

VOLUNTARY PETITION: PERSONAL INFORMATION

		YOU	YOUR SPOUSE
Full Name:			
Physical Address:			
City, State, Zip			
Mailing Address:			
City, State, Zip			
Home Phone Number:			
Cell Phone Number:			
Work Phone Number:			
Other Phone Number:			
Email Address:		Home: <input type="text"/>	Home: <input type="text"/>
Email Address:		Business: <input type="text"/>	Business: <input type="text"/>
Social Security Number:			
Date of Birth:			
County of Residence:			
Have you resided ONLY in the State of California a during the past two years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have NOT resided ONLY in the State of California during the past two years, list the State where you resided for the greater part of the 180-day period PRIOR to the past two years:		State: Did you live in this State for at least 91 days of the 180-day period? <input type="checkbox"/> Yes <input type="checkbox"/> No	State: Did you live in this State for at least 91 days of the 180-day period? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
Other Name Used:			
Other Name Used:			
Other Name Used:			
Comments:			

PRIOR BANKRUPTCIES

Have you ever filed bankruptcy before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, complete the following:	
Chapter:	Date Filed:	Court:	Case No:		
Chapter:	Date Filed:	Court:	Case No:		
Chapter:	Date Filed:	Court:	Case No:		
Comments:					

Miscellaneous

What caused your financial troubles? Loss of job/reduction in income
 Divorce or breakup of the family
 Medical bills
 Other
 Don't know

Is your debt mostly consumer or business? Consumer
 Business
 Taxes
 Don't know

Has your home or other land been appraised in the last two years? Yes
 No

Have you refinanced your home or other land in the last four years? Yes
 No

Do you expect an inheritance in the next six months? Yes
 No

Have you transferred any property (e.g., sold a car, given something away) within four yrs. Yes
 No

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*yj ku'kpenmf gu'y j gtg'uqo gqpg'ku'kp'r quugukqp"qt"j qrf kpi
vkwg"vq'uqo gj kpi "yj cv'lp'y j qrg"qt'r ctv'dgrnpi u'vq"{ qwt+A'

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Have you paid any family member on a debt you owe them in the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is any creditor garnishing your wages now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any taxing authority given you notice they will levy on your assets?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you owe any back income, property or employment taxes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you filed all of your tax returns?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been served with any lawsuit or arbitration proceeding in the past three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any lawsuits now pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is anyone threatening to sue you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your house, car or other asset been foreclosed or repossessed in the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you voluntarily returned a car or other large purchase in the past two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you behind on car or house payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you made any large purchases in the past 90 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Taken any cash advances or payday loans in the past 90 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you made any balance transfers between credit cards in the past 6 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you participated in a debt consolidation, debt management or debt elimination program in the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you paid any other lawyer for advice about your debts or filing bankruptcy in the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you separated from your spouse or considering separation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been a party to a divorce in the past four years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been in business for yourself in the past 6 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been an officer or partner in a business in the past 6 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has anyone died and left you an inheritance that you have not received yet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you owe any money on account of a marital settlement agreement or judgment of divorce?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you pay child or spousal support?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is any support past due?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you owed any support?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone owe you money?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you entitled to a tax refund that you haven't received?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you suing anyone? Do you have a claim against anyone, for an accident, injury, debt or employment claim that you might sue on later?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you lived outside of California in the past two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone else contribute to the expenses of your household?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you expect significant changes in your household income in the next six months.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Expect large changes in your expenses in the next six months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive income from a trust, pension or annuity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you created a trust in the past four years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you taken loans or withdrawals from retirement savings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you filed bankruptcy in the past 8 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you financed a car in the past 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you roll any previous loan or lease balances into that loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Date: _____

Signature

<input type="checkbox"/>	Mark <input checked="" type="checkbox"/> and complete if you OWN a residence and/or land.				Current Property Value – to your best knowledge
	Name(s) on Deed:				
	Property Address:				
	City, State, Zip:				
	Acreage:				
	Date of Purchase:				
	Purchase Price:				
	Current Property Value:				
	Property Taxes Current?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Type of Residence:				
If Mobile Home, please complete this section:	Year:				
	Make:				
	Model:				
	Size:				
<input type="checkbox"/>	Mark <input checked="" type="checkbox"/> & complete if you have a HOMEOWNERS ASSOCIATION .				Association Membership Complete this section if you belong to a Homeowners or Condo Association to which dues and /or fees are payable.
	Association Name:				
	Contact Person's Name:				
	Association Address:				
	City, State, Zip:				
	Amount of monthly membership dues and/or fees?		\$		
	Are you current on membership dues and/or fees?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, how much is needed to bring current		\$			
<input type="checkbox"/>	Mark <input checked="" type="checkbox"/> & complete if you have a TIMESHARE .				Security Agreement – Please provide a copy of the Security Agreement to this office.
	Name(s) on Agreement:				
	Timeshare Location:				
	Company Name:				
	Contact Person's Name:				
	Company Address:				
	City, State, Zip:				
	Monthly Payment:		\$	Payments Missed:	
	Total Balance Owed:		\$		
	Date of Purchase:				
	Purchase Price:				
	Current Property Value:				
	Property Taxes Current?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Included in Payment		
Do you intend to <input type="checkbox"/> keep or to <input type="checkbox"/> surrender this timeshare?					
<input type="checkbox"/>	Mark <input checked="" type="checkbox"/> & complete if you have BURIAL PLOT(S) .				Burial Plots – Burial plots are considered real property and must be listed.
	Name(s) of Ownership:				
	Location of Plot(s):				
	Address:				
	City, State, Zip:				
	Number of Plots:		Balance Owed:	\$	
	Monthly Payment:		\$	Payments Missed:	
Purchase Price:		\$	Date of Purchase:		
Comments:					

Secured	N/A	Total Amount Owed
Home	Is it current?	
First mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$ _____
Second mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$ _____
Third mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$ _____
Are there more than three mortgages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle (describe): _____	<input type="checkbox"/>	\$ _____
Vehicle (describe): _____	<input type="checkbox"/>	\$ _____
Vehicle (describe): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Do you owe any of these kinds of debts?		
Back alimony or child support	<input type="checkbox"/>	\$ _____
Taxes		
Federal	<input type="checkbox"/>	\$ _____
State	<input type="checkbox"/>	\$ _____
Other	<input type="checkbox"/>	\$ _____
Unsecured		
Credit cards (How many): _____	<input type="checkbox"/>	\$ _____
Medical bills	<input type="checkbox"/>	\$ _____
Lines of credit	<input type="checkbox"/>	\$ _____
Repossessions	<input type="checkbox"/>	\$ _____
Family member loans	<input type="checkbox"/>	\$ _____
Student loans	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____

SCHEDULE B: PERSONAL PROPERTY - VEHICLES

Vehicle Information	Vehicle 1	Mark <input checked="" type="checkbox"/> Body Style																																								
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Transmission:	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual																																									
Engine (2.2L, V-6):																																										
2WD or 4WD?																																										
Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor																																									
Status:	<input type="checkbox"/> Own <input type="checkbox"/> Purchasing <input type="checkbox"/> Leasing																																									
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Address:		City, State, Zip:																																								
Monthly Payment:		Balance Owed:																																								
Payments Missed:		Has vehicle been repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																							
Date of repossession:	Do you intend to <input type="checkbox"/> keep or to <input type="checkbox"/> surrender?																																								
If you intend to keep this vehicle, then you must complete insurance information and provide proof of insurance to this office:	Insurer:																																									
	Address:																																									
	City, State, Zip:																																									
Lease Information																																										
Leasor:		Account Number:																																								
Address:		City, State, Zip:																																								
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Lease Information																																										
Leasor:		Account Number:																																								
Address:		City, State, Zip:																																								
Monthly Payment:		Start Date:	End Date:																																							
Payments Missed:		Has vehicle been repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																							
Date of repossession:	Do you intend to <input type="checkbox"/> keep or to <input type="checkbox"/> surrender?																																								
If you intend to keep this vehicle, then you must complete insurance information and provide proof of insurance to this office:	Insurer:																																									
	Address:																																									
	City, State, Zip:																																									
Comments:																																										

SCHEDULE B: PERSONAL PROPERTY - VEHICLES

Vehicle Information	Vehicle '	Mark <input checked="" type="checkbox"/> Body Style																																								
Name(s) on Title:		<input type="checkbox"/> 2 Door Coupe <input type="checkbox"/> 4 Door Sedan <input type="checkbox"/> Pickup Truck <input type="checkbox"/> SUV <input type="checkbox"/> Mini/Cargo Van <input type="checkbox"/> Wagon <input type="checkbox"/> Sport/Convertible <input type="checkbox"/> Hybrid <input type="checkbox"/> Luxury Vehicle <input type="checkbox"/> Crossover <input type="checkbox"/> Van/Truck Conversion <input type="checkbox"/> Limousine <input type="checkbox"/> Motorcycle <input type="checkbox"/> Motor Home																																								
Year, Make & Model:																																										
Class: (LE, GT, F150)																																										
Vehicle Identification No:																																										
Mileage:																																										
Date of Purchase:																																										
Transmission:	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual																																									
Engine (2.2L, V-6):																																										
2WD or 4WD?																																										
Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor																																									
Status:	<input type="checkbox"/> Own <input type="checkbox"/> Purchasing <input type="checkbox"/> Leasing																																									
Factory Installed Equipment and Options – Mark <input checked="" type="checkbox"/> all that apply to this vehicle.																																										
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"><input type="checkbox"/> Sunroof/Moon Roof</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Navigation System</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Anti-Lock Braking</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Luggage Rack</td> </tr> <tr> <td border:="" none;"=""><input type="checkbox"/> T-Top</td> <td border:="" none;"=""><input type="checkbox"/> Air Conditioning</td> <td border:="" none;"=""><input type="checkbox"/> Aluminum Wheels</td> <td border:="" none;"=""><input type="checkbox"/> Running Boards</td> </tr> <tr> <td border:="" none;"=""><input type="checkbox"/> Power Steering</td> <td border:="" none;"=""><input type="checkbox"/> AM/FM Radio</td> <td border:="" none;"=""><input type="checkbox"/> Dual Rear Wheels</td> <td border:="" none;"=""><input type="checkbox"/> Roll Bar</td> </tr> <tr> <td border:="" none;"=""><input type="checkbox"/> Power Brakes</td> <td border:="" none;"=""><input type="checkbox"/> Compact Disk Player</td> <td border:="" none;"=""><input type="checkbox"/> Theft Deterrent Sys</td> <td border:="" none;"=""><input type="checkbox"/> Sports Package</td> </tr> <tr> <td border:="" none;"=""><input type="checkbox"/> Power Windows</td> <td border:="" none;"=""><input type="checkbox"/> Cassette Player</td> <td border:="" none;"=""><input type="checkbox"/> Alarm</td> <td border:="" none;"=""><input type="checkbox"/> Handling Package</td> </tr> <tr> <td border:="" none;"=""><input type="checkbox"/> Power Locks</td> <td border:="" none;"=""><input type="checkbox"/> Satellite Radio</td> <td border:="" none;"=""><input type="checkbox"/> Theft Recovery Sys</td> <td border:="" none;"=""><input type="checkbox"/> Trim Package</td> </tr> <tr> <td border:="" none;"=""><input type="checkbox"/> Power Seats</td> <td border:="" none;"=""><input type="checkbox"/> Entertainment Center</td> <td border:="" none;"=""><input type="checkbox"/> Keyless Remote</td> <td border:="" none;"=""><input type="checkbox"/> Towing Package</td> </tr> <tr> <td border:="" none;"=""><input type="checkbox"/> Power Mirrors</td> <td border:="" none;"=""><input type="checkbox"/> Leather Seats</td> <td border:="" none;"=""><input type="checkbox"/> Extended Cab</td> <td border:="" none;"=""><input type="checkbox"/> Off Road Package</td> </tr> <tr> <td border:="" none;"=""><input type="checkbox"/> Tilt Steering</td> <td border:="" none;"=""><input type="checkbox"/> Cloth Seats</td> <td border:="" none;"=""><input type="checkbox"/> Bed Liner</td> <td border:="" none;"=""><input type="checkbox"/> Camper Package</td> </tr> <tr> <td border:="" none;"=""><input type="checkbox"/> Cruise Control</td> <td border:="" none;"=""><input type="checkbox"/> Vinyl Seats</td> <td border:="" none;"=""><input type="checkbox"/> Bed Liner – Spray On</td> <td border:="" none;"=""><input type="checkbox"/> Auxiliary Fuel Tank</td> </tr> </table>			<input type="checkbox"/> Sunroof/Moon Roof	<input type="checkbox"/> Navigation System	<input type="checkbox"/> Anti-Lock Braking	<input type="checkbox"/> Luggage Rack	<input type="checkbox"/> T-Top	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Aluminum Wheels	<input type="checkbox"/> Running Boards	<input type="checkbox"/> Power Steering	<input type="checkbox"/> AM/FM Radio	<input type="checkbox"/> Dual Rear Wheels	<input type="checkbox"/> Roll Bar	<input type="checkbox"/> Power Brakes	<input type="checkbox"/> Compact Disk Player	<input type="checkbox"/> Theft Deterrent Sys	<input type="checkbox"/> Sports Package	<input type="checkbox"/> Power Windows	<input type="checkbox"/> Cassette Player	<input type="checkbox"/> Alarm	<input type="checkbox"/> Handling Package	<input type="checkbox"/> Power Locks	<input type="checkbox"/> Satellite Radio	<input type="checkbox"/> Theft Recovery Sys	<input type="checkbox"/> Trim Package	<input type="checkbox"/> Power Seats	<input type="checkbox"/> Entertainment Center	<input type="checkbox"/> Keyless Remote	<input type="checkbox"/> Towing Package	<input type="checkbox"/> Power Mirrors	<input type="checkbox"/> Leather Seats	<input type="checkbox"/> Extended Cab	<input type="checkbox"/> Off Road Package	<input type="checkbox"/> Tilt Steering	<input type="checkbox"/> Cloth Seats	<input type="checkbox"/> Bed Liner	<input type="checkbox"/> Camper Package	<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Vinyl Seats	<input type="checkbox"/> Bed Liner – Spray On	<input type="checkbox"/> Auxiliary Fuel Tank
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Lender Information																																										
Lender:		Account Number:																																								
Address:		City, State, Zip:																																								
Monthly Payment:		Balance Owed:																																								
Payments Missed:		Has vehicle been repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																							
Date of repossession:	Do you intend to <input type="checkbox"/> keep or to <input type="checkbox"/> surrender?																																								
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	Address:																																									
	City, State, Zip:																																									
Comments:																																										

	N/A	Fair Market Value
Bank accounts	<input type="checkbox"/>	\$ _____
How many do you have? _____		
What banks? _____		
Hobby equipment or guns	<input type="checkbox"/>	\$ _____
Life insurance policies		
Husband (How many): _____	<input type="checkbox"/>	\$ _____
Wife (How many): _____	<input type="checkbox"/>	\$ _____
Retirement accounts/plans		
Husband (How many): _____	<input type="checkbox"/>	\$ _____
Wife (How many): _____	<input type="checkbox"/>	\$ _____
Stocks & Bonds	<input type="checkbox"/>	\$ _____
Other business ownership interest	<input type="checkbox"/>	\$ _____
Back alimony or child support owed to you	<input type="checkbox"/>	\$ _____
Lawsuits or the right to sue anyone	<input type="checkbox"/>	\$ _____
Inheritance from someone that has already died	<input type="checkbox"/>	\$ _____
Loans/money owed to you	<input type="checkbox"/>	\$ _____
Tax refund--not yet received	<input type="checkbox"/>	\$ _____
Jewelry (describe): _____	<input type="checkbox"/>	\$ _____
Artwork (describe): _____	<input type="checkbox"/>	\$ _____
Furniture (describe): _____	<input type="checkbox"/>	\$ _____
Boats/RV (describe): _____	<input type="checkbox"/>	\$ _____
Antiques (specify): _____	<input type="checkbox"/>	\$ _____
Tools (specify): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Do you have business assets not listed above? If yes, attach a list on a separate sheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SCHEDULE I: MARITAL STATUS & DEPENDENTS

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE (Do not list names)		
<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower	RELATIONSHIP	AGE	
Comments:			

SCHEDULE I: EMPLOYMENT

EMPLOYMENT:	DEBTOR	SPOUSE
Occupation:		
Name of Employer:		
How Long Employed?		
Address of Employer:		
City, State, Zip:		
Comments:		

SCHEDULE I: INCOME

INSTRUCTIONS FOR COMPLETING SCHEDULE I: INCOME

The column labeled "SPOUSE" must be completed in all cases filed by joint debtors and by a married debtor in a Chapter 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Complete the next section by indicating average gross monthly income.

If you get paid **weekly** multiply your average gross income per pay period for the past six months X 26 pay periods and then divide by 6 months.

If you get paid **biweekly** multiply your average gross income per pay period for the past six months X 13 pay periods and then divide by 6 months.

If you get paid **semimonthly** multiply your average gross income per pay period for the past six months X 12 pay periods and then divide by 12 months.

If you get paid **monthly** indicate your average gross income for the past six months.

Use the same formulas above for calculating other income and/or deductions from your paycheck.

CONTINUED ON NEXT PAGE

INCOME	DEBTOR	SPOUSE
1. Current Monthly Income (see instructions above) :		
2. Estimated Monthly Overtime:		
3. SUBTOTAL (Add Lines 1 + 2):		
4. A. Federal Taxes Withheld:		
B. State Taxes Withheld:		
C. Social Security (FICA) Withheld:		
D. Medicare Withheld:		
E. If Self-Employed, Taxes Remitted:		
F. Insurance - Specify:		
G. Insurance - Specify:		
H. Insurance - Specify:		
I. Union Dues:		
J. Other - Specify:		
K. Other - Specify:		
L. Other - Specify:		
M. Other - Specify:		
5. DEDUCTIONS SUBTOTAL (Add lines A thru M):		
6. TOTAL NET MONTHLY TAKE HOME PAY (Lines 3 - 4):		
7. Income from Operation of Business, Profession or Farm:		
8. Income from Real Property:		
9. Interest and Dividends:		
10. Alimony, Maintenance or Support Payments Received:		
11. Social Security or Other Government Assistance		
11. Specify:		
11. Specify:		
12. Pension or Retirement Income:		
13. Other Monthly Income		
13. Specify:		
13. Specify:		
14. TOTAL OTHER INCOME (Add Lines 6 thru 12):		
15. TOTAL MONTHLY INCOME (Add Lines 5 + 13):		
16. TOTAL COMBINED MONTHLY INCOME (DEBTOR + SPOUSE):		
17. Describe any increase or decrease of more than 10% in any of the above categories to occur within the first year following the filing of this document:		

SCHEDULE J: EXPENDITURES

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro-rate any payments made weekly, biweekly, semimonthly, quarterly, semiannually, or annually to show monthly rate.

Check [✓] this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "SPOUSE."

1. YOUR RESIDENCE

Rent or Home Mortgage Payment:	Lot Rental (if mobile home)
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. UTILITIES

Utilities - Electricity & Heating Fuel:	Utilities - Natural Gas/Propane:
Utilities - Water & Sewage:	Utilities - Telephones:
Utilities - Cable/Satellite/Internet:	Utilities - Security:
Utilities - Specify:	TOTAL UTILITIES

3. MAINTENANCE, REPAIRS & UPKEEP

Home Maintenance - HVAC Filters:	Maintenance - Specify:
Maintenance - Specify:	Maintenance - Specify:
Home Repairs - Parts:	Home Repairs - Labor:
Home Repairs - Specify:	Home Repairs - Specify:
Home Upkeep - Cleaning Supplies:	Home Upkeep - Dish Detergent:
Home Upkeep - Paper Products:	Home Upkeep - Vacuum Bags:
Home Upkeep - Specify:	TOTAL MAINTENANCE, ETC

4. GROCERIES

Supermarkets:	Restaurants / Cafeterias:
Convenience Stores:	TOTAL GROCERIES

5. CLOTHING

DEBTOR'S CLOTHING

Debtor - Clothing:	Debtor - Loungewear:
Debtor - Coats/Sweaters:	Debtor - Hats/Caps:
Debtor - Shoes:	Debtor - Accessories:
Debtor - Specify:	TOTAL - DEBTOR'S CLOTHING

SPOUSE'S CLOTHING

Spouse - Clothing:	Spouse - Loungewear:
Spouse - Coats/Sweaters:	Spouse - Hats/Caps:
Spouse - Shoes:	Spouse - Accessories:
Spouse - Specify:	TOTAL - SPOUSE'S CLOTHING

CHILDREN'S CLOTHING

Children - Clothing:	Children - School Clothing:
Children - Play Clothes:	Children - Loungewear:
Children - Coats/Sweaters:	Children - Hats/Caps:
Children - Accessories:	TOTAL-CHILDREN'S CLOTHING

6. LAUNDRY AND DRY CLEANING			
Laundry Detergent:		Bleach:	
Fabric Softener/Dryer Sheets:		Laundromat:	
Dry Cleaning:		Other – Specify:	
Other – Specify:		TOTAL LAUNDRY & CLEANING	
7. MEDICAL & DENTAL			
Physician Visits (out of pocket):		Prescriptions & OTC Medications	
Laboratory (out of pocket):		Dental Visits (out of pocket):	
Eye Exams (out of pocket)		Med Equip/Glasses/Hearing Aids	
Other – Specify:		TOTAL MEDICAL & DENTAL	
8. TRANSPORTATION			
Fuel:		Vehicle Maintenance – Service:	
Vehicle Maintenance – Tires:		Cab Fare/Bus Pass/Tolls:	
Other – Specify:		TOTAL TRANSPORTATION	
9. RECREATION, CLUBS, AND ENTERTAINMENT			
Membership Dues:		Movies/Movie Rentals:	
Concerts:		Newspapers/Magazines:	
Special Occasion Gifts:		Other – Specify:	
Other – Specify:		TOTAL RECREATION, ETC	
10. CHARITABLE CONTRIBUTIONS			
Religious Organizations:		Non-Profit Agencies:	
Other – Specify:		TOTAL CONTRIBUTIONS	
11. INSURANCE			
Homeowner’s or Renter’s:		Life Insurance:	
Health Insurance:		Automobile Insurance:	
Business Insurance:		Other – Specify:	
Other – Specify:		TOTAL INSURANCE	
12. TAXES			
Real Property Taxes:		Personal Property Taxes:	
Vehicle Tags:		Vehicle Inspections:	
Road Use Taxes:		Other – Specify:	
Other – Specify:		TOTAL TAXES:	
13. INSTALLMENT PAYMENTS			
Vehicle:		Student Loan:	
401(k) or Retirement Loan:		Other – Specify:	
Other – Specify:		TOTAL INSTALLMENT PMTS	
14. ALIMONY, MAINTENANCE & SUPPORT			
Alimony Payments:		Maintenance Payments:	
Support Payments:		Other – Specify:	
Other – Specify:		TOTAL ALIMONY, ETC.	

15. DEPENDENTS NOT LIVING AT HOME			
Payments for Support:		Other – Specify:	
Other – Specify:		TOTAL DEPENDENT PAYMENTS:	
16. BUSINESS EXPENSES			
Attach detailed statement of regular expenses from operation of business, profession or farm.		TOTAL BUSINESS EXPENSES:	
17. OTHER EXPENSES			
Cosmetics/Personal Hygiene:		Haircuts/Hairstyling:	
Tobacco/Alcohol:		Household Help:	
Daycare/Summer Camp:		School Lunches/School Activities:	
Children’s Allowances:		Pet Expenses:	
Home Office Supplies:		Accounting & Legal:	
Bank Fees:		IRA Contributions:	
Tuition/Instruction/Books:		Other – Specify:	
Other – Specify:		TOTAL OTHER EXPENSES:	
TOTAL EXPENSES:			
A. TOTAL PROJECTED MONTHLY INCOME:			
B. TOTAL PROJECTED MONTHLY EXPENDITURES			
C. EXCESS INCOME (A minus B)			



Consumer Request & Agreement for Consumer Liability Report (CLR)

Name _____ SS# _____
Spouse's Name (if joint) _____ SS# _____
Address _____

This writing constitutes my written instructions to Credit Infonet to obtain my credit files and compile a list of all accounts with a balance owing. The completed results in the form of a creditor liability report is to be delivered on-line or via Fax to the CIN Referral Agent. Data elements from this request may also be utilized for downloading into the Agents automated bankruptcy filing system.

TERMS OF SALE

The undersigned (hereinafter referred to as Consumer(s)) contracts with Credit Infonet for the use of its services under the terms, conditions, and agreements outlined below. The Fair Credit Reporting Act "FCRA" (Public Law 91-508) provides in section (Sec. 604) Permissible purposes of reports: that any consumer reporting agency may provide a report (Sec. 604) (2) In accordance with the written instructions of the consumer to whom it relates The FCRA also provides (Sec. 619) that anyone who knowingly and willfully obtains information under false pretenses shall be fined under Title 18, or imprisoned not more than one year, or both. Having been made aware of these provisions of the law, the Consumer(s) agree to the following. They are the person(s) on whom they are requesting the report be prepared, and they have presented positive identifying information to prove so. They are requesting this report under the right granted them in (Sec. 604) (2) of the FCRA as disclosed above.

The Consumer(s) agree that the sole purpose and obligation of Credit Infonet in this transaction is to provide a means by which they may obtain a report consisting of the data from national credit files at their written instructions. The FCRA places no restrictions on how Consumer(s) may utilize or share a report that is ordered at their written instructions. Consumer(s) acknowledges and agree that after a report is delivered to their possession Credit Infonet and its sources of information can in no way be held responsible or liable for its use.

Credit Infonet agrees that it will provide the Consumer with a report in a creditor liability summary or schedule format showing all Creditors listed with balances owing. Credit Infonet shall provide, when available the names, address, and direct phone numbers of information furnishers (Credit Grantors or Public Records sources) within the file. No additional information from the files shall be included in this report. Consumer(s) agree to pay in advance the fee for this report to the participating referral agent.

Signature _____ Spouse's (if Joint) _____

Date _____ Product Requested: CLR (2) Source _____ Individual _____ Joint
CLR (3) Source _____ Individual _____ Joint

Referral Agent Code _____ Name <u>Raymond M. Schimmel, Attorney</u>
Phone (619) 275-1250 Fax (619) 275-1251 E-mail <u>Law0001@msn.com</u>

Prior to accessing the CLR Report this Consumer request and a photocopy of proper picture identification must be faxed to: 800-803-3307. Alternatively it may be scanned and up-loaded to the CIN On-Line transaction.

Picture ID may be copied on lower portion of this order or as a separate attachment. May also be printed on legal for additional space.