

Vanden Bos & Chapman, LLP
319 SW Washington #520
Portland, OR 97204
503-241-4869

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

Questions? Please refer to our Intake Instruction Sheet or make a note 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 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.

ADDITIONAL PAGES

Additional individual pages for each intake form, if needed, are available on our website at http://www.vandenbos-chapman.com/client_section/intake_forms.htm. Follow the instructions on the web page to locate and print the additional page(s) needed.

**IF YOU USE THE FILLABLE WORD FORMAT, YOUR ANSWERS
WILL APPEAR IN BLUE.
PLEASE DO NOT CHANGE THE BLUE FONT.**

PRELIMINARY INFORMATION

1. Debtor 1

Name (including middle name):	
Other names in the last 8 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 – 5 pm):	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. Debtor 2 (If this is a joint filing – Debtor 2's Information):

Name (including middle name):	
Other names in the last 8 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 – 5 pm):	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 you or Debtor 2 (if applicable) 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. Rental of Residence

Do you rent your home: Yes: ___ No. ___
If yes , has your landlord obtained an eviction judgment against you? Yes ___ No. _____. Do you want to stay in your residence? Yes ___ No. ___

5. Report About Any Businesses You Own as a Sole Proprietor

Are you a sole proprietor of any full or part-time business? Yes: <input type="checkbox"/> No. <input type="checkbox"/>
If no, go to Question 6.
If yes: Name and location of business: Name: _____ Location: _____
Check the following to describe your business:
<input type="checkbox"/> Local Care Business (as defined by 11 USC Section 101(27A))
<input type="checkbox"/> Single Asset Real Estate (as defined by 11 USC Section 101(51B))
<input type="checkbox"/> Stockbroker (as defined by 11 USC Section 101(53A))
<input type="checkbox"/> Commodity Broker (as defined by 11 USC Section 101(6))
<input type="checkbox"/> None of the above

6. Hazardous Materials

Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Yes: <input type="checkbox"/> No. <input type="checkbox"/>
Do you own any property that needs immediate attention? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , what is the hazard: If yes , if immediate attention is needed, why is it needed?

7. Prior History

Have you ever owned any real estate which has since been sold or transferred? Yes: <input type="checkbox"/> No. <input type="checkbox"/>
If yes, describe the property or properties:
When did you sell or transfer the property to someone else?
Did you have HOA (Home Owner's Association) fees on the property? Yes: <input type="checkbox"/> No. <input type="checkbox"/>
Are you or have you ever been the beneficiary of an inheritance or a trust? Yes: <input type="checkbox"/> No. <input type="checkbox"/>
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: <input type="checkbox"/> No. <input type="checkbox"/> . If yes, briefly describe:

ASSET INFORMATION

PART 1: Real Estate

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

REAL PROPERTY NO. 1

Street Address:

County:

Single-Family Home; Duplex or Multi-Unit Building; Condo or Cooperative; Mfg. or Mobile Home; Land; Investment Property; Building; Timeshare; Other:

Name(s) on title to Real Estate:

If other than Debtor 2, provide Name and Mailing Address of Co-Owners:

Current Value of the Entire Property:

Current Value of the Portion You Own:

Describe Nature of Your Ownership Interest (i.e., fee simple, tenancy by the entireties, or a life estate), if known:

Is this community property: Yes: No. .

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

REAL PROPERTY NO. 2

Street Address:

County:

Single-Family Home; Duplex or Multi-Unit Building; Condo or Cooperative; Mfg. or Mobile Home; Land; Investment Property; Building; Timeshare; Other:

Name(s) on title to Real Estate:

If other than Debtor 2, provide Name and Mailing Address of Co-Owners:

Current Value of the Entire Property:

Percentage of Debtor's Interest:

Describe Nature of Your Ownership Interest (i.e., fee simple, tenancy by the entireties, or a life estate), if known:

Is this community property: Yes: No. .

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

PART 2. Vehicles

(VBC 3)
Yes: ___ No. ___ Cars, vans, trucks, tractors, sport utility vehicles, motorcycles.
If Yes - Complete Below

(Go online to <http://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.

Provide:	Example:	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Make	Acura				
Model	3.2 TL				
Year	2004				
Mileage	10,000				
Date of Purchase	12/14/2009				
Trade-in-Value	\$6,000				
Private Party Value	\$7,000				
Names on Title	John & Jane Doe				
Name of Lender	US Bank				
Current Balance Owing to Lender	\$1,500				
Keep or Return	Keep				

4. Watercraft, Aircraft, Motorhomes, ATVs and Other Recreational Vehicles and Accessories:

(VBC 4a)
Yes: ___ No. ___ Watercraft. **If Yes - Complete Below**

(Go online to <http://www.nadaguides.com/Boats> 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.)

(VBC 4a)					
Provide:	Example:	1	2	3	4
Make	Marine Trader				
Model	35 Sundeck Trawler				
Year	1987				
Type	Trawler				
Date of Purchase	12/14/2009				
(No. of Hours)	4900				
Trade-in-Value	\$35,000				
Private Party Value	\$39,000				
Names on Title	John & Jane Doe				
Name of Lender	US Bank				
Current Balance Owing to Lender	\$7,000				
Keep or Return	Keep				

(VBC 4b)

Yes: ___ No. ___ Aircraft. If Yes - Complete Below

(Go online to [FAA Registry - Aircraft - Name Inquiry](#) to obtain the registry information of your aircraft directly from the FAA, print the information and bring it to your appointment with you.

(VBC 4b)					
Provide:	Example:	1	2	3	4
Manufacturer	Cessna 207				
Model	Stationair Aircraft				
Year					
US Registration No.	N75AK				
Date of Purchase	05/05/15				
Mfg. Serial No.	20000400				
(No. of Hours)	4,000				

(VBC 4b)					
Provide:	Example:	1	2	3	4
Trade-in-Value	175,000				
Private Party Value	185,000				
Names on Title	John & Jane Doe				
Name of Lender	US Bank				
Current Balance Owing to Lender	\$160,000				
Keep or Return	Keep				

PART 3. Personal and Household Items

PLEASE REVIEW THE FOLLOWING SECTIONS CAREFULLY. IF YOU HAVE ANY OF THE FOLLOWING CATEGORIES OF ASSETS (i.e.: CLOTHING, NON-FARM ANIMALS), PLEASE LIST A GARAGE SALE VALUE EVEN IF YOU BELIEVE THE ITEM HAS LITTLE TO NO VALUE.

Indicate what categories of property you own or don't own by marking "Yes" or "No."
WHERE APPLICABLE, INDICATE QUANTITY, DESCRIPTIONS AND VALUE.

(VBC 6) – Household Goods and Furnishings

Yes: ___ No. ___ Household goods and furnishings (i.e., major appliances, furniture, linens, china, kitchenware):

If Yes, Total Value: \$ _____.

If total includes any single item(s) valued OVER \$1,000, provide the following for each item:

Description of Item:	Value:

(VBC 7) - Electronics

Yes: ___ No. ___ Electronics (i.e., TV's and radios, audio, video, stereo and digital equipment; computers, printers, scanners, music collections, electronic devices, including cell phones, cameras, medial players, games):

If Yes, Total Value: \$ _____.

If total includes any single item(s) valued OVER \$1,000, provide the following for each item:

Description of Item:	Value:

Description of Item:	Value:

(VBC 8) Collectibles of Value

Yes: ___ No. ___ Collectibles of value (i.e., antiques and figurines, paintings, prints or other artwork; books pictures, or other art objects; stamp, coin or baseball card collections, or other collections or memorabilia, art objects, antiques):
 If Yes, Total Value: \$ _____.

If total includes any single item(s) valued OVER \$1,000, provide the following for each item:

Description of Item:	Value:

(VBC 9) – Equipment for Sports & Hobbies

Yes: ___ No. ___ Equipment for sports and hobbies (i.e., sports, photographic, exercise and other hobby equipment; bicycles, pool tables, golf clubs, skis, canoes and kayaks, carpentry tools, musical instruments)
 If Yes, Total Value: \$ _____.

If total includes any single item(s) valued OVER \$1,000, provide the following for each item:

Describe Item(s)	Garage Sale Value

(VBC 10) - Firearms

Yes: ___ No. ___ Firearms (i.e., pistols, rifles, shotguns, ammunition and related equipment).
 If Yes, Total Value: \$ _____.

If total includes any single item(s) valued OVER \$1,000, provide the following for each item:

Type (rifle, pistol, etc.)	Make	Model	Value

(VBC 11) - Clothes

Yes: ___ No. ___ Clothes (i.e., everyday clothes, furs, leather coats, designer wear, shoes, accessories)
 If Yes, Total Value: \$ _____.

If total includes any single item(s) valued OVER \$1,000, provide the following for each item:

Description of Item:	Value:

(VBC 12) - Jewelry

Yes: ___ No. ___ Jewelry (i.e., everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver)
 If Yes, Total Value: \$ _____.

If total includes any single item(s) valued OVER \$1,000, provide the following for each item:

Description of Item:	Value:

(VBC 13) – Non-Farm Animals

Yes: ___ No. ___ Non-farm animals (i.e., Dogs, cats, birds, horses):

If total includes any non-farm animal valued OVER \$1,000, provide the following for each non-farm animal:

Type of Animal:	Value:	Registered?

(VBC 14) – Any Other Personal and Household Items

Yes: ___ No. ___ Any other personal or household items you did not already list, including health aids:
 If Yes, Total Value: \$ _____.

If total includes any single item(s) valued OVER \$1,000, provide the following for each item:

Description of Item:	Value:

PART 4. Financial Assets

(VBC 16) - Cash

Yes: ___ No. ___ Cash (i.e., money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition)

Type	Amount

(VBC 17) – Deposits of Money

Yes: ___ No. ___ Deposits of money (i.e., checking, savings or other financial accounts, certificates of deposit, shares in credit unions, brokerage houses, and other similar institutions):
 How many bank accounts do you have? _____ Provide the following for each account:

Bank Name	Last 4 Digits of Acct#	Type of Account	Joint; Debtor or Spouse Name on Account	Balance	Any Other Debts W/this Bank?	Type of Debt? (Loan, Credit Card, Line of Credit)
Example: OnPoint Credit Union	0154	Checking	Joint Acct	\$120.00	Yes	Car loan

IF DEBTOR IS USING AN ADDITIONAL PAGE(S) AND ATTACHING THAT PAGE(S) BEHIND THIS ONE, PLEASE CHECK HERE. ___ Number of additional pages attached:

(VBC 18) – Bonds, Mutual Funds, or Publicly Traded Stocks

Yes: ___ No. ___ Bonds, mutual funds, or publicly traded stocks (i.e., bond funds, investment accounts with brokerage firms, money market accounts):

How many accounts do you have? ___ Provide the following for each account:

Institution or Issuer Name	Last 4 Digits of Acct#	Type of Account	Joint; Debtor or Spouse Name on Account	Balance	Any Other Debts W/this Financial Institution?	Type of Debt? (Loan, Credit Card)
Example: Ameriprise	0154	Money Market	Joint Acct	\$120.00	Yes	Credit Card

IF DEBTOR IS USING AN ADDITIONAL PAGE(S) AND ATTACHING THAT PAGE(S) BEHIND THIS ONE, PLEASE CHECK HERE. ___ Number of additional pages attached:

(VBC 19) - Non-Publicly Traded Stock and Interests in Incorporated and Unincorporated Businesses

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

(a) Yes: ___ No. ___ Stocks. You can use www.cbsmarketwatch.com for stock values)

Name	Number of Shares	Current Value (per share)

(b) Yes: ___ No. ___ Interests in any incorporated businesses:

Name of Business	Percentage of Interest

(c) Yes: ___ No. ___ Do you have any Interests in partnerships:

Name of Partnership	Percentage of Interest	Who is other partner?

(VBC 20) - Government and Corporate Bonds and Other Negotiable and Non-Negotiable Instruments

Yes: ___ No. ___ Government and corporate bonds and other negotiable and non-negotiable instruments (i.e., Negotiable instruments include personal checks, cashier's checks, promissory notes, and money orders; and Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them)

Name of Company	Value

(VBC 21) - Retirement or Pension Accounts

Yes: ___ No. ___ Retirement or pension accounts (i.e., interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts or other pension or profit-sharing plans)
If yes, how many? _____. List Below:

Type of Account (See Above)	Account Custodian	Value (Do Not Deduct Any Loans Against)	Any Loans Against Account?	Amount Contributed Last Year	Balance of Loan

(VBC 22) - Security Deposits and Prepayments

Yes: ___ No. ___ Security deposits and prepayments (i.e., your share of all unused deposits you have made so that you may continue service or use from a company – agreements with landlords, prepaid rent, public utilities, telecommunications companies, etc.)

Type of Deposit	Who With:	Amount:	Refundable?

(VBC 23) - Annuities

Yes: ___ No. ___ Annuities (a contract for a periodic payment of money to you, either for life or for a number of years)

Describe	Value

(VBC 24) – Interests in Education IRA, Qualified ABLE Program or Qualified State Tuition Program

Yes: ___ No. ___ Interests in an education IRA, in an account in a qualified ABLE program or under a qualified state tuition program.

Type of Account (See Above)	Account Custodian	Value (Do Not Deduct Any Loans Against)	Any Loans Against Account?	Amount Contributed Last Year	Balance of Loan

(VBC 25) – Trusts, Equitable or Future Interest in Property

Yes: ___ No. ___ Interest in a trust(s), equitable or future interests in property (other than anything listed in No. 1) and rights or powers exercisable for your benefit:

Describe	Amount

(VBC 26) - Patents, Copyrights, Trademarks, Trade Secrets and Other Intellectual Property

Yes: No: Patents, copyrights, trademarks, trade secrets and other intellectual property (i.e., Internet domain names, websites, proceeds from royalties and licensing agreements):

Describe	Amount

(VBC 27) - Licenses, Franchises and Other General Intangibles

Yes: No: Licenses, franchises and other general intangibles (i.e., building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses):

Describe	Amount

(VBC 28) - Tax Refunds Owed to You

Yes: No: Tax refunds owed to you:

Describe:	Amount:	Who is owed: Debtor, Spouse, Joint

(VBC 29) – Family Support

Yes: No: Family support (i.e., past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement)?

Describe	Monthly Payment	Amount in arrears

(VBC 30) - Other Amounts Someone Owes to You

Yes: No: Other amounts someone owes to you (i.e., unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits, unpaid loans you made to someone else):

Describe (include name & address):	Amount:	Who is owed: Debtor, Spouse, Joint

(VBC 31) - Interests in Insurance Policies

Yes: ___ No. ___ Interests in insurance policies (i.e., health, disability, or life insurance; health savings account (HSA); credit, homeowner's or renter's insurance)

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

(VBC 32) - Any Interest in Property That Is Due You from Someone Who Has Died

Yes: ___ No. ___ Any interest in property that is due you from someone who has died (i.e., if you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died):

Describe	Amount

(VBC 33) - Claims Against Third Parties, Whether or Not You Have Filed a Lawsuit or Made a Demand for Payment

Yes: ___ No. ___ Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment (i.e., accidents, employment disputes, insurance claims or other rights to sue):

Description:	Value:

(VBC 34) – Other Claims

Yes: ___ No. ___ Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims:

Description:	Value:

(VBC 35) – Any Financial Assets Not Already List

Yes: ___ No. ___ Any financial assets you did not already list:

Description:	Value:

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

(VBC 37)

Do you own or have any legal or equitable interest in any business-related property: Yes: ___ No. ___
If No, go to PART 6. If Yes, continue to the next questions.

(VBC 38)

Yes: ___ No. ___ Accounts receivable or commissions you already earned:

Description:	Value:

(VBC 39)

Yes: ___ No. ___ Office equipment, furnishings and supplies (i.e., computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices):

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

(VBC 40)

Yes ___ No. ___ Machinery, fixtures, equipment, supplies you use in business, and tools of your trade: (i.e., mechanic tools, carpentry tools):

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

(VBC 41)

Yes: No: Inventory.

Description:	Value:

(VBC 42)

Yes: No: Interests in partnerships or joint ventures:

Name of Partnership	Percentage of Interest	Who is other partner?

(VBC 43)

Yes: No: Customer lists, mailing lists, or other complications (i.e., 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 you, primarily for personal, family, or household purposes. If Yes, please list the value of the customer list or other compilation \$._____.

(VBC 44)

Yes: No: Any business-related property you did not already list:

Description:	Value:

PART 6. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 (If you own or have an interest in farm land, list it in PART 1.)

(VBC 46)

Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?
 Yes: ___ No. ___ If No, go to PART 7. If Yes, continue to the next questions.

(VBC 47)

Yes: ___ No. ___ Farm animals (i.e., livestock, poultry, farm-raised fish):

Type of Animal:	Value:	Registered?

(VBC 48)

Yes: ___ No. ___ Crops - growing or harvested:

Description:	Value:

(VBC 49)

Yes: ___ No. ___ Farming and fishing equipment, implements, machinery, fixtures and tools of trade:

Description:	Value:

(VBC 50)

Yes: ___ No. ___ Farm and fishing supplies, chemicals and feed:

Description:	Value:

(VBC 51)	
Yes: ___ No. ___ Any farm- and commercial fishing-related property you did not already list:	
Description:	Value:

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

(VBC 53)
Do you have other property of any kind you did not already list? Yes: ___ No. ___ If yes, please list below:

Description:	Value:

**LIABILITIES /
CREDITORS AND DEBTS**

PROVIDE THE FOLLOWING INFORMATION ABOUT ALL OF YOUR DEBTS AND CREDITORS, INCLUDING DEBTS OWED TO SURETY COMPANY(IES) FOR BOND INDEMNIFICATION, FAMILY MEMBERS, INSIDERS, etc., (“Insiders” include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101.) It is important that we include all of your creditors on your schedules because amending your schedules to add a creditor(s) requires an additional fee.

PLEASE NOTE: YOU MUST PROVIDE US WITH A COMPLETE CORRESPONDENCE ADDRESS (NOT PAYMENT ADDRESSES) FOR EVERY CREDITOR, INCLUDING ZIP CODE. INCOMPLETE ADDRESSES OR PAYMENT ADDRESSES WILL PREVENT US FROM COMPLETING YOUR PAPERWORK OR MAY RESULT IN REJECTION OF YOUR SCHEDULES BY THE BANKRUPTCY COURT AND DELAY IN THE FILING OF YOUR CASE.

PART 1 – SECURED CREDITORS - Creditors Who Have Claims Secured by Property

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

IF YOU ARE USING AN ADDITIONAL PAGE(S) AND ATTACHING THAT PAGE(S) BEHIND THIS ONE, PLEASE CHECK HERE. ___ Number of additional pages attached: _____.

	REAL PROPERTY NO. 1 - Street Address of Property No: ____:
	Brief Description of Property (i.e., Residence, Rental, Commercial, Bare Land, Tri-Plex, etc.):
	Property Fair Market Value: \$_____.

Lienholder(s)	REAL PROPERTY NO. 1	Complete Correspondence/ Inquiry Address of Creditor	City, State & Zip	Relationship
	Secured Creditor's Name			
	Bank of America	123 Main St	lone, CA 96671	None
Lienholder 1				
Lienholder 2				
Lienholder 3				

REAL PROPERTY NO. 1 Information to be Provided	Example	Lienholder 1	Lienholder 2	Lienholder 3
Nature of Lien (Trust Deed / Mortgage/HOA / Judgment/Tax Lien)	Trust Deed			
1 st , 2 nd or 3 rd Mortgage	1st Mortgage			
Original Amount of Mortgage /Judgment / Lien	\$200,000;			
Date of Mortgage / Judgment / Lien	10/10/05			
Judgment – Court & Case No.	Multnomah Circuit / 10cv12345			
Account No.	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/Guarantor Name	Address	City, State & Zip	Relationship
Example: Donald Doe	555 SW 5 th	Portland, OR 97205	Son

Real Property No. 1: Account No. on Property Tax Statement:
Real Market Value per Property Tax Statement: \$ _____.
Amount of Yearly Property Taxes: \$ _____. Is Debtor current? Yes: ___ No. ___
If the property taxes are not current, how much is owed the County? \$ _____.
Are property taxes included in the mortgage payment? Yes ___ No. ___
Is Debtor's insurance included in the mortgage payment? Yes: ___ No. ___

	REAL PROPERTY NO. 2 - Street Address of Property No: ____:
	Brief Description of Property (i.e., Residence, Rental, Commercial, Bare Land, Tri-Plex, etc.):
	Property Fair Market Value: \$ _____.

Lienholder	<u>REAL PROPERTY NO. 2</u> Secured Creditor's Name	Complete Correspondence/Inquiry Address of Creditor	City, State & Zip	Relationship
	Bank of America	123 Main St	Ione, CA 96671	None
Lienholder 1				
Lienholder 2				
Lienholder 3				

<u>REAL PROPERTY NO. 2</u> Information to be Provided	Example	Lienholder 1	Lienholder 2	Lienholder 3
Nature of Lien (Trust Deed / Mortgage/HOA / Judgment/Tax Lien)	Trust Deed			
1 st , 2 nd or 3 rd Mortgage	1st Mortgage			
Original Amount of Mortgage /Judgment / Lien	\$200,000;			
Date of Mortgage / Judgment / Lien	10/10/05			

REAL PROPERTY NO. 2 Information to be Provided	Example	Lienholder 1	Lienholder 2	Lienholder 3
Judgment – Court & Case No.	Multnomah Circuit / 10cv12345			
Account No.	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/Guarantor Name	Address	City, State & Zip	Relationship
Example: Donald Doe	555 SW 5 th	Portland, OR 97205	Son

Real Property No. 2: Account No. on Property Tax Statement:
Real Market Value per Property Tax Statement: \$ _____.
Amount of Yearly Property Taxes: \$ _____. Is Debtor current? Yes: ___ No. ___
If the property taxes are not current, how much is owed the County? \$ _____.
Are property taxes included in the mortgage payment? Yes ___ No. ___
Is Debtor's insurance included in the mortgage payment? Yes: ___ No. ___

REAL PROPERTY NO. 3 - Street Address of Property No: ____:
Brief Description of Property (i.e., Residence, Rental, Commercial, Bare Land, Tri-Plex, etc.):
Property Fair Market Value: \$ _____.

Lienholder	REAL PROPERTY NO. 3	Complete Correspondence/Inquiry Address of Creditor	City, State & Zip	Relationship
	Secured Creditor's Name			
	Bank of America	123 Main St	Ione, CA 96671	None
Lienholder 1				
Lienholder 2				
Lienholder 3				

REAL PROPERTY NO. 3 Information to be Provided	Example	Lienholder 1	Lienholder. 2	Lienholder 3
Nature of Lien (Trust Deed / Mortgage/HOA / Judgment/Tax Lien)	Trust Deed			
1 st , 2 nd or 3 rd Mortgage	1st Mortgage			
Original Amount of Mortgage /Judgment / Lien	\$200,000;			
Date of Mortgage / Judgment / Lien	10/10/05			
Judgment – Court & Case No.	Multnomah Circuit / 10cv12345			
Account No.	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/Guarantor Name	Address	City, State & Zip	Relationship
Example: Donald Doe	555 SW 5 th	Portland, OR 97205	Son

Real Property No. 3: Account No. on Property Tax Statement:
Real Market Value per Property Tax Statement: \$ _____.
Amount of Yearly Property Taxes: \$ _____. Is Debtor current? Yes: ___ No. ___
If the property taxes are not current, how much is owed the County? \$ _____.
Are property taxes included in the mortgage payment? Yes ___ No. ___
Is Debtor's insurance included in the mortgage payment? Yes: ___ No. ___

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

Vehicles:

Vehicle - Brief Description	Secured Creditor / Lienholder's Name	Complete Correspondence/ Inquiry Address of Creditor	City, State & Zip	Relationship
Vehicle No. __: 2015 Acura	Bank of America	123 Main St	Ione, CA 96671	None
Vehicle 1:				
Vehicle 2:				
Vehicle 3:				
Vehicle 4:				

(VBC 47.1)					
Provide:	Example:	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Make	Acura				
Model	3.2 TL				
Year	2004				
Mileage	10,000				
Date of Purchase	12/14/2009				
Trade-in-Value	\$6,000				
Private Party Value	\$7,000				
Names on Title	John & Jane Doe				

(VBC 47.1)					
Provide:	Example:	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Current Value	\$12,000				
Current Value of the Portion You Own	\$5,000				
Current Balance Owing to Lender	\$7,000				
Valuation Method Used for Current Value	Kelley-Blue Book or other source				

Co-Signor/Guarantor Name	Address	City, State & Zip	Relationship
Example: Jane Doe	555 SW 5 th	Portland, OR 97205	Spouse

Merchandise:

Description of Collateral: (i.e., Samsung 60 inch TV) _____.			
Secured Creditor's Name	Complete Correspondence/Inquiry Address of Creditor	City, State & Zip	Relationship
Best Buy	123 Half St	Fresno, CA 96671	None

Fill in Collateral Information	Example:	Client Response
Date of Purchase	03/13/08	
Account Number	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	Yes	

Co-Signor/Guarantor Name	Address	City, State & Zip	Relationship
Example: Jane Doe	555 SW 5 th	Portland, OR 97205	Spouse

IF YOU ARE USING AN ADDITIONAL PAGE(S) AND ATTACHING THAT PAGE(S) BEHIND THIS ONE, PLEASE CHECK HERE. Number of additional pages attached: .

PART 2 – SECURED CREDITORS – List others to be notified for the debt that you listed in PART 1 of Secured Creditors (i.e., attorney representing or attempting to collect debt on behalf of secured creditor, collection agency, etc.)

Brief Description of Property: _____
 Property (**real estate, cars, furniture, jewelry, etc.**): _____

Property Fair Market Value: \$ _____.

Secured Creditor's Name	Name & Address of Others trying to collect same debt	City, State & Zip	Relationship
Bank of America	Jeffrey House Attorney at Law 777 SW Low Street	Portland, OR 97221	Attorney for Bank of America

Brief Description of Property: _____
 Property (**real estate, cars, furniture, jewelry, etc.**): _____

Property Fair Market Value: \$ _____.

Secured Creditor's Name	Name & Address of Others trying to collect same debt	City, State & Zip	Relationship
Bank of America	Jeffrey House Attorney at Law 777 SW Low Street	Portland, OR 97221	Attorney for Bank of America

Brief Description of Property: _____
 Property (**real estate, cars, furniture, jewelry, etc.**): _____

Property Fair Market Value: \$ _____.

Secured Creditor's Name	Name & Address of Others trying to collect same debt	City, State & Zip	Relationship
Bank of America	Jeffrey House Attorney at Law 777 SW Low Street	Portland, OR 97221	Attorney for Bank of America

Secured Creditor's Name	Name & Address of Others trying to collect same debt	City, State & Zip	Relationship

Brief Description of Property: _____
Property (**real estate, cars, furniture, jewelry, etc.**): _____

Property Fair Market Value: \$_____.

Secured Creditor's Name	Name & Address of Others trying to collect same debt	City, State & Zip	Relationship
Bank of America	Jeffrey House Attorney at Law 777 SW Low Street	Portland, OR 97221	Attorney for Bank of America

CREDITORS WHO HAVE PRIORITY AND UNSECURED CLAIMS

PART 1 is for Creditors with Priority Claims (i.e. Domestic support obligations, Taxes and certain other debts owed to the government; Claims (if any) for death or personal injury due to intoxication).

PRIORITY CREDITORS

PART 1:

Do you owe Child Support or Alimony? Yes: ___ No. ___

Name Owed To:	Address	Amount Owed	Other Details

Taxing Authorities Information

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: \$ _____
 If Yes, What Year: Federal: ___ State: ___ Name of State: _____

Have you filed all your previous Personal Federal Tax Returns? Yes: ___ No. ___
 If No, which years have NOT been filed?
 ___ 2016 ___ 2015 ___ 2014 ___ 2013 ___ 2012 ___ 2011 ___ 2010 ___ 2009 ___ 2008 ___ 2007 ___ Prior to 2006

Do you owe money to the IRS for taxes? Yes: ___ No. ___
Indicate below the Year, Amount Owed and whether or not a Federal Tax Lien has been filed against you.

Year	Amount Owed	Lien Filed?

Have you filed all your previous State Tax Returns? Yes: ___ No. ___
 If No, which years have NOT been filed?

2016 ___ 2015 ___ 2014 ___ 2013 ___ 2012 ___ 2011 ___ 2010 ___ 2009 ___ 2008 ___ 2007 ___ Prior to 2006

Do you owe money to the State of Oregon (or other States) for taxes? Yes: ___ No. ___
Indicate below the State in which the tax was incurred, the Year, the Amount Owed and whether or not a State Tax Lien has been filed against you.

State	Year	Amount Owed	Lien Filed?

Have you filed all other tax returns for any other taxing authority (i.e., City, County)? Yes: ___ No. ___
If No, which years have NOT been filed?

2016 ___ 2015 ___ 2014 ___ 2013 ___ 2012 ___ 2011 ___ 2010 ___ 2009 ___ 2008 ___ 2007 ___ Prior to 2006

Do you owe money to any other taxing authority (i.e., City, County)? Yes: ___ No. ___
Indicate below the City/County in which the tax was incurred, the Year, the Amount Owed and whether or not a Lien/Judgment has been filed against you.

City/County	Year	Amount Owed	Lien/Judgment Filed?

List others to be notified for the debt that you listed in PART 1 or 2 of Priority Creditors (i.e., attorney representing or attempting to collect debt on behalf of priority creditor, collection agency, etc.)

Priority Creditor's Name	Name & Address of Others trying to collect same debt	City, State & Zip	Relationship

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

PLEASE NOTE:

LIST ALL YOUR UNSECURED DEBTS (INCLUDING DEBTS TO FAMILY MEMBERS) AND PROVIDE A COMPLETE CORRESPONDENCE ADDRESS (NOT PAYMENT ADDRESS) FOR EVERY CREDITOR, INCLUDING ZIP CODE. INCOMPLETE ADDRESSES OR PAYMENT ADDRESSES WILL PREVENT US FROM COMPLETING YOUR PAPERWORK OR MAY RESULT IN REJECTION OF YOUR SCHEDULES BY THE BANKRUPTCY COURT AND DELAY THE FILING OF YOUR CASE.

Unsecured Creditor's Name		Complete Correspondence/Inquiry Address of Creditor	City, State & Zip	Who Incurred Debt
Bank of America		123 Main St	Ione, CA 96671	Debtor & Co-Debtor
Is the Claim Subject to Offset	Acct. No.	Type of Debt (medical, credit card, student loan, etc.)	Amount Owed	Date Incurred (if known)
No	123412341234	credit card	\$10,000.00	unknown
Co-Signor Name	Address	City, State & Zip	Relationship	
Example: Jane Doe	555 SW 5 th	Portland, OR 97205	Spouse	

Unsecured Creditor's Name		Complete Correspondence/Inquiry Address of Creditor	City, State & Zip	Who Incurred Debt
Bank of America		123 Main St	lone, CA 96671	Debtor & Co-Debtor
Is the Claim Subject to Offset	Acct. No.	Type of Debt (medical, credit card, student loan, etc.)	Amount Owed	Date Incurred (if known)
No	123412341234	credit card	\$10,000.00	unknown
Co-Signor Name	Address	City, State & Zip	Relationship	
Example: Jane Doe	555 SW 5 th	Portland, OR 97205	Spouse	

Unsecured Creditor's Name		Complete Correspondence/Inquiry Address of Creditor	City, State & Zip	Who Incurred Debt
Bank of America		123 Main St	lone, CA 96671	Debtor & Co-Debtor
Is the Claim Subject to Offset	Acct. No.	Type of Debt (medical, credit card, student loan, etc.)	Amount Owed	Date Incurred (if known)
No	123412341234	credit card	\$10,000.00	unknown
Co-Signor Name	Address	City, State & Zip	Relationship	
Example: Jane Doe	555 SW 5 th	Portland, OR 97205	Spouse	

Unsecured Creditor's Name		Complete Correspondence/Inquiry Address of Creditor	City, State & Zip	Who Incurred Debt
Bank of America		123 Main St	lone, CA 96671	Debtor & Co-Debtor
Is the Claim Subject to Offset	Acct. No.	Type of Debt (medical, credit card, student loan, etc.)	Amount Owed	Date Incurred (if known)
No	123412341234	credit card	\$10,000.00	unknown
Co-Signor Name	Address	City, State & Zip	Relationship	
Example: Jane Doe	555 SW 5 th	Portland, OR 97205	Spouse	

Unsecured Creditor's Name		Complete Correspondence/Inquiry Address of Creditor	City, State & Zip	Who Incurred Debt
Bank of America		123 Main St	lone, CA 96671	Debtor & Co-Debtor
Is the Claim Subject to Offset	Acct. No.	Type of Debt (medical, credit card, student loan, etc.)	Amount Owed	Date Incurred (if known)
No	123412341234	credit card	\$10,000.00	unknown
Co-Signor Name	Address	City, State & Zip	Relationship	
Example: Jane Doe	555 SW 5 th	Portland, OR 97205	Spouse	

Unsecured Creditor's Name		Complete Correspondence/Inquiry Address of Creditor	City, State & Zip	Who Incurred Debt
Bank of America		123 Main St	lone, CA 96671	Debtor & Co-Debtor
Is the Claim Subject to Offset	Acct. No.	Type of Debt (medical, credit card, student loan, etc.)	Amount Owed	Date Incurred (if known)
No	123412341234	credit card	\$10,000.00	unknown
Co-Signor Name	Address	City, State & Zip	Relationship	
Example: Jane Doe	555 SW 5 th	Portland, OR 97205	Spouse	

IF YOU ARE USING AN ADDITIONAL PAGE(S) AND ATTACHING PAGE(S) BEHIND THIS ONE, PLEASE CHECK HERE. ___ Number of additional pages attached: ___.

EXECUTORY CONTRACTS AND UNEXPIRED LEASES

1. Do you have any leases or executory contracts? (Such as vehicle lease, office lease, furniture rental?)
 Yes: ___ No. ___ If Yes, please provide:

2. List separately each person or company with whom you have a contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).

Creditor's Name	Complete Correspondence/Inquiry Address of Creditor Address	City, State & Zip	Relationship

Monthly payment: \$ _____ ; Time remaining on lease and/or contract: _____

Name(s) on Lease/Contract: _____

Terms of the Lease/Contract: _____

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

Creditor's Name	Complete Correspondence/Inquiry Address of Creditor Address	City, State & Zip	Relationship

Monthly payment: \$ _____ ; Time remaining on lease and/or contract: _____

Name(s) on Lease/Contract: _____

Terms of the Lease/Contract:
Type of Lease /Contract (apartment, vehicle, etc.):

Creditor's Name	Complete Correspondence/Inquiry Address of Creditor Address	City, State & Zip	Relationship

Monthly payment: \$ _____ ; Time remaining on lease and/or contract: _____
--

Name(s) on Lease/Contract:

Terms of the Lease/Contract:

Type of Lease /Contract (apartment, vehicle, etc.):

IF YOU ARE USING AN ADDITIONAL PAGE(S) AND ATTACHING THAT PAGE(S) BEHIND THIS ONE, PLEASE CHECK HERE. Number of additional pages attached: .

PLEASE BRING COPIES OF LEASES AND EXECUTORY CONTRACTS WITH YOU TO YOUR APPOINTMENT.

CODEBTORS

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

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor?) Yes: <u> </u> No. <u> </u>
--

2. Within the last 8 years, have you lived in a community property state or territory? (<i>Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.</i>) No. <u> </u> Go to No. 3, if Yes: <u> </u> Did your spouse, former spouse, or legal equivalent live with you at the time: Yes: <u> </u> No. <u> </u> . Which community state or territory did you live? Fill in the name and current address of that person:

3. List all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you.

Name of Codebtor	Address of Codebtor	Name of Creditor to Whom You and Codebtor Owe the Debt

BUDGET INFORMATION

PART 1:

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. Answer every question.

1. Employment status: Debtor No. 1: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed Debtor No. 2: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.

Debtor No. 1		Debtor No. 2	
Occupation (i.e. truck driver, chef):		Occupation (i.e. truck driver, chef):	
Name of Employer		Name of Employer	
Employer's Full Address:		Employer's Full Address:	
How long employed?		How long employed?	

PART 2:

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

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

(Each filing Debtor should attach four recent pay stubs from an average pay period).

Debtor 1: How often are you paid? Monthly <input type="checkbox"/> ; Every two weeks <input type="checkbox"/> ; Twice a month <input type="checkbox"/> ; Weekly <input type="checkbox"/> ; Other? <input type="checkbox"/> (specify)
Debtor 1: Date last check received: _____; Date next check expected: _____.

Debtor 2: How often are you paid? Monthly <input type="checkbox"/> ; Every two weeks <input type="checkbox"/> ; Twice a month <input type="checkbox"/> ; Weekly <input type="checkbox"/> ; Other? <input type="checkbox"/> (specify)
Debtor 2: Date last check received: _____; Date next check expected: _____.

Please provide your 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.

Employment Income	Debtor 1	Debtor 2
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.		
3. Estimate and list monthly overtime pay.		
4. Calculate gross income. (VBC will enter total)		
Deductions	Debtor 1	Debtor 2
5. List all Payroll Deductions:		
5a. All Taxes (state, federal, city), Medicare, Social Security		
5b. Mandatory contributions for retirement plans		
5c. Voluntary contributions for retirement plans:		
5d. Required repayments of retirement fund loans		
5e. Insurance		
5f. Domestic Support Obligations		
5g. Union Dues		
5h. Other Deductions: Describe		
6. Subtotal Deductions: (VBC will enter subtotal)		
7. Calculate total monthly take-home pay. (Subtract Line 6 from Line 4) (VBC will enter total monthly take-home pay.)		

8. List All Other Income Received:	Debtor 1	Debtor 2
8a. Net income from rental property and from operating a business, profession or farm. (Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.)		
8b. Interest and dividends:		
8c. Family Support Payments that you, a non-filing spouse, or a dependent regularly receive. (Include alimony, spousal support, child support, maintenance, divorce settlement and property settlement.)		
8d. Unemployment Compensation		
8e. Social Security		
8f. Other government assistance that you regularly receive. (Include cash assistance and the value (if known) of any non-cash assistance that you receive, i.e., food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.)		
8g. Pension and retirement income		

8h. Other income (i.e., Trust income) (Describe on next line(s))		
Describe:		
Describe:		
9. Subtotal Other Income: (VBC will enter total)		
10. TOTAL INCOME (LESS DEDUCTIONS) (VBC will enter total)		
11. State all other regular contributions to the expenses that you list under "Your Expenses" PARTS 1 and 2. (Include contributions from an unmarried partner, members of your household, your dependents, your roommates and other friends or relatives.) (Do not include any amounts already included in lines 2-10.)		
12. TOTAL INCOME (Add Lines 10 and 11) (VBC will enter total)		

YOUR EXPENSES

PART 1: Describe Your Household:

1. Is this a joint case?
No: ___ Go to Line 2. Yes: ___ Does Debtor 2 live in a separate household? Yes: ___; No: ___.
2. Do you have any dependents other than your spouse and self? Yes: ___ No. ___ If Yes - Complete Below

Dependent's Relationship to Debtor 1 or Debtor 2	Dependent's Age	Does Dependent Live with You?
Daughter	10	Yes

3. Do you anticipate any substantial income changes, upward or downward, in the next six months? Yes: ___ No. ___
If yes, please explain.

Estimate Your Current Monthly Expenditures:

MONTHLY EXPENSES	Monthly Amount
4. Rent or 1st mortgage (include assessments – <u>Do not include 2 or 3 mortgage(s)</u> Are property taxes included? Yes: ___ No. ___ Is Insurance Included? Yes: ___ No. ___	
If not include in No. 4:	
4a. Real estate taxes	

MONTHLY EXPENSES	Monthly Amount
4b. Property, homeowner's or renter's insurance	
4c. Home maintenance, repair, and upkeep expenses	
4d. Homeowner's association or condominium dues	
5. Additional mortgage payments for your residence, such as home equity loans	
6. Utilities:	
6a. Electricity, heat (wood or oil), natural gas	
6b. Water, Sewer, Garbage collection	
6c. Telephone, Internet, Cable, Alarm (Please breakdown: Home Phone \$ _____ ; Cellular \$ _____ ; Internet/DSL \$ _____ ; Cable \$ _____ ; Alarm \$ _____ ; Add'l Fax/phone Line: \$ _____): Total:	
6d. Other. Specify: (i.e., Satellite) _____.	
7. Food and housekeeping supplies	
8. Childcare and children's education costs	
9. Clothing, laundry, and dry cleaning	
10. Personal care products and services	
11. Medical and dental expenses	
12. Transportation. Include gas, maintenance, bus or train fare. <u>Do not include car payments.</u>	
15. Insurance.	
15a. Life insurance	
15b. Health insurance (Do not include if deducted from your paycheck.)	
15c. Vehicle insurance	
15d. Other insurance. Specify (i.e., disability, AFLAC): _____.	
Other insurance (i.e. disability, AFLAC) Describe:	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	
17. Installment or lease payments:	
17a. Car installment payment - Vehicle 1	
17b. Car installment payment - Vehicle 2	

MONTHLY EXPENSES	Monthly Amount
17c. Other installments on items you want to keep (2 nd or 3 rd Mortgage, furniture):	
17d. Other. Specify: _____.	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on Page 26, line 5, <i>Budget Information, PART 2</i> .	
19. Other payments you make to support others who do not live with you. Specify: _____.	
20. Other real property expenses not included in lines 4 or 5 of your "Monthly Expenses" or under "Your Income," pages 26 and 27.	
20a. Mortgages on other property	
20b. Real estate taxes	
20c. Property, homeowner's, or renter's insurance	
20d. Maintenance, repair, and upkeep expenses	
20e. Homeowner's association or condominium dues	
21. Other: Specify: (i.e., Pet/Veterinary Expenses) _____.	
22. Calculate your monthly expenses (VBC WILL CALCULATE 22a – 22c)	
22a. Add lines 4 through 21.	
22b. Copy line 22 (monthly expenses for Debtor 2), if any.	
22c. Add line 22a and 22b. The result is your monthly expenses.	
23. Calculate your monthly net income. (VBC WILL CALCULATE 23a – 23c)	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	
23b. Copy your monthly expenses from line 22c above.	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? Yes: ___ No. ___ Explain: _____.	

STATEMENT OF FINANCIAL AFFAIRS

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form.

PART 1:

1. What is your current marital status? Married; Not Married.

2. During the last 3 years, have you lived anywhere other than where you live now Yes: No. .
If No - List all prior addresses during the last **three** years:

Address	City, State & Zip	Who Lived There	Month & Year Moved In	Month & Year Moved Out
Example: 1234 SW 5 th	Portland, OR 97221	Both Debtors	6/2007	6/2011

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)
Yes: No.

PART 2:

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

DEBTOR 1	DEBTOR 2
Year to Date: \$	Year to Date: \$
Last Year: \$	Last Year: \$
Prior Year: \$	Prior Year: \$

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

5. Did you receive any other income during this year or the two previous calendar years?
Yes: No. .
Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

	Debtor 1	Debtor 2
Year to date (Gross Income – before deductions and inclusions)	\$	\$
Source		
Last Year (Gross Income – before deductions and inclusions)	\$	\$
Source		
Prior Year (Gross Income – before deductions and inclusions)	\$	\$
Source		

PART 3:

List Certain Payments You Made Before You Filed for Bankruptcy.

6. ARE EITHER DEBTOR 1’S OR DEBTOR 2’S DEBTS PRIMARILY CONSUMER DEBTS?

(VBC 6A)

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

ANSWER THE FOLLOWING IF YOU HAVE PRIMARILY NON-CONSUMER DEBTS:

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

___ No. Go to line 7. If YES ___ Fill in the information below:

List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor Name and Address	Dates of Payment	Total Amount Paid	Amount You Still Owe	Identify What Payment Was For (i.e., Mortgage, car, credit card, etc.)

Creditor Name and Address	Dates of Payment	Total Amount Paid	Amount You Still Owe	Identify What Payment Was For (i.e., Mortgage, car, credit card, etc.)

(VBC 6B)

YES. Debtor 1 or Debtor 2 or both have primarily consumer debts.

ANSWER THE FOLLOWING IF YOU HAVE PRIMARILY CONSUMER DEBTS:

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

No. Go to No. 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. ("Total amount paid to a creditor within 90 days of your filing means any combination of payments within 90 days to the same creditor which totals more than \$600.00. For example, 3 payments of \$200.00 each, or 6 payments of \$100.00 each, if to the same person, must all be listed, since the total is \$600.00 or more.) Typical situations often include car payments, house payments, rent, credit cards, etc.

Creditor Name and Address	Dates of Payment	Total Amount Paid	Amount You Still Owe	Identify What Payment Was For (i.e., Mortgage, car, credit card, etc.)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? *Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

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

Insider's Name and Address	Dates of Payment	Total Amount Paid	Amount You Still Owe	Reason for this Payment	Relationship

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.

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

Insider's Name and Address	Dates of Payment	Total Amount Paid	Amount You Still Owe	Reason for this Payment	Relationship

PART 4.

Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No.
 Yes. Fill in details -- (Bring copies of any Complaints and Judgments with you to discuss with your attorney.)

Case Title (Who Is Suing You)	Case No.	Court & County Case is Filed	Nature of Case	Status (Case is pending, on appeal, etc.)

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 No.
 Yes. Fill in the details.

Creditor Name & Address	Description of Property	Explain What Happened	Date	Value of Property

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?
 No.
 Yes. Fill in the details.

Creditor Name & Address	Describe the Action Creditor Took	Date Action Was Taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?
 No.
 Yes.

PART 5.

List Certain Gifts and Contributions.

<p>13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? <input type="checkbox"/> No. <input type="checkbox"/> Yes.</p>				
Date	Description of Gift (Cash, Household Items, Clothes, Etc.)	Value	Name of Recipient	Address

<p>14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity. <input type="checkbox"/> No. <input type="checkbox"/> Yes. Fill in the details.</p>			
Charity's Name & Address	Description of Contribution (Cash, Household Items, Clothes, Etc.)	Dates You Contributed	Value

PART 6.

List Certain Losses.

<p>15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Fill in the details.</p>
<p>Describe the property you lost and how the loss occurred:</p>
<p>Describe any insurance coverage for the loss (Include name of insurance company, claim number, amount received, amount of claim pending):</p>
<p>Date of loss:</p>
<p>Value of Lost Property: \$</p>
<p>Was a police report filed? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>

PART 7.

List of Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.
 No.
 Yes. Fill in the details.

Person Who was Paid (including address, email or website)	Person who Made the Payment if Not You	Description and Value of Any Property	Date Payment of Transfer was Made	Amount of Payment Received

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.
 No.
 Yes. Fill in the details.

Person Who was Paid (including Address)	Description and Value of Any Property	Date Payment of Transfer was Made	Amount of Payment Received

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.
 No.
 Yes. Fill in the details.

Name and Address of Person who Received Transfer	Person's Relationship to You	Description and Value of Property Transferred	Describe any Property or Payments Received or Debts Paid in Exchange	Date of Transfer

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)
 No.
 Yes. Fill in the details.

Name of Trust	Description and Value of the Property Transferred	Date Transfer was Mad

PART 8.

List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units.

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No.
 Yes. Fill in the details.

Name and Address of Financial Institution	Last 4 digits of Account No.	Type of Account or Instrument (Checking, Savings, Money Market, etc.)	Date Account was Closed, sold, moved, or transferred	Last Balance before Closing or Transfer	What Did You Do with the Money

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?
 No.
 Yes. Fill in the details.

Name of Financial Institution and Address	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe Contents of the Box	Do You Still Have It?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?
 No.
 Yes. Fill in the details.

Name of Storage Facility and Address	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the Contents	Do You Still Have It?

PART 9:

Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

Owner's Name and Address	Where is the Property Located (Provide Full Address)	Describe the Property	Value

Questions	Yes	No
Are you storing any property for another person?		
Are you on anyone's bank accounts?		
Are you listed on the title to anyone's car?		
Are you listed on the title to anyone's home?		
Do you own or hold any property that belongs to another person or is titled in another person's name?		
If you answered Yes to any of the above questions, please describe below:		

Describe	Value	Name of Other Person	Address of Other Person	City, State & Zip of Other Person	Relation	Location of Items	Explanation
EXAMPLE: Misc. Household Items	\$500	Bob Doe	1265 SW College St	Boise ID 85032	Son	My Home	Son away at college

PART 10

Environmental Information.

For the purpose of Part 10, the following definitions apply:	
<u>X.</u>	<i>Environmental law</i> means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
<u>X.</u>	<i>Site</i> means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
<u>X.</u>	<i>Hazardous material</i> means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred.
Report all notices, releases, and proceedings that you know about, regardless of when they occurred.	

<p>24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?</p> <p>Yes: <u> </u> No. <u> </u> - If Yes - please complete the following questions. If No. - Go to Question #25</p>
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Site Name & Address	Governmental Unit Name and Address	Environmental Law (if you know it)	Date of Notice

25. Have you notified any governmental unit of any release of hazardous material?
 Yes: No. - If Yes - please complete the following questions. If No. - Go to Question #26

Site Name & Address	Governmental Unit Name and Address	Environmental Law (if you know it)	Date of Notice

26. Have you been a party in any judicial or administrative proceeding under any environmental law?
 Include settlements and orders.
 Yes: No. - If Yes - please complete the following questions. If No. - Go to Question #27

Case Title and Case Number	Court or Agency Name and Address	Nature of the Case	Status of the Case (Pending, on appeal, Concluded)

PART 11

Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

<input type="checkbox"/>	A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
<input type="checkbox"/>	A member of a limited liability company (LLC) or limited liability partnership (LLP).
<input type="checkbox"/>	A partner in a partnership.
<input type="checkbox"/>	An officer, director, or managing executive of a corporation.
<input type="checkbox"/>	An owner of at least 5% of the voting or equity securities of a corporation
Yes: <input type="checkbox"/> No. <input type="checkbox"/> - If Yes - please complete the following questions. If No. - Go to Question #28	

Full/Exact Name of Business #1	Business Address	City, State & Zip	Title Held in Business (President, Secretary, Partner, etc.,)

Nature of Business	Percentage or Amount of Stock Owned	Membership Interest in Business	Beginning Date of Business	Ending Date of Business	Taxpayer ID	Type of Entity (i.e., Corporation, Limited Liability Company, Sole Proprietorship, etc.)
Full/Exact Name of Business #2		Business Address			City, State & Zip	Title Held in Business (President, Secretary, Partner, etc.)
Nature of Business	Percentage or Amount of Stock Owned	Membership Interest in Business	Beginning Date of Business	Ending Date of Business	Taxpayer ID	Type of Entity (i.e., Corporation, Limited Liability Company, Sole Proprietorship, etc.)

Full/Exact Name of Business #3		Business Address			City, State & Zip	Title Held in Business (President, Secretary, Partner, etc.)
Nature of Business	Percentage or Amount of Stock Owned	Membership Interest in Business	Beginning Date of Business	Ending Date of Business	Taxpayer ID	Type of Entity (i.e., Corporation, Limited Liability Company, Sole Proprietorship, etc.)

IF YOU ARE USING AN ADDITIONAL PAGE(S) AND ATTACHING THAT PAGE(S) BEHIND THIS ONE, PLEASE CHECK HERE. Number of additional pages attached: .

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Name	Address	City, State, Zip	Date Provided with Financial Statement
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Name	Address	City, State, Zip	Date Provided with Financial Statement

29. Single Asset Real Estate.

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

Name of Business	Address of Business	City, State & Zip of Business

30. Special Circumstances or Emergencies

Yes	No	Question
		Are you facing a foreclosure? If Yes: Date of Foreclosure Sale:
		Are you being garnished or think you soon will be?
		Do you have IRS Liens or think you soon will have?
		Have you been sued or think you soon will be?
		Do you have a trial date scheduled within the next 90 days for any lawsuits pending against you?
		Have you taken any cash advances on your credit cards in the last 6 months? If Yes - Approximate total: \$
		Are you in a divorce proceeding or think that you soon will be?
		Have you done any balance transfers from one credit card to another within the last year?
		Have you used your credit cards within the last ninety (90) days?
		Has the total owed on your credit cards gone up significantly in the last 6 months?
		Have you obtained any credit cards in the last 6 months?
		Do you have credits cards or loans with your current bank?
		Have you ever paid dues to a Homeowners Association?

Yes	No	Question
		Have you ever been convicted of a crime or any felony?
		Has any of your property been repossessed or do you think it soon will be?
		Have you taken out any payday loans? If yes, be sure to list them in the unsecured creditor section.
		Have you written any checks which have been dishonored for insufficient funds?
		Do you have any serious health problems?
		Have you been an Oregon resident for the past ninety (90) days?
		Are you considering bankruptcy for yourself only?
		Are you considering bankruptcy for both yourself and your spouse?
		Do you own or operate a business?
		Could any person make a claim against you due to your driving while intoxicated?
		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?
		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	Internet	I Am Personal Friend of Attorney or Staff	Another Lawyer	Referral from Former Client	Other:
_____	_____ (Name)	_____	_____ Name of Attorney/ Staff Member	_____ Name of Lawyer:	_____ Name of Former Client:	_____

WHEN YOU HAVE COMPLETED THE FORM, SIGN IT 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 is a joint filing).

DATE: _____

Sign Here

Print Signor's Name Here

DATE: _____

Sign Here

Print Signor's Name Here