeds, Mortgages, Judgment Liens, Tax Liens; Divorce Liens)

INSTRUCTIONS: Use One Page Per Property. If you have more than two secured creditors on the same real property, copy this form.

Street Address of Property #1: _____

Brief Description of Property: _____
 (Residence, Rental, Commercial, Bare Land, Tri-Plex, etc.)

Property Fair Market Value: \$ _____

	Example	CREDITOR 1	CREDITOR 2
Name of Secured Creditor	Bank of America		
Full Address of Creditor	123 Main St, Ione, CA 96671		
Nature of Lien (Trust Deed / Mortgage/HOA)	Trust Deed		
Account #	12536478-02		
Date of Purchase	10/10/10		
Interest Rate	6.75%		
Current Balance	30,000.00		
Monthly Payment	550.00		
Current?	No		
If Behind - How many months?	2 months		
Keep or Return	Keep		
Co-signor or Guarantor	Yes		
If yes - Name, address and relationship	Jared Doe 123 NW 10th Boring, OR 97204 Father		

CREDITORS SECURED BY REAL PROPERTY
(Trust Deeds, Mortgages, Judgment Liens, Tax Liens; Divorce Liens)

INSTRUCTIONS: Use One Page Per Property. If you have more than two secured creditors on the same real property, copy this form.

Street Address of Property #2 _____

Brief Description of Property: _____
 (Residence, Commercial, Bare Land, Tri-Plex, etc.)

Property Fair Market Value: \$ _____

	Example	CREDITOR 1	CREDITOR 2
Name of Secured Creditor	Bank of America		
Full Address of Creditor	123 Main St, Ione, CA 96671		
Nature of Lien (Trust Deed / Mortgage/HOA)	Trust Deed		
Date of Purchase	10/10/10		
Account #	12536478-02		
Interest Rate	6.75%		
Current Balance	30,000.00		
Monthly Payment	550.00		
Current?	No		
If Behind - How many months?	2 months		
Keep or Return	Keep		
Co-signor or Guarantor	Yes		
If yes - Name, address and relationship	Jared Doe 123 NW 10th Boring, OR 97204 Father		

CREDITORS SECURED BY REAL PROPERTY
(Trust Deeds, Mortgages, Judgment Liens, Tax Liens; Divorce Liens)

INSTRUCTIONS: Use One Page Per Property. If you have more than two secured creditors on the same real property, copy this form.

Street Address of Property #3 _____

Brief Description of Property: _____
 (Residence, Commercial, Bare Land, Tri-Plex, etc.)

Property Fair Market Value: \$ _____

	Example	CREDITOR 1	CREDITOR 2
Name of Secured Creditor	Bank of America		
Full Address of Creditor	123 Main St, Ione, CA 96671		
Nature of Lien (Trust Deed / Mortgage/HOA)	Trust Deed		
Date of Purchase			
Account #	12536478-02		
Interest Rate	6.75%		
Current Balance	30,000.00		
Monthly Payment	550.00		
Current?	No		
If Behind - How many months?	2 months		
Keep or Return	Keep		
Co-signor or Guarantor	Yes		
If yes - Name, address and relationship	Jared Doe 123 NW 10th Boring, OR 97204 Father		

CREDITORS SECURED BY PERSONAL PROPERTY
(i.e. cars, furniture, equipment, etc.)

Example

Description of Collateral	2009 Toyota 4Runner		
Name of Creditor	Onpoint CU		
Full Address of Creditor	123 Main St, Memphis, TN 03214		
Date of Purchase	03/13/10		
Account #	12536478-02		
Interest Rate	6.75%		
Current Balance	30,000.00		
Monthly Payment	550.00		
Current?	No		
If Behind - How many months?	2 months		
Keep or Return	Keep		
Co-signor or Guarantor	Yes		
If yes - Name, address and relationship	Jared Doe 123 NW Deer St. Portland, OR 97204 Father		

CREDITORS SECURED BY PERSONAL PROPERTY
(i.e. cars, furniture, equipment, etc.)

Example

Description of Collateral	2009 Toyota 4Runner		
Name of Creditor	Onpoint CU		
Full Address of Creditor	123 Main St, Memphis, TN 03214		
Date of Purchase	03/13/10		
Account #	12536478-02		
Interest Rate	6.75%		
Current Balance	30,000.00		
Monthly Payment	550.00		
Current?	No		
If Behind - How many months?	2 months		
Keep or Return	Keep		
Co-signor or Guarantor	Yes		
If yes - Name, address and relationship	Jared Doe 123 NW Deer St. Portland, OR 97204 Father		

CREDITORS SECURED BY PERSONAL PROPERTY
(i.e. cars, furniture, equipment, etc.)

Example

Description of Collateral	2009 Toyota 4Runner		
Name of Creditor	Onpoint CU		
Full Address of Creditor	123 Main St, Memphis, TN 03214		
Date of Purchase	03/13/10		
Account #	12536478-02		
Interest Rate	6.75%		
Current Balance	30,000.00		
Monthly Payment	550.00		
Current?	No		
If Behind - How many months?	2 months		
Keep or Return	Keep		
Co-signor or Guarantor	Yes		
If yes - Name, address and relationship	Jared Doe 123 NW Deer St. Portland, OR 97204 Father		

For Additional Creditors, photocopy this page to print additional pages.

Provide the following information about **all** of your debts and creditors, including debts owed to family members. Include all Debts - both personal and business. Indicate which are personal versus business per the example below. It is important that we include all of your creditors on your schedules because amending your schedules to add creditors requires an additional fee. Use additional sheets as necessary.

PLEASE NOTE: YOU MUST PROVIDE US WITH A COMPLETE ADDRESS FOR EVERY CREDITOR, INCLUDING ZIP CODE. INCOMPLETE ADDRESSES WILL PREVENT US FROM COMPLETING YOUR PAPERWORK OR REJECTION OF YOUR SCHEDULES BY THE BANKRUPTCY COURT AND DELAY IN THE FILING OF YOUR CASE.

UNSECURED CREDITORS
(i.e. medical bills, trade debts; credit cards, personal loans)

Full Name & Full Address of Creditor with <u>ZIP CODE</u>	Account Number	Type of Debt (medical, credit card, etc.)	Amount Owed	Co-Signor	Judgments (List Court, Case # & Date Entered)
Example MBNA PO Box 57856 Memphis, TN 38101	1234-5678-9035-3504	Credit Card	\$2536	Jared Doe 123 NW Deer Bend, OR 97204	Multnomah County # 04-2356 02-05-04

UNSECURED CREDITORS CONTINUED
 (i.e. medical bills; trade debts; credit cards, personal loans.)

Full Name & Full Address of Creditor with <u>ZIP CODE</u>	Account Number	Type of Debt (medical, credit card, etc.)	Amount Owed	Co-Signor	Judgments (List Court, Case # & Date Entered)
Example MBNA PO Box 57856 Memphis, TN 38101	1234-5678-9035-3504	Credit Card	\$2536	Jared Doe 123 NW Deer Bend, OR 97204	Multnomah County # 04-2356 02-05-04

For Additional Creditors, photocopy this page to print additional pages.

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 - Complete Below

Name	Age	Gender	Relationship	Lives with you?

Do either of you anticipate any substantial income changes, upward or downward, in the next six months? Yes

No

If yes, please explain. _____

2. Debtor's Income: (Attach four recent pay stubs from an average pay period)

Are you currently Employed?: Yes No If Yes- Complete below.

Occupation (i.e. truck driver, chef): _____

Name of Employer: _____ How long employed? _____

Employers Full Address: _____

How often are you paid? Monthly Every two weeks Twice a month Weekly

Other? (specify) _____

Date last check received: _____ Date next check expected: _____

3. Spouse's Income: (Attach four recent pay stubs from an average pay period)

Are you currently Employed?: Yes No If Yes- Complete below.

Occupation (i.e. truck driver, chef): _____

Name of Employer: _____ How long employed? _____

Employers Full Address: _____

How often are you paid? Monthly Every two weeks Twice a month Weekly

Other? (specify) _____

Date last check received: _____ Date next check expected: _____

Please provide your PERSONAL income figures below for ONE MONTH. List the amounts of those items listed below that are deducted from your pay and list the amount of each deduction below based upon an average check, without overtime. List all business income on upcoming Exhibit D-2 Form

PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS

<u>Employment Income:</u>	<u>Debtor</u>	<u>Joint Debtor</u>
Gross Income Per Month:	\$ _____	\$ _____
Estimate Overtime:	\$ _____	\$ _____
Subtotal Gross Wages:	\$ _____	\$ _____
 <u>Deductions:</u>		
All Taxes (state, federal, SSI, medicare, etc)	\$ _____	\$ _____
Insurance:	\$ _____	\$ _____
Union Dues:	\$ _____	\$ _____
Other: Describe		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Subtotal Deductions	\$ _____	\$ _____
 <u>Other Income:</u>		
Income from business or profession*:	\$ _____	\$ _____
Interest or dividend income:	\$ _____	\$ _____
Real estate/ personal property income:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Pension or other retirement income:	\$ _____	\$ _____
Alimony, child support:	\$ _____	\$ _____
Trust income:	\$ _____	\$ _____
Other income:		
Describe: _____	\$ _____	\$ _____
Describe: _____	\$ _____	\$ _____
 TOTAL INCOME:	 \$ _____	 \$ _____

*If you have a business, fill out the Exhibit D-2 Form appearing on page 21 for each separate business and each rental property.

4. List your current monthly PERSONAL expenditures:

List all business expenses on the Exhibit D-2 Form on page 21

Rent or 1st mortgage (include assessments-Do not include 2nd or 3rd mortgage(s)).....\$ _____
 Are property taxes included? Yes No Is Insurance Included? Yes No
 HOA Dues\$ _____
 Electricity and Gas.....\$ _____
 Water and Sewer.....\$ _____
 Telephone - Please breakdown: Home Phone \$ _____ Cellular \$ _____
 Pager \$ _____ Internet/DSL \$ _____ Add'l Fax/phone Line: \$ _____
 Garbage.....\$ _____
 Cable.....\$ _____
 Alarm.....\$ _____
 Wood or Oil or Both.....\$ _____
 Other Utilities (cable/satellite Other: Describe _____).....\$ _____
 Home maintenance.....\$ _____
 Yard maintenance\$ _____
 Food.....\$ _____
 Clothing.....\$ _____
 Laundry and dry cleaning.....\$ _____
 Medical, dental co-pays and medications.....\$ _____
 Transportation, excluding car pmts. (i.e. gas, oil).....\$ _____
 Recreation, 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).....\$ _____
 Real estate taxes (if not included in house payment).....\$ _____
 Taxes (not included elsewhere).....Describe: _____ \$ _____
 Car installment payment.....\$ _____
 Car installment payment.....\$ _____
 Other installments on items you want to keep (2nd or 3rd Mortgage, furniture):
 Creditor: _____ \$ _____
 Creditor: _____ \$ _____
 Alimony, maintenance, support to others.....\$ _____
 Payments for additional dependents not at home.....\$ _____
 Unreimbursed job expenses (pagars, phones, etc.).....\$ _____
 Education, Tuition.....\$ _____
 Postage.....\$ _____
 Haircuts/Personal Grooming.....\$ _____
 Gifts.....\$ _____
 Child care.....\$ _____
 School activities.....\$ _____
 Household Supplies.....\$ _____
 Pet/Veterinary Expenses.....\$ _____
 Diaper/Diaper Services\$ _____
 Other: Describe: _____ \$ _____
 Other: Describe: _____ \$ _____

TOTAL EXPENSES: \$ _____

EXHIBIT D-2
FINANCIAL REVIEW OF DEBTOR'S *NONFARMING* BUSINESS
COMPLETE ONLY IF FILING CHAPTER 13

(NOTE: **ONLY INCLUDE** information directly related to the NONfarming business operation. This information is to be from the business books where necessary. If an item of Income or Expense does not apply, please indicate with "N/A.") **ATTACH COPY OF SCHEDULE C FROM PRIOR YEAR'S TAX RETURN (OR EXPLAIN ABSENCE).**
FILL OUT A SEPARATE FORM FOR EACH BUSINESS AND EACH RENTAL PROPERTY (you can download additional sheets by going to our main intake section of the website)

INDICATE ACCOUNTING METHOD USED: _____ Cash Basis _____ Accrual Basis
BUSINESS NAME, ADDRESS AND PHONE NUMBER: _____

NATURE _____ **STARTING DATE OF BUSINESS** _____
PERCENTAGE OF OWNERSHIP: _____

PROJECTED MONTHLY BUSINESS INCOME:

1. Gross Sales or Receipts	\$	
2. Returns and Allowances	(
3. Less Cost of Goods Sold	(
4. Other Income		
5. Gross Income	\$	

PROJECTED MONTHLY BUSINESS EXPENSES :

6. Advertising	\$	
7. Car and Truck Expenses	\$	
8. Commissions and Fees	\$	
9. Secured Debt Including Interest (attach list)	\$	
10. Employee Benefits (other than on line 14)	\$	
11. Insurance (other than health)	\$	
12. Legal and Professional Services	\$	
13. Office Expenses	\$	
14. Pension/Profit-Sharing Plans	\$	
15. Rent or Leases		
a. Vehicles, Machinery, Equipment (attach list)	\$	
b. Other Business Property (attach list)	\$	
16. Repairs and Maintenance	\$	
17. Supplies (if not included in line 3)	\$	
18. Taxes and Licenses		
a. Payroll Taxes	\$	
b. Income/Self-Employment Tax	\$	
c. Other Taxes/Licenses	\$	
19. Travel	\$	
20. Meals and Entertainment	\$	
21. Utilities	\$	
22. Wages (do not include owner draws)	\$	
23. Other expenses (list separately):	\$	
_____	\$	
_____	\$	
24. Total Expenses	\$	
PROJECTED AVERAGE <u>NET MONTHLY</u> INCOME (owner draw)	\$	

LEASES or CONTRACTS:

Do you have any leases or executory contracts? (Such as vehicle lease, office lease, furniture rental?)

Yes No If Yes - How Many? _____

Lease #1:

Creditor Name: _____ Monthly payment:\$ _____

Creditor Address: _____

Time remaining on lease: _____

Type of Lease (apartment, vehicle, etc.): _____

Lease #2:

Creditor Name: _____ Monthly payment:\$ _____

Creditor Address: _____

Time remaining on lease: _____

Type of Lease (apartment, vehicle, etc.): _____

Please bring copies of leases and executory contracts with you to your appointment.

For additional Leases, please provide above information on a separate sheet and check here

STATEMENT OF FINANCIAL AFFAIRS

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

What was the amount of gross income (before taxes) earned from your trade or profession during the last three calendar years?

Debtor:

Year to Date: \$ _____

Last Year: \$ _____

Prior Year: \$ _____

Joint Debtor:

Year to Date: \$ _____

Last Year: \$ _____

Prior Year:\$ _____

PLEASE BRING COPIES OF YOUR LAST TWO YEARS OF TAX RETURNS WITH YOU TO YOUR APPOINTMENT.

1b. Business Income from employment or operation of business.

What was the amount of gross income or loss for your business during the last **three calendar years**?

Year to Date: \$ _____

Last Year: \$ _____

Prior Year:\$ _____

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

Did you have income from other sources during the last **two years**? Yes No

This includes: Rental Income, Pension Income, Social Security Income, Unemployment Income, Disability Income, Child or Spousal Support or Workers Compensation Income.

Husband:

Wife:

Year-to-Date: \$ _____

Year-to-Date:\$ _____

Source: _____

Source: _____

Last Year:\$ _____

Last Year: \$ _____

Source: _____

Source: _____

Prior Year: \$ _____

Prior Year: \$ _____

Source: _____

Source: _____

3a. Payments to creditors.

List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$5,850.00 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors must include payments by either or both spouses.) ("Aggregating more than \$5,850.00" means any combination of payments within 90 days to the same creditor which total more than \$5,850.00. For example, 3 payments of \$1,950.00 each, or 6 payments of \$975.00 each, if to the same person, must all be listed, since the total is \$5,850.00 or more.) Typical situations often include car payments, house payments, rent, credit cards, etc.

Creditor Name	Address (if not already listed as a creditor)	Date Paid	Amount Paid

(Please provide copy of business check register for the last 6 months)

3b. List all payments made within **one year** to or for the benefit of creditors who are or were relatives or business associates. (Married debtors filing Chapter 12 or 13 must include payments by either or both spouses.)

Creditor Name	Address (if not already listed as a creditor)	Date Paid	Amount Paid	Relationship

4a. **Suits and administrative proceedings, executions, garnishments, and attachments.**

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 Number	Description	Status

4b. Describe all money or property that has been garnished, attached or seized within the last year (i.e., wages or bank accounts garnished).

Creditor	Description	Amount	Date	Location

5. Repossessions, foreclosures, and returns

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**.

Property Taken By:	Address:	Amount	Description	Date

6a. Assignments and receiverships.

Have you assigned any of your property for the benefit of creditors? Yes No

Name/address of assignee: _____

Date of assignment: _____ Terms of assignment: _____

6b. Do you have property in the hands of a receiver, trustee or other liquidating agent? Yes No

Description: _____

Agent Name/Address: _____

If court-appointed agent, Court: _____ Case #: _____

Case Description: _____

7. Gifts

List all gifts or charitable contributions made within one year immediately preceding this case except ordinary and usual gifts to family members. 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. (Married debtors filing under Chapter 12 or 13 must include gifts or contributions by either or both spouses.)

Date	Description of Gift (cash, household items, clothes, etc.)	Value	Name of Recipient	Address

8. Losses.

Have you lost anything due to gambling, fire, theft, or other casualty during the last year? Yes No

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

Name of Recipient: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of matter attorney handled: _____

Date/amount of money transferred: _____

Remaining obligation, if any: _____

Terms of repayment: _____

10. Other transfers.

Have you sold or transferred any property in the **last year**, either absolute or for the purpose of giving security?
(i.e. garage sale, traded in a 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. Closed financial accounts.

Did you close any financial accounts in the last year? Yes No
 If Yes - Please list all bank accounts closed, including stock or IRA accounts

Name of Bank or Institution	Address	Name of Account Owner	Closing Balance	Date closed	Type of Account	What did you do with the money

12. Safe deposit boxes.

Do you have a safe deposit box? Yes No

Institution: _____ Account holder name: _____

Institution address, City, State, ZIP: _____

Contents of box: _____

Persons with authorized access: _____

Their addresses: _____

13. Setoffs.

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: _____

Amount owed by you: \$ _____ Amount of setoff: \$ _____

Date of setoff: _____

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: _____ Address: _____

Relationship to you: _____ Amount owed by you: \$ _____

Amount owed to you \$ _____ Date of setoff: _____

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

Describe	Value	Name & Address of Other person	Relationship	Location of Items	Explanation
Misc. Household Items	\$500	Bob Doe 1265 SW College St Boise ID 85032	Son	My Home	Son away at college

15. Prior address of debtor.

Have you lived at your current address for more than three years? Yes No

If No - List all prior addresses during the last **three** years:

Address: _____ City, State, Zip: _____
 Who Lived Here?: Debtor Joint Debtor Both
 When there (month and year): _____ to: _____

Address: _____ City, State, Zip: _____
 Who Lived Here?: Debtor Joint Debtor Both
 When there (month and year): _____ to: _____

List the same information for any additional residences on a separate sheet of paper and check here.

16. Spouse and Former Spouses.

None

List names of any spouses or former spouse(s) who resided with you in a community property state (AK, AZ, CA, ID, LA, NV, NM, PR, TX, WA or WI) within the last 6 years.

Name: _____

17. Environmental Information.

A. Have you received notice in writing by a governmental unit that you or property you own may be liable or potentially liable under or in violation of an Environmental Law.

Yes No - If Yes - please complete the following questions. If No. - Go to Question #18

Site Name & Address	Governmental Unit Name and Address	Date of Notice	Environmental Law

B. 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 & Address	Governmental Unit Name and Address	Date of Notice	Environmental Law

C. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party.

Governmental Unit Name and Address	Docket Number	Status or Disposition

18a. Nature, location, and name of business.

List names, addresses, and type of any and all businesses in which you were an officer, director, partner or managing executive of a corporation, partnership, sole proprietorship or self-employed within the last **six years**.

Full Name of Business: _____

Business Address: _____

Type of Business: _____

Are you an Officer? Yes No Your Title _____

Dates of Operation - From: _____ To: _____

Taxpayer ID Number: _____

Is the business a - Corporation Partnership Sole Proprietorship Individual _____

If additional businesses, please indicate here and provide all requested information on a separate sheet of paper and check here.

18b. Single Asset Real Estate.

Identify any business listed above that is a "single asset real estate"

Name of Business: _____

Address: _____

19a. Books, records, and financial statements.

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

Name: _____

Address: _____

Dates Services Provided: _____ to _____

Name: _____

Address: _____

Dates Services Provided: _____ 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 Services Provided: _____ to _____

Name: _____

Address: _____

Dates Services Provided: _____ to _____

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

Name: _____

Address: _____

Name: _____

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: _____

Address: _____

Date Provided: _____

Name: _____

Address: _____

Date Provided: _____

20a. Inventories.

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 inventory.

Supervisor	Date Taken	Value	Basis	Name & Address of Person in possession of records

21. Special Circumstances or Emergencies

- Yes No Are you facing a foreclosure? If Yes: Date of Foreclosure Sale: _____
- Yes No Are you being garnished or think you soon will be?
- Yes No Do you have IRS Liens or think you soon will have?
- Yes No Have you been sued 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 Have you taken any cash advances on your credit cards in the last 6 months?
If Yes - Approximate total: \$ _____
- 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 Have you used your credit cards within the last ninety (90) days?
- Yes No Has the total owed on your credit cards gone up significantly in the last 6 months?
- Yes No Have you obtained any credit cards in the last 6 months?
- Yes No Do you have credits cards or loans with your current bank?
- Yes No Do you have accounts or loans with any credit union?
- Yes No Have you ever paid dues to a Homeowners Association?
- Yes No Have you ever been convicted of a crime or any felony?
- Yes No Has any of your property been repossessed or do you think it soon will be?
- Yes No Have you taken out any payday loans?
If Yes - be sure to list them in the unsecured creditor section.
- Yes No Have you written any checks which have been dishonored for insufficient funds?
- Yes No Do you have any serious health problems?

- Yes No Have you been an Oregon resident for the past ninety (90) days?
- Yes No Are you considering bankruptcy for yourself only?
- Yes No Are you considering bankruptcy for both yourself and your spouse?
- 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 lawyer's attention?

Please describe: _____

How did you find out about our office?

- Yellow pages ad
- Referral from Personal friend
Name: _____
- Internet - Describe Search or Source: _____
- I Am Personal friend of attorney or staff
Names of Attorney/Staff Member: _____
- Another Lawyer
Name of Lawyer: _____
- Referral from former Client
Name: _____
- Other: _____

When you have completed the form, sign and bring it with you to your appointment

The answers to these questions are true and accurate to the best of my knowledge.

Both spouses need to sign if this a joint filing.

Date

Debtor

Joint Debtor