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Portland, OR 97204
503-241-4869

**INTAKE FORM #3 -
CORPORATE/PARTNERSHIP/LIMITED LIABILITY COMPANY
CHAPTER 7 INTAKE FORM**

Questions? Please refer to our Intake Instruction Sheet or make a list and they 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 the entity, 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 the entity unless we have all the information contained in this questionnaire.

PRELIMINARY INFORMATION

1.

Name of Business(including dba, etc.): _____

Tax ID # _____

Street Address: _____

City, State, Zip: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Name of Lead Contact Person: _____

Title of Lead Contact Person: _____

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 (i.e. Multnomah, Washington): _____

Name of 2nd contact person in case of emergency: _____

Phone Number of emergency contact person: _____

2. Prior Bankruptcy

Has the entity ever filed bankruptcy before: Yes No

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

Which Chapter? Ch.7 Ch.11 Case No. _____

Result: Discharged Dismissed

3. Tax Information

A - Income Taxes

What is the fiscal year end of the entity's tax year? _____

When the entity files its next tax return, what is expected?: a Refund To pay Break even

If a refund is expected- How much for federal? \$ _____ How much for state? \$ _____

Have either or both refunds been received? Yes No

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

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

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

Is the entity entitled to a refund from any prior tax years? Yes No Amount: _____

Has the entity filed all its previous 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 the entity 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 entity filed all its 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 the entity 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?

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

If yes, for what years? _____

B. Withholding or other types of taxes.

State the amounts and types of other taxes owed by the entity:

Year	Type of Tax (City of Portland, Multnomah County Business income tax, etc.)	Amount	Return Filed? Circle Yes or No
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO

4. Prior History

Has the entity ever owned any real estate which has since been sold or transferred?

Yes No

If yes, describe the property or properties: _____

When was the sale or transfer of the property to someone else: _____

ASSET INFORMATION

1. Real Estate

Does the entity own any real estate? Yes No . If no, go to Section 2 below.

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

Mailing Address of Co-Signor: _____

Percentage of Interest: _____%

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

Home w/Land Bare Land Commercial Building

Other: _____

Description: (i.e. office building, warehouse, 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) \$ _____

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: \$ _____ Is the entity current? Yes No

If not current, how much does the entity owe the County? \$ _____

Is the entity's property taxes included in the mortgage payment? Yes No

Is homeowner's insurance included in the 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 the entity owns or doesn't own by marking "Yes" or "No". Where applicable, indicate quantity, descriptions and value) **(Ignore numbering of questions below - the numbers refer to the actual number on the bankruptcy asset schedules where the information will be inserted. No applicable numbers have been skipped.)**

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 does the entity have? _____

Provide the following for each account.

Bank Name	Type of Account	Acct # (last 4 digits)	Balance	Any other debts w/this bank?	Type of Debt?
Example: Bank of America	Checking	0215	\$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. Not Applicable - Intentionally Omitted.

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. Not Applicable - Intentionally Omitted.

7. Not Applicable - Intentionally Omitted.

8. Yes No **Firearms:**

Type (rifle, pistol)	Make	Model	Value

9. Yes No **Life insurance?**

Type: Whole, Term, Universal?	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. Not Applicable - Intentionally Omitted.

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

Name	Number of Shares	Current Value (per share)

13(b). Yes No **Does the entity have any Interests in any incorporated businesses:**

Name of Business	Percentage of Interest

14. Yes No **Does the entity have any Interests in partnerships:**

Name of Partnership	Percentage of Interest	Who is other partner?

15. Yes No **Does the entity have any Government and corporate bonds:**

Name of Company	Value

16. Yes No **Does the entity have any Accounts Receivable:**

If yes - Amount: \$ _____
 (Please bring an itemized accounting of all accounts receivable to your appointment)

17. Not Applicable - Intentionally Omitted.

18. Yes No **Does the entity have any other liquidated debts** (including tax refunds, back wages):

Describe:	Amount:

19. Yes No **Does the entity have any equitable and future interests, life estates:**

Describe	Amount

20. Yes No **Does the entity 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 **Does the entity have any other contingent, unliquidated claims** (including counterclaims, rights to set offs):

Describe:	Amount:	Against Whom?

22. Yes No Does the entity have any patents, copyrights, etc.:

Describe	Amount

23. Yes No Does the entity have any licenses, franchises and other general intangibles:

Describe	Amount

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

25. Yes No **Does the entity own any automobiles, trucks, trailers and other vehicles:**
 If Yes - Complete Below

(Go online to www.kbb.com to obtain the valuation of any vehicle(s) directly from Kelley Blue book, print the valuation and bring it to the 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.

		VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4
Year	2000				
Make	Ford				
Model	F250				
Style	4x4 XLT Automatic				
Date of Purchase	10/10/08				
Mileage	50,500				
Trade in Value	\$10,245				
Private Party Value	\$12,225				
Name(s) on Title	ABC Auto Wrecking				
Name of Lender	US Bank				

BRING COPIES OF THE ENTITY'S VEHICLE TITLES TO THE APPOINTMENT WITH THE ATTORNEY.

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 any 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	Date of Purchase	# of Hours	Est. Value	Name on Title (if applicable)	Does the entity 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	Does the entity own outright?
Example: Dell Computer	3 years	\$200.00	Yes

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

29. Yes No **Machinery, fixtures, equipment and supplies:**

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

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

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 any party owe the entity money?**

Name	Address	Amount Owed to You	Describe

CREDITORS AND DEBTS

Provide the following information about **all** of the entity's debts and creditors, including debts owed to employees. 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

Does the entity owe Back Wages, or Accrued Vacation and Sick Time to any employees?

If you prefer, you can have an Excel spreadsheet emailed to you to fill in and return. Please contact Jennifer Houck at jennifer@vbcattorneys.com to request the form.

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

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

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

If you prefer, you can have an Excel spreadsheet emailed to you to fill in and return. Please contact Jennifer Houck at jennifer@vbcattorneys.com to request the form.

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: _____

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

Property Fair Market Value: _____

	Example	CREDITOR 1	CREDITOR 2
Name of Secured Creditor	Washington Mutual		
Full Address of Creditor	123 Main St, Ione, CA 96671		
Nature of Lien (Trust Deed / Mortgage)	Trust Deed		
Date of Purchase	10/10/08		
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: _____

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

Property Fair Market Value: _____

	Example	CREDITOR 1	CREDITOR 2
Name of Secured Creditor	Washington Mutual		
Full Address of Creditor	123 Main St, Ione, CA 96671		
Nature of Lien (Trust Deed / Mortgage)	Trust Deed		
Date of Purchase	10/10/08		
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: _____

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

Property Fair Market Value: _____

	Example	CREDITOR 1	CREDITOR 2
Name of Secured Creditor	Washington Mutual		
Full Address of Creditor	123 Main St, Ione, CA 96671		
Nature of Lien (Trust Deed / Mortgage)	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	2004 Acura 3.2 TL		
Name of Creditor	Mt. View FCU		
Full Address of Creditor	123 Main St, Memphis, TN 03214		
Date of Purchase	03/13/08		
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	2004 Acura 3.2 TL		
Name of Creditor	Mt. View FCU		
Full Address of Creditor	123 Main St, Memphis, TN 03214		
Date of Purchase	03/13/08		
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	2004 Acura 3.2 TL		
Name of Creditor	Mt. View FCU		
Full Address of Creditor	123 Main St, Memphis, TN 03214		
Date of Purchase	03/13/08		
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 the entity's debts and creditors, including debts owed for credit cards, lines of credit, trade debts, etc.. 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. trade debts; credit cards, personal loans)

If you prefer, you can have an Excel spreadsheet emailed to you to fill in and return. Please contact Jennifer Houck at jennifer@vbcattorneys.com to request the form.

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	123456	Credit Card	\$2536	Jared Doe 123 NW Deer Bend, OR 97204	Multnomah County # 04-2356 02-05-04

UNSECURED CREDITORS CONTINUED
(i.e. 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)

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

LEASES or CONTRACTS:

Does the entity 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.): _____

Lease #3:

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

1. Income from operation of business.

What was the amount of gross income (before taxes) earned by the entity during the last **three calendar years**?

Year to Date: \$ _____

Last Year: \$ _____

Prior Year: \$ _____

**PLEASE BRING COPIES OF THE LAST TWO YEARS OF THE ENTITY'S
TAX RETURNS WITH YOU TO YOUR APPOINTMENT.**

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

Did the entity have income from sources other than the ordinary course of its business during the last **two years**? Yes No

This includes: Rental Income

Year-to-Date: \$ _____

Source: _____

Last Year: \$ _____

Source: _____

Prior Year: \$ _____

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. ("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.

Please provide a copy of the entity's check register for the last 6 months.

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

3b. List all payments made within **one year** to or for the benefit of creditors who are or were insiders (such as corporate officers, directors, guarantors or their relatives) or business associates.

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 the entity was a party to within **one year**. Include 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.**

Has the entity assigned any of your property for the benefit of creditors? Yes No

Name/address of assignee: _____

Date of assignment: _____ Terms of assignment: _____

6b. Does the entity 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. Include gifts to charities aggregating more than \$100.00 per recipient.

Date	Description of Gift	Value	Name of Recipient	Address

8. **Losses.**

Has the entity 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.**

Has the entity 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.**

Has the entity sold or transferred any property outside the ordinary course of business in the **last year**, either absolute or for the purpose of giving security?

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 the entity 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.**

Does the entity 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 a banking institution set off funds held in a deposit account the entity owns 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.**

- Is the entity storing any property for another person? Yes No
- Is the entity on anyone's bank accounts? Yes No
- Is the entity listed on the title to anyone's car? Yes No
- Is the entity listed on the title to another person's or entity's property? 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
Ford F350	\$12,000	Bob Doe 1265 SW College St Boise ID 85032	Employee	Warehouse	Uses and stores at job site

15. **Prior address of debtor.**

- Has the entity resided at its current address for more than three years? Yes No
- If No - List all prior addresses during the last **three** years:

Address: _____ City, State, Zip: _____
When there (month and year): _____ to: _____

Address: _____ City, State, Zip: _____
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 - (Not Applicable)

17. **Environmental Information.**

- A. Has the entity received notice in writing by a governmental unit that it or property it owns 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 the entity is or was 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 entity, partnership, sole proprietorship or self-employed within the last **six years**.

Full Name of Business: _____

Business Address: _____

_____ Type of Business: _____

Is the entity a - Corporation Partnership Limited Liability Corporation
 Other _____

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 the entity's 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 the entity's 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 the entity's employees, who are in your possession of the entity's 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 the entity's 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. Attach additional sheets if necessary.

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

21a. **Current partners, officers, directors, and shareholders.**

If this is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

How many partners: _____

Name & Address	Percentage of interest	Nature

21b. If this is a corporation, list all the officers and directors of the entity and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting securities.

How many Officers: _____

Name & Address of each Officer	Title	Percentage of interest

22a. **Former partners, officers, directors, and shareholders.**

Does the entity have any partner who withdrew from the partnership within the last **12-month period**.

Yes No

Name & Address of each Former Partners, etc.	Percentage of interest	Nature

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

Name & Address of each Officer	Title	Percentage of interest

23. **Withdrawals from a partnership or distributions by a entity.**

If you are a partnership or corporation, are there any withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised an any other prerequisite during the last **12-month period**

Yes No

Name & Address of each	Date	Amount	Type

24. **Tax Consolidation Group.**

If you are a entity, list the name and federal taxpayer ID number of the parent entity on any consolidated group for tax purposes of which you have been a member at any time within a **6 year period** prior to the filing of this case. Is there a parent entity?

Yes No

Name	Taxpayer ID

25. **Pension Funds.**

List the name and federal taxpayer ID number of any pension fund to which you, as an employer, are responsible for contributing at any time with a **6 year period** prior to the filing of this case. Is or are there any pension funds

Yes No

Name	Taxpayer ID

26. **Special Circumstances or Emergencies**

- Yes No Is the entity facing a foreclosure? If Yes: Date of Foreclosure Sale: _____
- Yes No Does the entity have IRS Liens or think you soon will have?
- Yes No Has the entity been sued or think you soon will be?
- Yes No Does the entity have a trial date scheduled within the next 90 days for any lawsuits pending against the entity?
- Yes No Has any of the entity's property been repossessed or will it soon be?
- Yes No Has the entity written any checks which have been dishonored for insufficient funds?
- Yes No Are any corporate officers also considering personal bankruptcy?
- Yes No Could any person make a claim against the entity for fraud, physical injury or any other conduct which might constitute a crime under the laws of any state, even if the entity denies it?
- Yes No Does the entity have any unusual circumstances, questions, or comments you think should be brought to the lawyer's attention?

Please describe: _____

How did you learn 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.

Date

Print Name and Title

Signature