

## Bankruptcy Forms: Chapters 7/Chapter 13

### Instructions:

Please fill out this form completely. You are providing this office with the information required to prepare the filing of a Chapter 7 or Chapter 13 bankruptcy petition with the Bankruptcy Court.

- Additional Information Needed:**
1. Last Two Years Federal and State Tax Returns (2019/2020)
  2. Two recent paycheck stubs from all parties
  3. Driver License and Social Security Card
  4. Six months of Paystubs

### GENERAL INFORMATION

#### DEBTOR

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parish: \_\_\_\_\_

Mailing Address (if different from street address):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other names used in the last Eight years:

Have you moved within the last Three (3) years:

\_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Greg Gouner, Attorney at Law**  
**11750 Bricksome Avenue, Suite C**  
**Baton Rouge, LA 70816**  
**(225) 293-6200**

**SPOUSE (if filing jointly)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parish: \_\_\_\_\_

Mailing Address (if different from street address):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other names used in the last Eight years:

\_\_\_\_\_

**PREVIOUS BANKRUPTCY**

Have you filed another bankruptcy petition within the past 8 years?  Yes  No

If Yes (give information of all cases filed):

| Case Number | Date of<br>Bankruptcy | Location Filed | Bankruptcy of |        |       |
|-------------|-----------------------|----------------|---------------|--------|-------|
|             |                       |                | Debtor        | Spouse | Joint |
| _____       | _____                 | _____          | D             | S      | J     |
| _____       | _____                 | _____          | D             | S      | J     |

## LIST OF PROPERTY DESCRIPTIONS

| CATEGORY  | DESCRIPTION | VALUE | LOCATION |
|---|-------------|-------|----------|
| Real Property<br>(House,<br>Mobile Home, etc.)            |             |       |          |
| Deposits of Money<br>(Checking,<br>Savings, etc.)         |             |       |          |
| Security Deposits<br>(Landlord, Utility<br>Company, etc.) |             |       |          |

| HOUSEHOLD GOODS &<br>FURNITURE   | NUMBER | VALUE |
|----------------------------------|--------|-------|
| Bedroom Sets                     |        |       |
| DVD Players                      |        |       |
| Televisions                      |        |       |
| VCRs                             |        |       |
| Computers                        |        |       |
| Video Game Consoles              |        |       |
| Stereo                           |        |       |
| China                            |        |       |
| Desk                             |        |       |
| Kitchen Table & Chairs           |        |       |
| Kitchen Misc. (Pots, Pans, etc.) |        |       |
| Washer/Dryer                     |        |       |
| End Table                        |        |       |
| Coffee Table                     |        |       |
| Stove                            |        |       |
| Couch                            |        |       |
| Refrigerator                     |        |       |
| Dining Room Table & Chairs       |        |       |
| Lamps                            |        |       |
| Living Room Chairs               |        |       |
| Love Seat                        |        |       |
| Microwave Ovens                  |        |       |
| Painting                         |        |       |
| Piano                            |        |       |
| Fire Arms                        |        |       |
| Clothing                         |        |       |
| Wedding Bands/Engagement Rings   |        |       |
| Other                            |        |       |

PROPERTY (continued)

| CATEGORY  | ACCOUNT# | AMOUNT | NAME | ADDRESS |
|---|----------|--------|------|---------|
| Annuities   |          |        |      |         |
|   |          |        |      |         |
|   |          |        |      |         |
| Interest in IRA, ERISA, Keogh and other pension or profit sharing plans |          |        |      |         |
| Stock and Interests in Incorporated and Unincorporated Business         |          |        |      |         |

|   |                                    |
|---|------------------------------------|
| Interest in Partnerships and Joint Ventures | Name, account number, and address: |
|---|------------------------------------|

|  |                              |
|--|------------------------------|
| Government and Corporate Bonds and other negotiable and non-negotiable instruments | Name and Address of Company: |
|--|------------------------------|

|                     |  |
|---------------------|--|
| Accounts Receivable |  |
|---------------------|--|

|  |  |
|--|--|
| Alimony, maintenance, support and property settlements to which you are entitled |  |
|  |  |
|  |  |

|                                     |                     |    |
|-------------------------------------|---------------------|----|
| Other liquidated debts owing debtor | Federal Tax Refunds | \$ |
|                                     | State Tax Refunds   | \$ |

|  |  |
|--|--|
| Equitable and future interests, life estates and rights or powers exercisable for your benefit |  |
|  |  |
|  |  |

|   |  |
|---|--|
| Interests in estate of a decedent, law suit, death benefit plan, life insurance policy or trust |  |
|   |  |
|   |  |

|  |                     |    |            |
|--|---------------------|----|------------|
| Other contingent and unliquidated claims of every nature, including counterclaims and rights setoff claims | Federal Tax Refunds | \$ | Year _____ |
|  | State Tax Refunds   | \$ | Year _____ |

|                      |  |  |  |  |
|----------------------|--|--|--|--|
| PROPERTY (continued) |  |  |  |  |
|----------------------|--|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
| Patents, copyrights, and other intellectual property |  |  |  |  |
| Licenses, franchises and other general intangibles   |  |  |  |  |

|   |      |      |       |       |
|---|------|------|-------|-------|
| Automobiles, trucks, trailers, and other vehicles | YEAR | MAKE | MODEL | VALUE |
|   |      |      |       |       |
| Boats, Motors, and their accessories              | YEAR | MAKE | MODEL | VALUE |
|   |      |      |       |       |
| Aircraft and accessories                          | YEAR | MAKE | MODEL | VALUE |
|   |      |      |       |       |

|   |             |  |       |  |
|---|-------------|--|-------|--|
| Office equipment, furnishings, and supplies                     | DESCRIPTION |  | VALUE |  |
|   |             |  |       |  |
| Machinery, fixtures, equipment, and supplies used in a business |             |  |       |  |
|   |             |  |       |  |
| Inventory   |             |  |       |  |
|   |             |  |       |  |
| Animals (for breeding & selling)                                |             |  |       |  |
|   |             |  |       |  |
| Crops: growing and harvested                                    |             |  |       |  |
|   |             |  |       |  |
| Farming equipment and implements                                |             |  |       |  |
|   |             |  |       |  |
| Farm supplies, chemicals and feed                               |             |  |       |  |
|   |             |  |       |  |
| Other property of any kind not already listed                   |             |  |       |  |
|   |             |  |       |  |

## Current Income

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:

### Debtor's Employment

What is your Occupation? \_\_\_\_\_

Name and address of your Employer: \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

### Spouse's Employment

What is your spouse's occupation? \_\_\_\_\_

Name and address of your spouse's employer: \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

My Checks are: \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Twice a Month \_\_\_\_\_ Monthly

|                                  | Debtor   | Spouse   |
|----------------------------------|----------|----------|
| Gross pay per period             | \$ _____ | \$ _____ |
| Estimated overtime pay           | \$ _____ | \$ _____ |
| <b>Deductions:</b>               |          |          |
| Payroll taxes & social security  | \$ _____ | \$ _____ |
| Insurance                        | \$ _____ | \$ _____ |
| Union dues                       | \$ _____ | \$ _____ |
| Other (specify) _____            | \$ _____ | \$ _____ |
| <b>MONTHLY INCOME FROM:</b>      |          |          |
| Alimony received                 | \$ _____ | \$ _____ |
| Government assistance (specify): |          |          |
| _ SSI _____                      | \$ _____ | \$ _____ |
| _ VA Disability _____            | \$ _____ | \$ _____ |
| Regular income-Business, farm    | \$ _____ | \$ _____ |
| Income from real property        | \$ _____ | \$ _____ |
| Interest and dividend income     | \$ _____ | \$ _____ |
| Other monthly income (specify):  |          |          |
| _ Child Support, etc. _____      | \$ _____ | \$ _____ |
| _____                            | \$ _____ | \$ _____ |

## Current Expenses

Do you and your spouse maintain separate households? No Yes. If so, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

**Indicate how much you pay for each item each month...**

- |  |          |
|--|----------|
| 1. Your rent or your home mortgage                               | \$ _____ |
| Does that amount include real estate taxes?    No    Yes         |          |
| Does it include property insurance?                    No    Yes |          |
| 2. Electricity and heating                                       | \$ _____ |
| 3. Water and sewage  | \$ _____ |
| 4. Telephone service/long distance/Cell phone bill               | \$ _____ |
| 5. Do you have any other utility bills?                          |          |
| Cable  | \$ _____ |
| Garbage Pick up  | \$ _____ |
| Security   | \$ _____ |
| Other (specify)  | \$ _____ |
| 6. Home maintenance, including repairs and general upkeep        | \$ _____ |
| 7. Food  | \$ _____ |
| 8. Clothing  | \$ _____ |
| 9. Laundry and dry cleaning                                      | \$ _____ |
| 10. Medical and dental expenses                                  | \$ _____ |
| 11. Transportation Expenses (not including car payments)         | \$ _____ |
| 12. Entertainment, recreation, newspapers, magazines             | \$ _____ |
| 13. Charitable contributions                                     | \$ _____ |
| 14. Insurance not deducted from paycheck                         |          |
| a) Homeowner's or renter's insurance                             | \$ _____ |
| b) Life insurance  | \$ _____ |
| c) Health insurance  | \$ _____ |
| d) Auto insurance  | \$ _____ |
| e) Other insurance _____   | \$ _____ |
| 15. Taxes not deducted from paycheck                             | \$ _____ |
| 16. Car/Vehicle notes (specify)                                  |          |
| _____  | \$ _____ |
| _____  | \$ _____ |
| 17. Alimony, maintenance, support paid to others                 | \$ _____ |
| 18. Payments for support of dependents not living at home        | \$ _____ |
| 19. Payments for childcare                                       | \$ _____ |
| 20. Expenses from operation of business                          | \$ _____ |
| 21. Personal Care Expenses                                       | \$ _____ |
| 22. Other expenses not listed above _____                        | \$ _____ |

# Statement of Financial Affairs

## 1. *Income from employment or operation of business*

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

| <u>Period</u> | <u>Where did you work?</u> | <u>\$ Amount</u> |
|---------------|----------------------------|------------------|
|---------------|----------------------------|------------------|

2021 to present

2020

2019

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

State the amount of income received other than from employment or operation of business during the two **years** immediately preceding the commencement of this case:

| <u>Period</u> | <u>\$ Amount</u> | <u>Source</u> | <u>Husband/Wife</u> |
|---------------|------------------|---------------|---------------------|
|---------------|------------------|---------------|---------------------|

2021 to present

2020

2019

## 3. Payments to creditors

- a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within **one year** immediately preceding the commencement of this case.

| <u>Name and Address of Creditor</u> | <u>Dates of Payments</u> | <u>Amount paid</u> | <u>Amount still owed</u> |
|-------------------------------------|--------------------------|--------------------|--------------------------|
|-------------------------------------|--------------------------|--------------------|--------------------------|

- b. List all payments made within **one year** immediately preceding the commencement of this case to creditors who were "insiders". ("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

| <u>Name and Address of Creditor<br/>and Relationship to You</u> | <u>Dates of Payments</u> | <u>Amount Paid</u> | <u>Amount Still Owed</u> |
|---|--------------------------|--------------------|--------------------------|
|---|--------------------------|--------------------|--------------------------|



4. *Suits, executions, garnishments and attachments*

- a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

| <u>Caption of Suit<br/>and Case Number</u> | <u>Nature of Proceeding</u> | <u>Court or Agency<br/>and Location</u> | <u>Status or<br/>Disposition</u> |
|--|-----------------------------|---|----------------------------------|
|--|-----------------------------|---|----------------------------------|

- b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

| <u>Name and Address of Person/Company<br/>for Whom the Property Was Seized (Creditor)</u> | <u>Date of Seizure</u> | <u>Description<br/>and Value of Property</u> |
|---|------------------------|--|
|---|------------------------|--|

5. *Repossessions, foreclosures, and returns*

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

| <u>Name and Address of Creditor</u> | <u>Date of Repossession,<br/>Foreclosure, Transfer or Return</u> | <u>Description<br/>and Value of Property</u> |
|-------------------------------------|--|--|
|-------------------------------------|--|--|

6. Assignments and receiverships

- a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

| <u>Name and Address of Assignee</u> | <u>Date of Assignment</u> | <u>Terms of Assignment/Settlement</u> |
|-------------------------------------|---------------------------|---------------------------------------|
|-------------------------------------|---------------------------|---------------------------------------|

- b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.

| <u>Name and Address<br/>of Custodian</u> | <u>Name and location of Court,<br/>Case Title and Number Order</u> | <u>Date of<br/>of Property</u> | <u>Description and Value</u> |
|--|--|--------------------------------|------------------------------|
|--|--|--------------------------------|------------------------------|

7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

|  |                                    |                         |  |
|--|------------------------------------|-------------------------|--|
| <u>Name and Address<br/>of Recipient</u> | <u>Relationship to You, if Any</u> | <u>Date<br/>of Gift</u> | <u>Description<br/>and Value of Gift</u> |
|--|------------------------------------|-------------------------|--|

8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case**.

|  |   |                     |
|--|---|---------------------|
| <u>Description and Value<br/>of Property</u> | <u>Description of Circumstances and<br/>Amount Covered by Insurance, if Any</u> | <u>Date of Loss</u> |
|--|---|---------------------|

**9. Payments related to debt counseling or bankruptcy**

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of the case.

10. Other transfers, (including sale of your property)

List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **one year** immediately preceding the commencement of this case.

|   |   |                                       |
|---|---|---------------------------------------|
| <u>Name and Address of Transferee<br/>and Relationship to you</u> | <u>Description of Property<br/>Date of Transfer</u> | <u>Transferred and Value Received</u> |
|---|---|---------------------------------------|

**11. Closed financial accounts**

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

|  |   |   |
|--|---|---|
| <u>Name and Address<br/>of Institution</u> | <u>Type and Number of<br/>Account &amp; Final Balance</u> | <u>Amount and Date<br/>of Sale or Closing</u> |
|--|---|---|

**12. Safe deposit boxes**

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

|   |   |                                    |                                     |
|---|---|------------------------------------|-------------------------------------|
| <u>Name and Address of<br/>Bank or Other Depository</u> | <u>Name and Address of those<br/>With Access to Box or Depository</u> | <u>Description<br/>of Contents</u> | <u>Date of<br/>Transfer, if Any</u> |
|---|---|------------------------------------|-------------------------------------|

13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

|                                     |                       |                         |
|-------------------------------------|-----------------------|-------------------------|
| <u>Name and Address of Creditor</u> | <u>Date of Setoff</u> | <u>Amount of Setoff</u> |
|-------------------------------------|-----------------------|-------------------------|

14. Property held for another person

List all property that you hold or control that is owned by another person.

|                                  |  |                             |
|----------------------------------|--|-----------------------------|
| <u>Name and Address of Owner</u> | <u>Description and Value of Property</u> | <u>Location of Property</u> |
|----------------------------------|--|-----------------------------|

**15. Prior address of debtor**

If you have moved within the three years immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

|                |                              |                           |
|----------------|------------------------------|---------------------------|
| <u>Address</u> | <u>Your Name at the Time</u> | <u>Dates of Occupancy</u> |
|----------------|------------------------------|---------------------------|

**16. Spouses and Former Spouses**

If you were married or divorced within the **eight-year period immediately** preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

|             |                |             |
|-------------|----------------|-------------|
| <u>Name</u> | <u>Address</u> | <u>Date</u> |
|-------------|----------------|-------------|

## List of Creditors

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

- \* If creditor is secured list date debt incurred.
- \* If debt is a credit card list date card was opened and last used.
- \* If debt is for medical services list date service was rendered.

## List of Creditors

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
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| Type of Debt                   |  |
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| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
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| City                           |  |
| State                          |  |
| Zip                            |  |
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| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
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| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
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| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
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| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

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| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

- \* If creditor is secured list date debt incurred.
- \* If debt is a credit card list date card was opened and last used.
- \* If debt is for medical services list date service was rendered.

## List of Creditors

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

|                                |  |
|--------------------------------|--|
| Creditor Name                  |  |
| Address                        |  |
| City                           |  |
| State                          |  |
| Zip                            |  |
| Type of Debt                   |  |
| Secured/Unsecured              |  |
| Account No.:                   |  |
| <b>*Date Opened/last used:</b> |  |
| Balance Owed:                  |  |
|                                |  |
| Collection Agency              |  |
| Name                           |  |
| Address                        |  |
| City                           |  |
| State, Zip                     |  |

- \* If creditor is secured list date debt incurred.
- \* If debt is a credit card list date card was opened and last used.
- \* If debt is for medical services list date service was rendered.