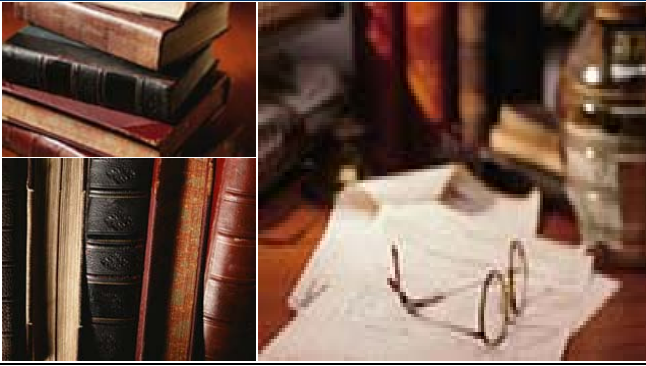


Bankruptcy Information From the Jump Law Group



**MAGIC
BUTTON**

www.jumplawgroup.com

Thank you for contacting us.

You have taken the first step to putting your financial health back on track. Please read through the attached pages and fill out the forms prior to your meeting with our offices. We look forward to providing you with quality information and representation for your financial needs.

You will need the following information to properly fill out these forms. Please assemble the following items and have them with you before you begin.

- Tax returns for the past four years.
- Bank Statements for the past six months.
- Utility bills for the past two months.
- Paystubs for the past six months, or verification of the source of your income for six months.
- A copy of each and everyone of your bills for the past two months
- Copy of Deeds on your real property.
- Current Mortgage Statement
- Property Tax Bill (invoice)
- Registration if you own a mobile home.
- Vehicle Registrations or Title if you have it.
- Last statement for each vehicle payment.
- Last statement for your 401(k) or medical savings plans.
- Insurance Cards for all vehicles
- Homeowners Insurance information if you own a home.
- Dissolution Agreements or Stipulations
- Proof of payment on any support obligations for the past six months.
- Driver's License
- Social Security Card
- Purchase Agreement/Financing Statement on a vehicle purchased within the past 910 days.
- Copies of any lawsuit information for the past two years.

You can get your credit report by going online to www.annualcreditreport.com. It is free.

If you have filed your latest tax return, but not yet received your refund, we need to know how much of a refund you are expecting.

We look forward to representing you and helping you achieve your financial dreams.

Thank you.

**The Jump Law Group
528 Second Ave South
Kent, WA 98032
www.jumplawgroup.com**

Bankruptcy Forms – Chapter 7 and Chapter 13



www.jumplawgroup.com

		PERSONAL INFORMATION	
		YOU	SPOUSE
Name:			
Address:			
City, State, Zip			
Phone:			
Facsimile:			
Cell:			
Email:			
Social Security Number			
Birth date			
Sex			
County where you reside			
Other names you or your spouse go by			
Mailing Address (only if different from residence address)			
Mailing Address			
City, State, Zip			
Prior Bankruptcies			
Have you ever declared bankruptcy before?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of Prior Bankruptcy & Chapter (7/13/11)			
Case Number			
Court Location (ex. West. Dist. Washington)			
Credit Card Cash Advances			
Have you cash-advanced or charged more than \$750.00 in the past sixty days on a credit card?		<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, WHEN?	
Have you balance transferred any amounts between credit cards in the past 60 days?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, WHEN?	
<p><i>You must complete all forms in detail with full answers. We will return forms that are not complete.</i></p>			

REAL PROPERTY

<input type="checkbox"/>	Check here if you own NO interest in any real estate, residence or mobile home, and you have not entered any lease with an option to purchase real estate.	
Property Address:		<p>Important Information</p> <p>Home Value - If you are not sure of the value of your home, contact a local real estate agent and ask them to do a market analysis. Make sure you request the analysis for a quick sale within 90 days. Many real estate agents will artificially inflate the asking price of the home in the belief that you will sign if you think you are getting more money. But that is not the case here. We need a value for your home based upon a fast sale within 90 days. Many real estate agents will provide this 'analysis' for free. You may also hire an appraiser at your expense. You may NOT use the tax assessed value for your home.</p> <p>Foreclosure - If your home is in foreclosure, then you are at risk of losing your home. Chapter 13 is the only true method available to save your home. Beware of scam artists and angel investors. Please provide us with a copy of the default or foreclosure notice.</p> <p>Property Taxes - Many first positions loans are PITI loans meaning they pay Principal, Interest, Taxes and Insurance. If this is your type of loan, you need not worry about property taxes.</p> <p>Home Equity Loans - HELOC loans, second mortgages, Home Equity are all essentially the same thing. If your property is acting as security for a loan, you may treat this loan as a second mortgage. Beware of 125% loan packages. Using Home Equity to pay off unsecured debt is a terrible idea. You trade dischargeable debt for non-dischargeable debt.</p> <p>2nd Mortgage Foreclosure - It is rare that the second mortgage will foreclose on the home, but it does happen. We need the paperwork that was posted on your door to assess your situation with accuracy.</p>
City, State, Zip:		
How much is the property worth?		
When did you purchase the property? (date)		
What was the purchase price?		
Do you wish to keep or surrender your home?		
<input type="checkbox"/> Keep <input type="checkbox"/> Surrender		
First Mortgage Information		
Mortgage Company Name		
Mortgage Company Address		
Mortgage Company City/State/Zip		
Account Number		
Balance Owing on Mortgage		
Interest Rate on Mortgage		
First Mortgage Foreclosure Issues		
Are you current on your payments?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
How many months behind are you?		
How much money is owed to bring you current?		
Provide a copy of the foreclosure notice		
Property Tax Issues		
Does the mortgage company pay property tax?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the annual amount of property taxes?		
How much do you owe in back property taxes?		
Second Mortgage Information		
Mortgage Company Name		
Mortgage Company Address		
Mortgage Company City/State/Zip		
Account Number		
Balance Owing on Mortgage		
Interest Rate on Mortgage		
Second Mortgage Foreclosure Issues		
Are you current on your payments?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
How many months behind are you?		
How much money is owed to bring you current?		
Provide a copy of the foreclosure notice		

SECOND PIECE OF REAL PROPERTY

<input type="checkbox"/> Check here if you own NO interest in any second piece of real estate, residence or mobile home, and you have not entered any lease with an option to purchase real estate.		
Second Property Address:		Important Information Home Value - If you are not sure of the value of your home, contact a local real estate agent and ask them to do a market analysis. Make sure you request the analysis for a quick sale within 90 days. Many real estate agents will artificially inflate the asking price of the home in the belief that you will sign if you think you are getting more money. But that is not the case here. We need a value for your home based upon a fast sale within 90 days. Many real estate agents will provide this 'analysis' for free. You may also hire an appraiser at your expense. You may NOT use the tax assessed value for your home.
City, State, Zip:		
How much is the property worth?		
When did you purchase the property? (date)		
What was the purchase price?		
Do you wish to keep or surrender the property?	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender	
First Mortgage Information		
Mortgage Company Name		
Mortgage Company Address		
Mortgage Company City/State/Zip		
Account Number		
Balance Owing on Mortgage		
Interest Rate on Mortgage		
First Mortgage Foreclosure Issues		Foreclosure - If your home is in foreclosure, then you are at risk of losing your home. Chapter 13 is the only true method available to save your home. Beware of scam artists and angel investors. Please provide us with a copy of the default or foreclosure notice.
Are you current on your payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many months behind are you?		
How much money is owed to bring you current?		
Provide a copy of the foreclosure notice		
Property Tax Issues		Property Taxes - Many first positions loans are PITI loans meaning they pay Principal, Interest, Taxes and Insurance. If this is your type of loan, you need not worry about property taxes.
Does the mortgage company pay property tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the annual amount of property taxes?		
How much do you owe in back property taxes?		
Second Mortgage Information		Home Equity Loans - HELOC loans, second mortgages, Home Equity are all essentially the same thing. If your property is acting as security for a loan, you may treat this loan as a second mortgage. Beware of 125% loan packages. Using Home Equity to pay off unsecured debt is a terrible idea. You trade dischargeable debt for non-dischargeable debt.
Mortgage Company Name		
Mortgage Company Address		
Mortgage Company City/State/Zip		
Account Number		
Balance Owing on Mortgage		
Interest Rate on Mortgage		
Second Mortgage Foreclosure Issues		2nd Mortgage Foreclosure - It is rare that the second mortgage will foreclose on the home, but it does happen. We need the paperwork that was posted on your door to assess your situation with accuracy.
Are you current on your payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many months behind are you?		
How much money is owed to bring you current?		
Provide a copy of the foreclosure notice		

HOMEOWNERS AND CONDO ASSOCIATION DUES

<input type="checkbox"/>	Check here if you do not belong to any condo or homeowners association.	
What are your monthly homeowners dues?	\$	Homeowners Dues – These fees are usually give priority status and are not normally dischargeable. Consult your contract for information about homeowners dues and fees.
Are you currently behind in homeowners dues?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
What is the amount necessary to bring you current?	\$	
Homeowners Association Address		Homeowners Association – We need the address of your homeowners association so we can provide them with notice.
Homeowners Association City, State, Zip		
Homeowners Association Phone Number		
Homeowners Association Contact Name		

MOTOR VEHICLES

Check here if you do not own or possess any motor vehicles.

Vehicle Information		Motor Vehicle 1	OPTIONS (Check all that apply)	
Year			<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> ABS (4 Wheel)
Make			<input type="checkbox"/> Power Steering	<input type="checkbox"/> ABS (2 Wheel)
Model & Type (LE, GT)			<input type="checkbox"/> Power Windows	<input type="checkbox"/> Leather
Mileage			<input type="checkbox"/> Power Door Locks	<input type="checkbox"/> Dual Power Seats
2 door / 4 door			<input type="checkbox"/> Telescoping Wheel	<input type="checkbox"/> Moon Roof
2WD or 4WD			<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Rear Spoiler
Stick/Automatic			<input type="checkbox"/> AM/FM Stereo	<input type="checkbox"/> Alloy Wheels
Engine (2.2L 5.8, etc)			<input type="checkbox"/> Cassette	<input type="checkbox"/> Premium Wheels
Lender Information			<input type="checkbox"/> Single Compact Disc	<input type="checkbox"/> Sun Roof
Lender Name			<input type="checkbox"/> Multi Compact Disc	<input type="checkbox"/> Convertible
Address			<input type="checkbox"/> Premium Sound	<input type="checkbox"/> T-Top
City/State/Zip			<input type="checkbox"/> Integrated Phone	<input type="checkbox"/> Sliding Rear Window
Account Number			<input type="checkbox"/> Navigation System	<input type="checkbox"/> Bed Liner
Balance Owing			<input type="checkbox"/> DVD System	<input type="checkbox"/> Running Boards
Interest Rate			<input type="checkbox"/> Dual Front Air Bags	<input type="checkbox"/> Tow Package
Are you current?			<input type="checkbox"/> Front Side Air Bags	<input type="checkbox"/> Roof Rack
Do you wish to keep or surrender the vehicle?			<p>Motor Vehicles are typically depreciating assets. This means that the older the vehicle becomes, the less it is worth. Many of our clients experience what is considered negative equity. This means that you owe more on the vehicle than what the vehicle is actually worth. Chapter 13 bankruptcy allows us to restructure the value of the vehicle and rewrite the contract to allow you to pay off the value of the vehicle which is substantially less than the contract value of the vehicle. Sometimes this results in a savings of several hundred dollars per month to our clients! Once we have the appropriate data from your file, we will be able to accurately determine the value of the vehicle for purposes of rewriting the contract. This does not apply to Chapter 7 cases.</p>	
Describe any damages to the vehicle:				
Overall Vehicle Condition:	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			
Date you purchased the vehicle: (be precise)				
If this vehicle is leased, please fill out the information below.				
Lease Company Name				
Company Address		Monthly Lease Payment	\$	
Company City/State/Zip		Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Account Number		Do you wish to keep?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date of Lease				
End Date of Lease				
<p><i>You must complete all forms in detail with full answers. We will return forms that are not complete.</i></p>				

MOTOR VEHICLE #2

Check here if you do not own or possess any motor vehicles.

Vehicle Information		Motor Vehicle 2	OPTIONS (Check all that apply)	
Year			<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> ABS (4 Wheel)
Make			<input type="checkbox"/> Power Steering	<input type="checkbox"/> ABS (2 Wheel)
Model & Type (LE, GT)			<input type="checkbox"/> Power Windows	<input type="checkbox"/> Leather
Mileage			<input type="checkbox"/> Power Door Locks	<input type="checkbox"/> Dual Power Seats
2 door / 4 door			<input type="checkbox"/> Telescoping Wheel	<input type="checkbox"/> Moon Roof
2WD or 4WD			<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Rear Spoiler
Stick/Automatic			<input type="checkbox"/> AM/FM Stereo	<input type="checkbox"/> Alloy Wheels
Engine (2.2L 5.8, etc)			<input type="checkbox"/> Cassette	<input type="checkbox"/> Premium Wheels
Lender Information			<input type="checkbox"/> Single Compact Disc	<input type="checkbox"/> Sun Roof
Lender Name			<input type="checkbox"/> Multi Compact Disc	<input type="checkbox"/> Convertible
Address			<input type="checkbox"/> Premium Sound	<input type="checkbox"/> T-Top
City/State/Zip			<input type="checkbox"/> Integrated Phone	<input type="checkbox"/> Sliding Rear Window
Account Number			<input type="checkbox"/> Navigation System	<input type="checkbox"/> Bed Liner
Balance Owing			<input type="checkbox"/> DVD System	<input type="checkbox"/> Running Boards
Interest Rate			<input type="checkbox"/> Dual Front Air Bags	<input type="checkbox"/> Tow Package
Are you current?			<input type="checkbox"/> Front Side Air Bags	<input type="checkbox"/> Roof Rack
Do you wish to keep or surrender the vehicle?			Motor Vehicles are typically depreciating assets. This means that the older the vehicle becomes, the less it is worth. Many of our clients experience what is considered negative equity. This means that you owe more on the vehicle than what the vehicle is actually worth. Chapter 13 bankruptcy allows us to restructure the value of the vehicle and rewrite the contract to allow you to pay off the value of the vehicle which is substantially less than the contract value of the vehicle. Sometimes this results in a savings of several hundred dollars per month to our clients! Once we have the appropriate data from your file, we will be able to accurately determine the value of the vehicle for purposes of rewriting the contract. This does not apply to Chapter 7 cases.	
Describe any damages to the vehicle:				
Overall Vehicle Condition:	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			
Date you purchased the vehicle: (be precise)				
If this vehicle is leased, please fill out the information below.				
Lease Company Name				
Company Address		Monthly Lease Payment	\$	
Company City/State/Zip		Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Account Number		Do you wish to keep?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date of Lease				
End Date of Lease				
You must complete all forms in detail with full answers. We will return forms that are not complete.				

MOTOR VEHICLE #3

Check here if you do not own or possess any motor vehicles.

Vehicle Information		Motor Vehicle 3	OPTIONS (Check all that apply)	
Year			<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> ABS (4 Wheel)
Make			<input type="checkbox"/> Power Steering	<input type="checkbox"/> ABS (2 Wheel)
Model & Type (LE, GT)			<input type="checkbox"/> Power Windows	<input type="checkbox"/> Leather
Mileage			<input type="checkbox"/> Power Door Locks	<input type="checkbox"/> Dual Power Seats
2 door / 4 door			<input type="checkbox"/> Telescoping Wheel	<input type="checkbox"/> Moon Roof
2WD or 4WD			<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Rear Spoiler
Stick/Automatic			<input type="checkbox"/> AM/FM Stereo	<input type="checkbox"/> Alloy Wheels
Engine (2.2L 5.8, etc)			<input type="checkbox"/> Cassette	<input type="checkbox"/> Premium Wheels
Lender Information			<input type="checkbox"/> Single Compact Disc	<input type="checkbox"/> Sun Roof
Lender Name			<input type="checkbox"/> Multi Compact Disc	<input type="checkbox"/> Convertible
Address			<input type="checkbox"/> Premium Sound	<input type="checkbox"/> T-Top
City/State/Zip			<input type="checkbox"/> Integrated Phone	<input type="checkbox"/> Sliding Rear Window
Account Number			<input type="checkbox"/> Navigation System	<input type="checkbox"/> Bed Liner
Balance Owing			<input type="checkbox"/> DVD System	<input type="checkbox"/> Running Boards
Interest Rate			<input type="checkbox"/> Dual Front Air Bags	<input type="checkbox"/> Tow Package
Are you current?			<input type="checkbox"/> Front Side Air Bags	<input type="checkbox"/> Roof Rack
Do you wish to keep or surrender the vehicle?			Motor Vehicles are typically depreciating assets. This means that the older the vehicle becomes, the less it is worth. Many of our clients experience what is considered negative equity. This means that you owe more on the vehicle than what the vehicle is actually worth. Chapter 13 bankruptcy allows us to restructure the value of the vehicle and rewrite the contract to allow you to pay off the value of the vehicle which is substantially less than the contract value of the vehicle. Sometimes this results in a savings of several hundred dollars per month to our clients! Once we have the appropriate data from your file, we will be able to accurately determine the value of the vehicle for purposes of rewriting the contract. This does not apply to Chapter 7 cases.	
Describe any damages to the vehicle:				
Overall Vehicle Condition:	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			
Date you purchased the vehicle: (be precise)				
If this vehicle is leased, please fill out the information below.				
Lease Company Name				
Company Address		Monthly Lease Payment	\$	
Company City/State/Zip		Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Account Number		Do you wish to keep?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date of Lease				
End Date of Lease				
You must complete all forms in detail with full answers. We will return forms that are not complete.				

MOTOR VEHICLE #4

Check here if you do not own or possess any motor vehicles.

Vehicle Information		Motor Vehicle 4	OPTIONS (Check all that apply)	
Year			<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> ABS (4 Wheel)
Make			<input type="checkbox"/> Power Steering	<input type="checkbox"/> ABS (2 Wheel)
Model & Type (LE, GT)			<input type="checkbox"/> Power Windows	<input type="checkbox"/> Leather
Mileage			<input type="checkbox"/> Power Door Locks	<input type="checkbox"/> Dual Power Seats
2 door / 4 door			<input type="checkbox"/> Telescoping Wheel	<input type="checkbox"/> Moon Roof
2WD or 4WD			<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Rear Spoiler
Stick/Automatic			<input type="checkbox"/> AM/FM Stereo	<input type="checkbox"/> Alloy Wheels
Engine (2.2L 5.8, etc)			<input type="checkbox"/> Cassette	<input type="checkbox"/> Premium Wheels
Lender Information			<input type="checkbox"/> Single Compact Disc	<input type="checkbox"/> Sun Roof
Lender Name			<input type="checkbox"/> Multi Compact Disc	<input type="checkbox"/> Convertible
Address			<input type="checkbox"/> Premium Sound	<input type="checkbox"/> T-Top
City/State/Zip			<input type="checkbox"/> Integrated Phone	<input type="checkbox"/> Sliding Rear Window
Account Number			<input type="checkbox"/> Navigation System	<input type="checkbox"/> Bed Liner
Balance Owing			<input type="checkbox"/> DVD System	<input type="checkbox"/> Running Boards
Interest Rate			<input type="checkbox"/> Dual Front Air Bags	<input type="checkbox"/> Tow Package
Are you current?			<input type="checkbox"/> Front Side Air Bags	<input type="checkbox"/> Roof Rack
Do you wish to keep or surrender the vehicle?			Motor Vehicles are typically depreciating assets. This means that the older the vehicle becomes, the less it is worth. Many of our clients experience what is considered negative equity. This means that you owe more on the vehicle than what the vehicle is actually worth. Chapter 13 bankruptcy allows us to restructure the value of the vehicle and rewrite the contract to allow you to pay off the value of the vehicle which is substantially less than the contract value of the vehicle. Sometimes this results in a savings of several hundred dollars per month to our clients! Once we have the appropriate data from your file, we will be able to accurately determine the value of the vehicle for purposes of rewriting the contract. This does not apply to Chapter 7 cases.	
Describe any damages to the vehicle:				
Overall Vehicle Condition:	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			
Date you purchased the vehicle: (be precise)				
If this vehicle is leased, please fill out the information below.				
Lease Company Name				
Company Address		Monthly Lease Payment	\$	
Company City/State/Zip		Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Account Number		Do you wish to keep?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date of Lease				
End Date of Lease				
You must complete all forms in detail with full answers. We will return forms that are not complete.				

MOTOR VEHICLE #5

Check here if you do not own or possess any motor vehicles.

Vehicle Information		Motor Vehicle 5	OPTIONS (Check all that apply)	
Year			<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> ABS (4 Wheel)
Make			<input type="checkbox"/> Power Steering	<input type="checkbox"/> ABS (2 Wheel)
Model & Type (LE, GT)			<input type="checkbox"/> Power Windows	<input type="checkbox"/> Leather
Mileage			<input type="checkbox"/> Power Door Locks	<input type="checkbox"/> Dual Power Seats
2 door / 4 door			<input type="checkbox"/> Telescoping Wheel	<input type="checkbox"/> Moon Roof
2WD or 4WD			<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Rear Spoiler
Stick/Automatic			<input type="checkbox"/> AM/FM Stereo	<input type="checkbox"/> Alloy Wheels
Engine (2.2L 5.8, etc)			<input type="checkbox"/> Cassette	<input type="checkbox"/> Premium Wheels
Lender Information			<input type="checkbox"/> Single Compact Disc	<input type="checkbox"/> Sun Roof
Lender Name			<input type="checkbox"/> Multi Compact Disc	<input type="checkbox"/> Convertible
Address			<input type="checkbox"/> Premium Sound	<input type="checkbox"/> T-Top
City/State/Zip			<input type="checkbox"/> Integrated Phone	<input type="checkbox"/> Sliding Rear Window
Account Number			<input type="checkbox"/> Navigation System	<input type="checkbox"/> Bed Liner
Balance Owing			<input type="checkbox"/> DVD System	<input type="checkbox"/> Running Boards
Interest Rate			<input type="checkbox"/> Dual Front Air Bags	<input type="checkbox"/> Tow Package
Are you current?			<input type="checkbox"/> Front Side Air Bags	<input type="checkbox"/> Roof Rack
Do you wish to keep or surrender the vehicle?			<p>Motor Vehicles are typically depreciating assets. This means that the older the vehicle becomes, the less it is worth. Many of our clients experience what is considered negative equity. This means that you owe more on the vehicle than what the vehicle is actually worth. Chapter 13 bankruptcy allows us to restructure the value of the vehicle and rewrite the contract to allow you to pay off the value of the vehicle which is substantially less than the contract value of the vehicle. Sometimes this results in a savings of several hundred dollars per month to our clients! Once we have the appropriate data from your file, we will be able to accurately determine the value of the vehicle for purposes of rewriting the contract. This does not apply to Chapter 7 cases.</p>	
Describe any damages to the vehicle:				
Overall Vehicle Condition:	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			
Date you purchased the vehicle: (be precise)				
If this vehicle is leased, please fill out the information below.				
Lease Company Name				
Company Address		Monthly Lease Payment	\$	
Company City/State/Zip		Current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Number		Do you wish to keep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Start Date of Lease				
End Date of Lease				
<p align="center">You must complete all forms in detail with full answers. We will return forms that are not complete.</p>				

MOTOR VEHICLE INSURANCE

INSURANCE AGENT	INFORMATION	
Agent Name		<p>What we need in this section is information from your insurance agent. If we are filing you into a Chapter 13 bankruptcy, we need to ensure that your vehicle is insured. Otherwise, the creditor may be able to repossess your vehicle. Please provide us with the necessary information for your insurance agent so that we can contact them and get a copy of the proof of insurance for the vehicle.</p> <p>Remember that motor vehicle insurance is required by law. If you are driving a motor vehicle without insurance you risk a ticket for \$475.00 from the State if you are stopped. Your vehicle can also be impounded at your expense.</p> <p>Take the time to get insurance if you do not already have it. Even a bare basic policy will be better than nothing.</p> <p>DO NOT allow your lender to put forced place insurance in place. This is incredibly expensive and does not cover you personally, just the vehicle. Never, ever, ever, get forced place insurance.</p>
Insurance Company		
Address		
Address		
City, State, Zip		
Phone Number		
Facsimile		
Email		
Name the vehicles covered by the above agent		
Vehicle #1		
Vehicle #2		
Vehicle #3		
Vehicle #4		
Vehicle #5		
Monthly Premium(s)	\$	

PERSONAL PROPERTY ASSETS

Cash on Hand

[]	I have the following amount of cash on hand, in a coin jar, stuffed in a mattress, in my wallet/purse, etc.	\$	Cash on Hand – Got 5 bucks in your pocket? You’ve got cash on hand. Have a penny jar at home. You’ve got cash on hand. List it!
-----	---	----	--

Checking, Savings, CD’s, Money Markets, Bank Accounts

[]	Check here if you do not have any bank accounts, etc.			Checking and Other Accounts So you just left our offices and wrote us a check for the retainer. That’s an account you should list here. The savings account you have had since you were 18 that has \$5.00 in it, you should list that here. Do not fail to list your bank accounts! If you have money in a bank or some other financial institution, it has to be disclosed. Pointer: Close the bank account you are currently using if you owe money to that bank. The bank has the right to set off your account balance and apply it to the line of credit.
	Name of Bank	Type of Account	\$ Balance	
<i>Ex</i>	<i>Bank of America</i>	<i>Checking</i>	<i>\$75.00</i>	
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
7			\$	

Security Deposits with Public Utilities, Landlords, etc.

[]	Check here if you do not have any security deposits			Security Deposit – You have a security deposit if the electric company made you put down \$100.00 prior to turning on the power. Or if you had to pay first and last month’s rent. That’s a security deposit.
	Name of Person Holding Deposit	Purpose	Amount	
1				
2				

Household Goods and Furnishings

Please review the lists below. If you have the items in the category, please check for quantity and write in the value. Remember, you are using garage sale/pawnshop value. If you paid \$100.00 for a ceiling fan, it is probably only worth \$10.00 at a garage sale. Use the garage sale/pawnshop value. If you find an item that you own, but it is not listed in the room category, indicate that you own it and fill in the required information.

Description	Quantity	Value	Description	Quantity	Value
Air Conditioners			Table		
Bookcases (movable)			Pots/Pans		
Ceiling Fans			Dishes		
Chairs			Microwave Oven		
Couches, Sofa			Other: _____		
Clocks			Radio		
Coffee Table(s)			Hope Chest		
CD Player			Humidifier		
Curtains/Drapes			Night Stands		

	Description	Quantity	Value	Description	Quantity	Value
	End Tables			Serving Bowls		
	Desk			Table Linens/Napkins		
	Televisions			China/Silver		
	VCR Players			Tea/Coffee Pot		
	Fireplace tools/grate			Toaster Oven		
	Footstools			Towels		
	Lamps			Vases		
	Mirrors			Wine Rack		
	Organ/Piano			Trash Compactor		
	Pillows			Knives		
	Plants/Flowers			Aquarium		
	Rugs			Bed Frame/Bed		
	Telephone(s)			Bedsread/Blankets		
	Wood Burning Stove			Books		
	Broom, mop, buckets			Chaise Lounge		
	Cabinet (movable)			Chest of Drawers		
	Dryer			Other _____		
	Folding Table			Other _____		
	Freezer			Other _____		
	Laundry Baskets			Rocking Chair		
	Refridgerators			Vanity Table		
	Sewing Machine			Crib		
	Iron and Ironing Board			Toy Chest		
	Vacuum Cleaner			Outdoor Furniture		
	Washing Machine			Lawnmower		
	Flatware			Power Tools		
	Glasware			Bicycles		
	Barbeque			Exercise Equipment		

	Board Games			Musical Instruments		
	Video Games			Computer		
	Compact Disc/Tapes			DVD Player		
	Movies / DVD			Ski Equipment		
	Pictures and Prints			Other:		
<p><i>Remember that your valuation method is liquidation value. The lawnmower might have cost you \$500.00 new, but you could only get \$50.00 at a pawnshop or garage sale. This is the valuation method you should use for your household goods.</i></p>						
Collectibles / Statues / Figurines						
<input type="checkbox"/>	Check here if you do not have any statues, collectibles, or figurines			Collectibles – are things that you collect. Perhaps that shot glass collection from college, or your beanie babies from McDonalds. It doesn't matter what it is. List it.		
	Description		Value			
			\$			
			\$			
Wearing Apparel (Clothing)						
<input type="checkbox"/>	Check here if you do not have any clothing				Clothing – If you tell us you don't own any clothing, you may not come back to our offices.	
	Garage Sale value of your clothing:		\$			
Furs and Jewelry						
<input type="checkbox"/>	Check here if you do not have any furs or jewelry				Jewelry – You don't need to have the Hope diamond in your collection to list it here. If you have costume jewelry you should disclose it. There is nothing worse than showing up in Court adorned in all that jewelry and then tell the trustee that you don't actually own any jewelry. If you have a watch, it should be listed, earrings, necklaces, rings, etc. If you have a belly button ring, you should list it.	
	Description		Value			
	<i>Example: Diamond Wedding Band</i>		\$75.00			
			\$			
			\$			
			\$			
			\$			
Firearms, Sports, and Hobby Equipment						
<input type="checkbox"/>	Check here if you do not have any firearms, sports, or hobby, photographic equipment				Hobby Equipment – most people state that they don't own any hobby equipment. But what about that old set of golf clubs you have? Or the baseball bat in the back of the garage? Why does the sewing machine locked up in the attic for the past 10 years not count as hobby equipment? You need to list all of it and value it as if you were going to have a garage sale.	
	Description		Value			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

Settlements or other claims you have against people			
[]	Check here if you do not have any ability to file a personal injury claim, disability claim, L&I claim, etc. or am owed money by someone, a company, or IRS, or will be paid money in the future from a divorce settlement, etc.		Claims against third parties – If someone owes you money, you need to disclose that information here. If you think you might be able to get some money but haven't fully decided on whether to pursue it, then you must disclose it here. For example, let's say you were in a minor accident. You haven't decided whether or not you are going to sue the other driver. You still need to list the claim. If you have filed your taxes, but not yet received a refund, you should list that information here. Basically, any claim, no matter what it is.
	Description Detail	Value	
		\$	
		\$	
		\$	
Farming Equipment, Implements, Supplies, or Crops			
[]	Check here if you do not have any farming implements, etc.		Farming Equipment – OK, so we put this one in because we are required to. If you have farming equipment come see us and we will change up the form packet because that is something completely different.
	Description	Value	
		\$	
Business Machinery and Supplies:			
[]	Check here if you do not have any business machinery or supplies		Business Supplies: If you owned a business within the past six years, we are going to have another discussion. Business entities change things significantly. If you have something left over from the business or if you are currently operating a business, you will need to answer a different set of questions in addition to the forms supplied here. We are also going to need additional information about your business and the contact names for any lawyers, accountants, bookkeepers, etc. You will need to produce your operating records and business licenses for the company.
	Description	Value	
Business Inventory			
[]	Check here if you do not have any inventory		
	Description	Value	
		\$75.00	
		\$	
		\$	
		\$	
Partnerships, Joint Ventures, Patents, or Copyrights			
[]	Check here if you do not have any copyrights, patents, franchises, partnerships, joint ventures, etc.		Patents, Copyrights – We've only done one case where there was a patent, so I'm expecting this section to be blank. But if you possess a patent or copyright disclose it and then provide us with a copy of the pertinent info.
	Description	Value	
Stocks, Bonds, Promissory Notes, Checks			
[]	Check here if you do not have any stocks, bonds, etc.		Stocks/Bonds – do you have any stocks or bonds? What about those savings bonds you Aunt gave you 10 years ago? How about those 10 shares of
	Description	# of Shares	

				Microsoft you received from your folks as a present? Stocks are nice liquid assets that can be sold quickly. It's very important to disclose the ownership of them or lack thereof in your forms. Do not overlook any shares of stock you might have.
Livestock, Poultry, Pets, and Other Animals				
<input type="checkbox"/>	Check here if you do not have any livestock, poultry, pets, etc.			Pets - We don't really want to know about Fido, the pet you got at the local pound, but if you have an animal that is purebred, or is used for competition, or cost a lot of money, we need to know.
	Description	Value		
		\$		
		\$		
<i>You must complete all forms in detail with full answers. We will return forms that are not complete.</i>				

PERSONAL PROPERTY ASSETS

Annuities and Insurance Policies		
<input type="checkbox"/>	Check here if you do not have any annuities or insurance policies	
	Name of Company	
	Type of Insurance/Annuity	
	Term Life	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Policy Number	
	Cash out Value	
	Name of Company	
Retirement Plans; Pensions, Profit Sharing, IRA's, 401(k)'s		
<input type="checkbox"/>	Check here if you do not have any retirement plan, pension plan, profit sharing plan, individual retirement account, or 401(k)	
	Description (List employer & type of plan)	Current Value
		\$
		\$
		\$
		\$
Inheritances		
<input type="checkbox"/>	Check here if you are not entitled to any inheritance	
	Name of Deceased	Amount of Claim
		Status of Claim
Other Assets not already disclosed		
<input type="checkbox"/>	Check here if you do not have any other assets to list	
	Description	Value

Insurance Policies /Annuities:
It's the rare case that has an annuity and if you have one you will know that you do. However, it is a very real possibility that you have life insurance. There are 2 kinds. Whole life and term. Term is the kind where you just get a benefit if you die. Whole life is actually like a bank account. You can take out loans against the insurance, you can cash it out etc. We're really interested in the whole life insurance. List it all regardless, but we want to make sure there is no cash out value.

401(k)'s - 401(k)'s are completely protected in the State of Washington. We can exempt it out to make sure you hold on to retirement. Disclose all retirement accounts. We might have questions for you about the type of account (403 v. 401) and whether or not the contribution is mandatory or voluntary. We may ask you to stop the contribution.

Inheritance - You are required to disclose all inheritances up to six months after bankruptcy. This means if Aunt Jane passes away 5 months after your case, we need to go back and tell the trustee. Keep us posted if it happens.

Other Assets - this is the catch all provision. Remember, you have a duty to disclose all of your assets and all of your liabilities. You cannot fail to leave anything out. So if we did not ask specifically about something that you know you own, disclose it here. Perhaps you have a softserv ice cream machine stuck away in your garage somewhere (yes, it's true, someone really did). If you do, then it needs to be disclosed. Remember, disclosure above all else!

You must complete all forms in detail with full answers. We will return forms that are not complete.

GOVERNMENT TICKETS AND FINES (SPEEDING, DWLS, etc.)

In this section you are going to provide us with information regarding your unpaid tickets. If your license is suspended we can help you get it back in just one day! However, there is some information we are going to need from you. You must go to the Department of Licensing and get a printout of all the tickets holding your license back from issuance. This is known as a driver's abstract. There are two parts to the abstract. The first is a listing of all your tickets. The second is a print out showing which courts have suspended your license and the case number. You need BOTH of these documents for us to get your license back. A request form is attached to this form.

Check here if you do not have any tickets, unpaid fines, judgments related to an auto accident.

	Drivers License Number	WADL#		
1	Court Name		Collection Agency	
	Address		Address	
	City, State, Zip		City/State/Zip	
	Ticket Citation Number		Act Number	
	Nature of Charge		Balance Owing	
	Original Amount of Ticket			
2	Court Name		Collection Agency	
	Address		Address	
	City, State, Zip		City/State/Zip	
	Ticket Citation Number		Act Number	
	Nature of Charge		Balance Owing	
	Original Amount of Ticket			
3	Court Name		Collection Agency	
	Address		Address	
	City, State, Zip		City/State/Zip	
	Ticket Citation Number		Act Number	
	Nature of Charge		Balance Owing	
	Original Amount of Ticket			
4	Court Name		Collection Agency	
	Address		Address	
	City, State, Zip		City/State/Zip	
	Ticket Citation Number		Act Number	
	Nature of Charge		Balance Owing	
	Original Amount of Ticket			

5	Court Name		Collection Agency	
	Address		Address	
	City, State, Zip		City/State/Zip	
	Ticket Citation Number		Act Number	
	Nature of Charge		Balance Owing	
	Original Amount of Ticket			
6	Court Name		Collection Agency	
	Address		Address	
	City, State, Zip		City/State/Zip	
	Ticket Citation Number		Act Number	
	Nature of Charge		Balance Owing	
	Original Amount of Ticket			
7	Court Name		Collection Agency	
	Address		Address	
	City, State, Zip		City/State/Zip	
	Ticket Citation Number		Act Number	
	Nature of Charge		Balance Owing	
	Original Amount of Ticket			
8	Court Name		Collection Agency	
	Address		Address	
	City, State, Zip		City/State/Zip	
	Ticket Citation Number		Act Number	
	Nature of Charge		Balance Owing	
	Original Amount of Ticket			
9	Court Name		Collection Agency	
	Address		Address	
	City, State, Zip		City/State/Zip	
	Ticket Citation Number		Act Number	
	Nature of Charge		Balance Owing	
	Original Amount of Ticket			
<i>You must complete all forms in detail with full answers. We will return forms that are not complete.</i>				

INCOME TAX, EMPLOYEE TAXES, PROPERTY TAX INFORMATION

You must bring your tax returns to your first meeting with the attorney.

1	Tax Authority/Agency		Type of Tax Due	
	Address		Amount Due	
	City, State, Zip		From what year?	
2	Tax Authority/Agency		Type of Tax Due	
	Address		Amount Due	
	City, State, Zip		From what year?	
3	Tax Authority/Agency		Type of Tax Due	
	Address		Amount Due	
	City, State, Zip		From what year?	
4	Tax Authority/Agency		Type of Tax Due	
	Address		Amount Due	
	City, State, Zip		From what year?	

If you need to get copies of your tax information or copies of tax returns, you can go to your local IRS office and request your tax information for the year necessary. The IRS can give you a printout of all your W2 or 1099 information. You can use this information to process your tax return.

Issues regarding tax dischargeability: If you have specific tax questions about the dischargeability of your taxes and the dates that they would become dischargeable, we will refer you to competent tax attorney for the specific handling of that issue.

You must complete all forms in detail with full answers. We will return forms that are not complete.

INCOME TAX RETURN INFORMATION

Have you filed all of your tax returns?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, what years are not filed?		<input type="checkbox"/> 2004 <input type="checkbox"/> 2003 <input type="checkbox"/> 2002 <input type="checkbox"/> 2001 <input type="checkbox"/> 2000 <input type="checkbox"/> 1999 <input type="checkbox"/> 1998 <input type="checkbox"/> 1997 <input type="checkbox"/> 1996	

Information about your tax refunds

Refund Amount for 2004	\$	Amount Paid for 2004	\$
Refund Amount for 2003	\$	Amount Paid for 2003	\$
Refund Amount for 2002	\$	Amount Paid for 2002	\$

If you have not filed your 2004 tax return yet, please supply us with copies of your W2 and a copy of your tax return as soon as you have it completed.

CHILD SUPPORT INFORMATION

This section does not apply to me.

Person you owe support to		Back Support Owed	\$
Address of person owed			
Names of Children			
Direct Pay or DSHS Order		Wage Garnishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DSHS Address			
Monthly Support Obligation			
Are you current?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount Past Due	\$		

STUDENT LOAN INFORMATION

This section does not apply to me.

Student Loan Information			
1	Lending Institution		Date of Loan
	Address:		Amount Due:
	City, State Zip		Current?
	Do you have a cosigner on this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name
2	Lending Institution		Date of Loan
	Address:		Amount Due:
	City, State Zip		Current?
	Do you have a cosigner on this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name
3	Lending Institution		Date of Loan
	Address:		Amount Due:
	City, State Zip		Current?
	Do you have a cosigner on this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name

You must complete all forms in detail with full answers. We will return forms that are not complete.

PAYDAY LOANS

[] Check here if you do not have any payday loans

1	Payday Lender Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Original Payday Loan		How much?	
	How many times did you roll this loan over?			
	Do you have a copy of your original credit card contract?		[] Yes [] No	
2	Payday Lender Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Original Payday Loan		How much?	
	How many times did you roll this loan over?			
	Do you have a copy of your original credit card contract?		[] Yes [] No	
3	Payday Lender Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Original Payday Loan		How much?	
	How many times did you roll this loan over?			
	Do you have a copy of your original credit card contract?		[] Yes [] No	
4	Payday Lender Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Original Payday Loan		How much?	
	How many times did you roll this loan over?			
	Do you have a copy of your original credit card contract?		[] Yes [] No	
5	Payday Lender Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Original Payday Loan		How much?	
	How many times did you roll this loan over?			
	Do you have a copy of your original credit card contract?		[] Yes [] No	

CREDIT CARD DEBT, COLLECTIONS, JUDGMENTS, MEDICAL BILLS, ETC.

If your debts did not fit into any of the above categories, this is the place to list it. You have a duty to list all of your assets and all of your liabilities. Please be as complete as possible. If you are not sure where to list a certain debt, please fill it in here.

1	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

2	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

CREDIT CARD DEBT, COLLECTIONS, JUDGMENTS, MEDICAL BILLS, ETC.

If your debts did not fit into any of the above categories, this is the place to list it. You have a duty to list all of your assets and all of your liabilities. Please be as complete as possible. If you are not sure where to list a certain debt, please fill it in here.

3	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?		[] Yes [] No	
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

4	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?		[] Yes [] No	
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

CREDIT CARD DEBT, COLLECTIONS, JUDGMENTS, MEDICAL BILLS, ETC.

If your debts did not fit into any of the above categories, this is the place to list it. You have a duty to list all of your assets and all of your liabilities. Please be as complete as possible. If you are not sure where to list a certain debt, please fill it in here.

5	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?		[] Yes [] No	
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

6	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?		[] Yes [] No	
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

CREDIT CARD DEBT, COLLECTIONS, JUDGMENTS, MEDICAL BILLS, ETC.

If your debts did not fit into any of the above categories, this is the place to list it. You have a duty to list all of your assets and all of your liabilities. Please be as complete as possible. If you are not sure where to list a certain debt, please fill it in here.

7	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

8	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

CREDIT CARD DEBT, COLLECTIONS, JUDGMENTS, MEDICAL BILLS, ETC.

If your debts did not fit into any of the above categories, this is the place to list it. You have a duty to list all of your assets and all of your liabilities. Please be as complete as possible. If you are not sure where to list a certain debt, please fill it in here.

9	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

10	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

CREDIT CARD DEBT, COLLECTIONS, JUDGMENTS, MEDICAL BILLS, ETC.

If your debts did not fit into any of the above categories, this is the place to list it. You have a duty to list all of your assets and all of your liabilities. Please be as complete as possible. If you are not sure where to list a certain debt, please fill it in here.

11	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

12	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

CREDIT CARD DEBT, COLLECTIONS, JUDGMENTS, MEDICAL BILLS, ETC.

If your debts did not fit into any of the above categories, this is the place to list it. You have a duty to list all of your assets and all of your liabilities. Please be as complete as possible. If you are not sure where to list a certain debt, please fill it in here.

13	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
Address of Co-signor				

We will need a copy of two of your most recent statements received within the past 90 days.

14	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
Address of Co-signor				

We will need a copy of two of your most recent statements received within the past 90 days.

CREDIT CARD DEBT, COLLECTIONS, JUDGMENTS, MEDICAL BILLS, ETC.

If your debts did not fit into any of the above categories, this is the place to list it. You have a duty to list all of your assets and all of your liabilities. Please be as complete as possible. If you are not sure where to list a certain debt, please fill it in here.

15	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

16	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

CREDIT CARD DEBT, COLLECTIONS, JUDGMENTS, MEDICAL BILLS, ETC.

If your debts did not fit into any of the above categories, this is the place to list it. You have a duty to list all of your assets and all of your liabilities. Please be as complete as possible. If you are not sure where to list a certain debt, please fill it in here.

17	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

18	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?	[] Yes [] No		
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

CREDIT CARD DEBT, COLLECTIONS, JUDGMENTS, MEDICAL BILLS, ETC.

If your debts did not fit into any of the above categories, this is the place to list it. You have a duty to list all of your assets and all of your liabilities. Please be as complete as possible. If you are not sure where to list a certain debt, please fill it in here.

19	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?		[] Yes [] No	
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

20	Creditor Name			
	Address			
	City, State, Zip			
	Account Number		Amount Owing	
	Date of Last Purchase on Account		How much?	
	Source of Information used to determine amount due (charge receipts, billing statement, credit report)			
	Do you have a copy of your original credit card contract?		[] Yes [] No	
	[] Revolving Credit [] Medical Bill [] Judgment [] Collection [] Personal Loan [] Other			
	If Collection Account who was the original creditor?			
	Address			
	City, State Zip			
	Account Number			
	Name of Co-signor on account, if any			
	Address of Co-signor			

We will need a copy of two of your most recent statements received within the past 90 days.

Attach all of your bills behind this section. If you need more entries, copy this page.

EMPLOYMENT AND DEPENDANT INFORMATION

Please provide information about your present employer. We will need to see your most two current paystubs for each party presently employed. If you receive income from some other source, we will require evidence of that as well.

Dependant Information

	Name	Age	Relationship
1	<i>Ex: Jane Smith</i>	<i>13</i>	<i>Daughter</i>
2			
3			
4			
5			
6			
7			

Employment Information for Employment Position 1

	You	Your Spouse
Occupation		
Length of Current Employment		
Employer Name		
Employer Address		
Employer City, State Zip		
Phone Number		
Hourly Wage/Salary		
How often are you paid?		

Employment Information if you have a second job

	You	Your Spouse
Occupation		
Length of Current Employment		
Employer Name		
Employer Address		
Employer City, State Zip		
Phone Number		
Hourly Wage/Salary		
How often are you paid?		

Marital Information

Please check your marital status: Married
 Single (No marriage in the past six years) Divorced Widowed Separated

You must complete all forms in detail with full answers. We will return forms that are not complete.

INCOME AND EXPENSE INFORMATION

Prior to filling this section out, we recommend you get two copies of your most recent pay stubs. When you return these forms, please provide the pay stubs with the forms. You should also get your check register in order to get an accurate accounting for how much money your are spending each month. This is the section to take your time on and do an accurate assessment of how much money you are spending each month. **DO NOT GENERALIZE.** Be as specific as possible. This information will be used to accurately determine your income and expenses. Compare it now for errors or omissions. You should be prepared to back up your numbers with evidence. For example, if you spend \$85.00 a month on electric, you should have a bill that says \$85.00 for electricity. The United States Trustee has the right and option to review your case with a fine tooth comb. With the recent advent of the Civil Enforcement Initiative, the trustee has even greater power than before to review your case. Please provide accurate information.

INCOME AND EXPENSE INFORMATION				
	Income Information	You	Your Spouse	Office Use
+	Gross Monthly Income			
	Monthly Overtime Income			
	SSI/L&I/SSA Income			
	Child Support Income			
	Alimony/Maintenance			
	Real Estate Investment			
	Interest Income			
	Retirement/Pension			
	Other Income Source			
	Deductions from Gross			
-	Federal Tax Deduction			
	Social Security Deduction			
	Medicare Deduction			
	Health Ins. Deduction			
	401(k) Contribution			
	VIP Loan Deduction			
	Union Dues			
	Other:			
	Other:			
Other:				
	Calculate Net Income			
=	Net Income			
	Calculate Monthly Surplus/Deficiency			
	Combined Net Income (you + your spouse above)			
	Monthly Expenses (from next page)			
	Monthly Surplus/Deficiency			

Do not forget to attach two of your most recent pay stubs to the forms packet. You can staple the paychecks to the forms directly if you like

PART 7 (cont.): Income and Expense Information

	Expense Information	Expense Amount	Office Use
	Monthly Rent Payment		
	Monthly First Mortgage Payment		
	Lot Rental		
	Second Mortgage Payment		
	Third Mortgage Payment		
	Electricity		
	Water and Sewer		
	Telephone (land line, cell phone)		
	Internet		
	Garbage		
	Cable		
	Natural Gas		
	Home Maintenance (repairs/upkeep)		
+	Monthly Food Bill		
	Monthly Clothing Expenses		
	Laundry and Dry Cleaning		
	Medical/Dental Expenses (out of pocket/co pays)		
	Transportation (Gas and Maintenance)		
	Recreation (Clubs/Movies)		
	Charitable Contributions		
	Homeowners Insurance		
	Life Insurance (not deducted from paycheck)		
	Health Insurance (not deducted from paycheck)		
	Auto Insurance		
	Other Insurance		
	<input type="checkbox"/> Other Tax <input type="checkbox"/> Property Tax Payments		
	Car Payment for: (describe)		
	Car Payment for: (describe)		
	Other Installment Pymt (describe)		
	Student Loan Payment		
	<input type="checkbox"/> Child Support <input type="checkbox"/> Maintenance		
	Daycare		
	Other Monthly Expense: (describe)		
	Total Expenses		

You must complete all forms in detail with full answers. We will return forms that are not complete.

Means Test Information

Instructions: Use your paystubs to fill in the information below

Income for the past six months starting from today:

	Date	Employment Income (\$)	SSI (\$)	Other Household Income (\$)
Today's Date				
1 Month Previous				
2 Months Previous				
3 Months Previous				
4 Months Previous				
5 Months Previous				
6 Months Previous				
Total				
			Total	
			/6	
			*12	
Number of people who live in your household?			Median	
Attach your paystubs to this section.				

PAST INCOME FOR 2 YEARS

For this section, we recommend you pull your completed tax returns for 2002, 2003, and 2004 as well as your latest pay stub to determine year-to-date wages. If you have not completed or filed your 2002, 2003, or 2004 taxes, you should prepare your returns and provide them to us.

Income over the past three years from wages, employment, or business operations

You	Money Amount	Source
<i>Example: How much money have you made this year?</i>	\$22,430.00	<i>Employment at Boeing</i>
How much money have you made this year?		
How much money did you make in 2004?		
How much money did you make in 2003?		
How much money did you make in 2002?		
Your Spouse	Money Amount	Source
How much money have you made this year?		
How much money did you make in 2004?		
How much money did you make in 2003?		
How much money did you make in 2002?		

Income over the past three years from unemployment, SSI, L&I, child support, etc.

You	Money Amount	Source
<i>Example: How much money have you received this year?</i>	\$3223.12	<i>Child Support</i>
How much money have you received this year?		
How much money did you receive in 2004?		
How much money did you receive in 2003?		
How much money did you receive in 2002?		
Your Spouse	Money Amount	Source
How much money have you received this year?		
How much money did you receive in 2004?		
How much money did you receive in 2003?		
How much money did you receive in 2002?		

You must complete all forms in detail with full answers. We will return forms that are not complete.

STATEMENT OF FINANCIAL AFFAIRS

Answer the following questions providing as much detail as possible. If the question does not apply, please check the appropriate box and move on to the next question.

1. Have you paid any one creditor more than \$600.00 in the last 90 days, or paid any relative or business partner more than \$600.00 within the past 12 months? Do not include your mortgage company or your car lender here. Make sure that you include any consumer credit counseling agencies and provide their complete address.

This section does not apply to me

Insider Information (1)

Name of Person/Company Paid		
Address		
City, State Zip		
Amount Paid		
Date(s) of payment		
Amount Still Owing		
Relationship to you		

Insider Information (2)

Name of Person/Company Paid		
Address		
City, State Zip		
Amount Paid		
Date(s) of payment		
Amount Still Owing		
Relationship to you		

Insider Information (3)

Name of Person/Company Paid		
Address		
City, State Zip		
Amount Paid		
Date(s) of payment		
Amount Still Owing		
Relationship to you		

Insider Information (4)

Name of Person/Company Paid		
Address		
City, State Zip		
Amount Paid		
Date(s) of payment		
Amount Still Owing		

2. Are there any lawsuits, executions, or garnishments currently pending against you? You should list all lawsuits that you were a party to within the *one* year immediately preceding this case.

[] This section does not apply to me

Creditor Information 1

Name of Person/Company		
Address		
City, State Zip		
Case No		
Court and District		
Status of case		
Date of Garnishment		
Amount of Garnished funds		

Creditor Information 2

Name of Person/Company		
Address		
City, State Zip		
Case No		
Court and District		
Status of case		
Date of Garnishment		

3. Are there any judgment(s) that have been taken against you? This question is very important. If you own a home, and a judgment has been taken against you, there may very well be a lien against your residence. This lien will require an additional motion before the bankruptcy court aside from the normal preparation of your case. If you choose to refinance your property after the bankruptcy, we will have to reopen the case and remove the lien creating even more fees and costs and possibly delaying the refinancing or sale of your home. You can find out if there is a lien against your home by contacting the County Assessor's office where you live.

[] This section does not apply to me

	Judgment Creditor #1	Judgment Creditor #2
Name of Judgment Creditor		
Address		
City, State, Zip		
Case No.		
Court and District		
Date of Judgment		
Attorney for Judgment Creditor		
Address		
City, State, Zip		
Phone Number		

4. Have their been any vehicle repossessions or home foreclosures within the past year?

[] This section does not apply to me

Vehicle Repossession (1)

Name of Auto Lender		
Address		
City, State Zip		
Account Number		
Amount Owing		
Date of Repossession		
Description of Property		

Vehicle Repossession (2)

Name of Auto Lender		
Address		
City, State Zip		
Account Number		
Amount Owing		
Date of Repossession		
Description of Property		

Real Property Foreclosure

Name of Mortgage Company		
Address		
City, State Zip		
Date of Foreclosure		
Foreclosure Company Name		
Address		
City, State Zip		

5. Have you assigned any of your property or belongings to someone in the past 120 days or has any portion of your estate been taken over by a custodian or court appointed official? For example, you granted one of your creditors a wage assignment to collect on a debt or you signed your car title over to a collection agent in lieu of payment or perhaps you have been appointed a guardian to oversee your financial affairs.

[] This section does not apply to me

Assignment

Name of person who was assigned		
Address		
City, State Zip		
When was the assignment?		
What was assigned?		
Value of the assignment?		

6. Have you made any gifts of money or property within the past year to a family member in excess of \$200.00 in value? How about gifts to non-family members or charities within the past year in excess of \$100.00? You need not worry about the birthday present you purchased for you nephew, but if you have given away property in the past year, this should be listed and disclosed. If you tithe, you should put the name of the church in this section as well.

This section does not apply to me

Information on who received a gift.

Name of person receiving the gift

Address

City, State Zip

Date of Gift

Description of Gift

Value of Gift

Description of Property

Information on who received a gift

Name of person receiving the gift

Address

City, State Zip

Date of Gift

Description of Gift

Value of Gift

Description of Property

Name of person receiving the gift

7. Have you had any losses of money or property in the past year from fire, theft, or gambling?

This section does not apply to me

Information on losses in the past year

Description of property lost

Value of the property

Date of the loss

What gave rise to the loss?

Did insurance cover the loss

How much was covered?

You must complete all forms in detail with full answers. We will return forms that are not complete.

8. Have you made any payments related to debt counseling, consumer credit counseling, or bankruptcy advice within the past year? On your petition, we will include the fact that you are paying the Jump Law Group for your services, however, you need not disclose that here.

[] This section does not apply to me

Information on who received money from you

Name of entity/person		
Address		
City, State Zip		
Date of Payment		
How much was paid?		
Did you get any money back?		
Description of Property		

9. Have you closed any bank accounts or cashed in a CD, sold shares in a corporation, etc. in the past year?

[] This section does not apply to me

Bank Name	Address	Type of Account	Date Closed	\$ Amount

10. Do you have any safe deposit boxes and if so, what is in the box?

[] This section does not apply to me

Information on your safe deposit box

Bank Name		
Address		
City, State Zip		
Description of contents		
Value of contents		

11. Are you holding property for someone else? For example, are you storing your uncle's '57 Chevy in your garage?

[] This section does not apply to me

Information about the property you are storing

Person's Name		
Address		
City, State Zip		
Description of item you are holding		
Value of item		
Relationship to you		

12. If you have lived at the same address for the past two years, you may check the box below and move onto the next question, otherwise, we need to know your addresses for the past two years.

This section does not apply to me

Prior Address	Same Name Used	Move in Date	Move Out Date

13. List all spouses that you have been married to in the past six years. Yes, include your current spouse as well. I know, that's silly. You already listed that information. The Court wants you to list him or her again.

This section does not apply to me because I am not married and have not been in the past six years.

Spouse Name	Status of Marriage	Date of Divorce

14. Have you ever received a letter from the EPA in relation to Hazardous Waste Cleanup? We expect this will be a no, so you can check the box. However, if you have received the letter, we will need to sit down and discuss this further. An EPA letter seriously changes the landscape of your case.

This section does not apply to me

This section does apply to me. I will call the Jump Law Group right now and schedule an appointment.

15. Have you transferred any real property or other personal property within the past year (i.e. you sold a home or vehicle, etc.)

This section does not apply to me

Information on your property transfer

Description of Asset	
Value of Asset	
Date transferred	
Name of person sold/transferred to:	
Address	
City, State Zip	
Relation to you	

You must complete all forms in detail with full answers. We will return forms that are not complete.

16. Do you have any timeshare agreements, vacation rental programs, etc?	
<input type="checkbox"/> This section does not apply to me	
Information on your timeshare agreement	
Company Name	
Address	
City, State Zip	
Description of timeshare	
Value of timeshare	
17. Have you owned or operated a business of any kind in the past two years?	
<input type="checkbox"/> This section does not apply to me	
If your answer to this question is yes, you will need to contact our offices at your earliest convenience and request the business information addendum. This will change the nature of your case.	
Company Name	
Date of Operation	
Address	
Description of Business	
Business Type:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Non profit <input type="checkbox"/> LLC <input type="checkbox"/> Partnership
18. Do you have a Storage Unit of any Kind?	
<input type="checkbox"/> This section does not apply to me	
Storage Unit Address:	
Date First Leased:	
Monthly Cost:	
Description of Contents	
Value of Contents	
19. Does your present landlord have a Judgment against you?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please bring the judgment information as well as an accurate address for your landlord.	
20. Do you have any loans against your Retirement Accounts or pensions?	
<input type="checkbox"/> This section does not apply to me.	
Loan Amount	
Deducted from Paycheck?	
18. Anything else you think the Jump Law Group should be made aware of?	
<input type="checkbox"/> This section does not apply to me	

Congratulations, you have finished the forms!

OK, now sign below. By signing you are certifying that you have completely filled out all of these forms, the information is honest, truthful and accurate. When we go to court, we are going to ask you the following questions.

- (1) Did you provide the Jump Law Group with a complete and accurate listing of your assets and liabilities as well as a statement of your financial affairs?
- (2) Was the information you provided, truthful, honest, and accurate?

We are going to ask you a bunch of other questions as well, but the above two questions pertain to these forms. So, if you left something out, now is the time to go back and fix it. Remember, we can only represent you based upon the information you provide. *If you don't tell us about it, we can't fix the situation for you.*

The trustee takes very seriously people who do not provide accurate information. There have been instances in the past where people do not tell the truth. They are prosecuted to the full extent of the law and charged criminally. We know that you have every intention of disclosing your information, but now is the time to go back and make sure you have disclosed everything. There is a Judge in Texas that says 1 careless omission is OK, 2 is suspect, and 3 is fraudulent. See also the letter to the right. If your errors are fraudulent, the United States Trustee and the Department of Justice will be investigating your case.

The trustee has the power to investigate your case by the virtue of the bankruptcy code and what is known as the Civil Enforcement Initiative. The Department of Justice has been actively engaging in debtor investigations and recently convicted a debtor for concealing a \$32,000.00 Jeep Cherokee. He is facing 20 years in prison and a million dollar fine.

You do not want this to be your situation. One reason the Jump Law Group has such a high success rate in the bankruptcy court is because we know what the trustee's want to know and we disclose everything necessary to deter an investigation by the trustee. In other words, we make sure the trustee has no cause to look past the schedules. We are known for our reputation of truthfulness and honesty in the Courts. It's a reputation that you get the benefit of when you utilize our services.

When there is an investigation by the United States Trustee, the likely outcome is what is called a §707(b) motion. The formal title is called "Motion for Abuse of the Bankruptcy Code". The motion for abuse follows from an investigation into your case by the trustee

An open letter for debtors and their counsel:

I have noticed a disturbing trend among debtors and their counsel to treat the schedules and statement of affairs as "working papers" which can be freely amended as circumstances warrant and need not contain the exact, whole truth.

Notwithstanding execution under penalty of perjury, debtors and their counsel seem to think that they are free to argue facts and values not contained in the schedules or even directly contrary to the schedules. Some debtors have felt justified signing a statement that they have only a few, or even a single creditor, in order to file an emergency petition, knowing full well that the statement is false.

*Whatever your attitude is toward the schedules, you should know that as far as I am concerned they are the sacred text of any bankruptcy filing. **There is no excuse for them not being 100% accurate and complete. Disclosure must be made to a fault.** The filing of a false schedule is a federal felony, and I do not hesitate to recommend prosecution of anyone who knowingly files a false schedule.*

I have no idea where anyone got the idea that amendments can cure false schedules. The debtor has an obligation to correct schedules he or she knows are false, but amendment in no way cures a false filing. Any court may properly disregard subsequent sworn statements at odds with previous sworn statements. I give no weight at all to amendments filed after an issue has been raised.

*As a practical matter, where false statements or omissions have come to light due to investigation by a creditor or trustee, it is virtually impossible for the debtor to demonstrate good faith in a Chapter 13 or entitlement to discharge in a Chapter 7 case. **I strongly recommend that any of you harboring a cavalier attitude toward the schedules replace it with a good healthy dose of paranoia.***

/s/ Judge Alan Jaroslovsky

U.S. Bankruptcy Judge

Northern District of California, Santa Rosa Division

YOU DO NOT WANT THE DEPARTMENT OF JUSTICE TO INVESTIGATE YOUR CASE.

So, double check now and make sure. Did you list everything? If yes, sign below.

I certify, **under penalty of perjury** that I have disclosed all of my assets and all of my liabilities as well as a complete statement of my financial affairs.

Client **Date**

Joint Client **Date**

Please call and schedule an appointment. In order for us to review your case further, you will need to retain our services. Thank you for being thorough and paying attention to the details. It makes our service much more valuable for you.