

QUESTIONNAIRE

YOUR FULL NAME (DEBTOR): _____
SPOUSE'S FULL NAME (JOINT DEBTOR): _____

I M P O R T A N T:

PLEASE FILL OUT THE QUESTIONNAIRE AS COMPLETELY AND NEATLY AS POSSIBLE. **DO NOT LEAVE ANY ANSWERS BLANK.** WRITE NONE OR N/A WHERE NECESSARY. IF YOU HAVE ANY QUESTIONS, THE ATTORNEY OR LEGAL ASSISTANT CAN ASSIST YOU. REMEMBER, THE MORE COMPLETE THE INFORMATION YOU PROVIDE, THE BETTER WE CAN REPRESENT YOU IN THIS MATTER.

IN ADDITION TO THIS INFORMATION, PLEASE BRING THE FOLLOWING:

1. Paycheck stubs received by you **and** your spouse/partner in the past 6 months prior to the date of filing your Bankruptcy Petition, 6 months of bank statements from all bank accounts, and any other proof of income.
 2. Copies of all lawsuits, judgments, warrants, and garnishments served on you within the past year.
 3. Copies of titles and/or registrations to any vehicle and/or vessel you are paying for, you own the title to, or your name appears on the registration for.
 4. Copy of Driver's License
 5. Copy of Social Security Card
 6. Copies of 2011, 2012 & 2013 Tax Returns
 7. Copies of any and all lease agreements, including motor vehicle leases, rent-to-own property, contracts, etc.
 8. Copies of all insurance policies including life, disability insurance, homeowners, renters, motor vehicles or any other insured assets. Be sure to include any "riders" which cover any specific items of personal property with insured values.
 9. All documents relating to retirement accounts, IRAs, 401ks, etc.
 10. Separation agreements, decrees of dissolution, divorce decrees or support obligations filed within the past one (1) year.
 11. Warranty deed for all real property, including time shares.
 12. All collection letters from creditors.
 13. If you are paying your vehicle or mortgage outside the plan, proof of the automatic deduction set up through your lender. (This option is only available if you are current with your payments to the lender.) **(CH. 13 CLIENTS ONLY)**
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PERSONAL INFORMATION

YOU (Mr. if filing together)

Mrs.

Name: _____

Social Security Number: _____

Any other names you've used in the past 8 years: _____

Street Address: _____

City, State, Zip: _____

County: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail Address: _____

How long you've lived in FL _____

How long you've been living at your current address: _____

If you have lived at your current address less than **three** years, please list your prior address(es) and dates you lived there:

Have you filed bankruptcy before? Yes No

If yes, provided the following information:

Location of the Court: _____

Case Number: _____ Date of Filing: _____

Name of Judge: _____

Was the discharge granted? Yes No

A. REAL ESTATE MORTGAGE & OTHER SECURED DEBTS

Please list here your house, trailer, land, any auto loans, furniture loans, etc. If you have listed any item as collateral to obtain a loan, this debt should be listed here.

HOMESTEAD MORTGAGE

If you have a "traditional house", or condominium, simply follow the directions below. If your house is a mobile home, trailer, or manufactured home, and there is a separate loan or mortgage on the land, the home and land must be listed separately.

Type of home: traditional home condominium
 mobile home trailer

Please write the Mortgage Company or lender's address below:

Lender: _____ Monthly Payment: _____
Address: _____ Balance Due: _____
City: _____ Value of Home: _____
State: _____ Zip: _____
Account Number: _____

List any collection agency or attorney seeking payment on this loan or mortgage:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Are you current with the payment? Yes No

If no, when did you make your last full payment? Month: _____ Year: _____

Do you want to keep your house and continue paying for it? Yes No

SECOND MORTGAGE

Lender: _____ Monthly Payment: _____
Address: _____ Balance Due: _____
City: _____ Value of Home: _____
State: _____ Zip: _____
Account Number: _____

Are you current with the payment? Yes No

If no, when did you make your last full payment? Month: _____ Year: _____

A. TIMESHARES AND OTHER NON-HOMESTEAD PROPERTY

MORTGAGE OR PROPERTY

Type of property: timeshare house vacant land condo

Please write the Mortgage Company or lender's address below:

Lender: _____
Address: _____
City: _____
State: _____ Zip: _____
Account Number: _____

Monthly Payment: _____
Balance Due: _____
Value of Property: _____

List any collection agency or attorney seeking payment on this loan or mortgage:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____

What is the address of this property?

Address _____ City _____ State _____
Zip _____

Are you current with the payment? Yes No

If no, when did you make your last full payment? Month: _____ Year: _____

Do you want to keep this property and continue paying for it? Yes No

SECOND MORTGAGE OR PROPERTY

Type of property: timeshare house vacant land

Lender: _____
Address: _____
City: _____
State: _____ Zip: _____
Account Number: _____

Monthly Payment: _____
Balance Due: _____
Value of Home: _____

If this mortgage is for a second, non-homestead property, list the property address:

Address _____ City _____ State _____ Zip _____

Are you current with the payment? Yes No

If no, when did you make your last full payment? Month: _____ Year: _____

Do you want to keep this property and continue paying for it? Yes No

B. PERSONAL PROPERTY - MOTOR VEHICLE OR BOAT LOANS

Include specific information about the model of your vehicle, including the body/style as well as the engine type. If the vehicle is paid off then mark "N/A" next to "Lender". Please list leased vehicles on page 11.

FIRST VEHICLE

Year: _____	Make: _____	Lender: _____
Model: _____		Address: _____
Miles: _____		City: _____
VIN: _____		State: _____ Zip: _____
Condition: _____		Account Number: _____
		Monthly Payment: \$ _____
		Balance Due: \$ _____
Purchase Date: _____		

Do you want to keep your vehicle and continue paying for it? Yes No

SECOND VEHICLE

Year: _____	Make: _____	Lender: _____
Model: _____		Address: _____
Miles: _____		City: _____
VIN: _____		State: _____ Zip: _____
Condition: _____		Account Number: _____
		Monthly Payment: \$ _____
		Balance Due: \$ _____
Purchase Date: _____		

Do you want to keep your vehicle and continue paying for it? Yes No

THIRD VEHICLE

Year: _____	Make: _____	Lender: _____
Model: _____		Address: _____
Miles: _____		City: _____
VIN: _____		State: _____ Zip: _____
Condition: _____		Account Number: _____
		Monthly Payment: \$ _____
		Balance Due: \$ _____
Purchase Date: _____		

Do you want to keep your vehicle and continue paying for it? Yes No

B. PERSONAL PROPERTY

Value your property at garage sale values, pawn shop values, or auction values (usually 10-20 cents on the dollar)

BANK ACCOUNTS & SAFE DEPOSIT BOX

List all bank accounts (checking and savings) that you have used in the past 2 years. (List Below) We need the name of the bank or savings & loan, brokerage, credit union or similar institutions, the address, the account number and names on each account. Include bank accounts that may have been open but are now closed. Mark each account either open or closed. State the approximate ending monthly balance for all open accounts.

FIRST ACCOUNT

Bank: _____ Name(s): _____
Street: _____ Account Number: _____
City: _____ State: _____ Zip: _____ Expected Balance at Filing: \$ _____
Is your account: Open Closed
Is your account: Savings Checking

SECOND ACCOUNT

Bank: _____ Name(s): _____
Street: _____ Account Number: _____
City: _____ State: _____ Zip: _____ Expected Balance at Filing: \$ _____
Is your account: Open Closed
Is your account: Savings Checking

THIRD ACCOUNT

Bank: _____ Name(s): _____
Street: _____ Account Number: _____
City: _____ State: _____ Zip: _____ Expected Balance at Filing: \$ _____
Is your account: Open Closed
Is your account: Savings Checking

FOURTH ACCOUNT

Bank: _____ Name(s): _____
Street: _____ Account Number: _____
City: _____ State: _____ Zip: _____ Expected Balance at Filing: \$ _____
Is your account: Open Closed
Is your account: Savings Checking

FURNITURE, APPLIANCES, HOUSEHOLD GOODS

List all the furniture, appliances and household goods you have in your home. Remember to value this property at garage sale or pawn shop prices. The average married couple has about \$500 to \$1000 in furniture, appliance and household goods.

	How Many?	Value
Living Room or Den Suite	_____	\$ _____
Dining Room Suite	_____	\$ _____
Bedroom Suite	_____	\$ _____
Television	_____	\$ _____
Stereo	_____	\$ _____
VCR/DVD	_____	\$ _____
Washer/Dryer	_____	\$ _____
Refrigerator	_____	\$ _____
Stove/Oven	_____	\$ _____
Microwave	_____	\$ _____
Computer	_____	\$ _____
Desk and Chair	_____	\$ _____
Lamps and Accessories	_____	\$ _____
Kitchen Supplies	_____	\$ _____
Tools	_____	\$ _____
Lawnmower	_____	\$ _____
Cell Phones	_____	\$ _____
	Total	\$ _____

BOOKS, PICTURES, COLLECTIONS, OR ART OBJECTS

List any books, pictures, collections or art objects you may have. Included in this section is any family album or photographs.

Misc. Books & Pictures _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

WEARING APPAREL AND JEWELRY

When you list your jewelry, do not forget to list watches, and costume jewelry. You need to list wedding bands.

Various Wearing Apparel Jewelry _____	\$ _____
Wedding Rings _____	\$ _____
_____	\$ _____
_____	\$ _____

FIREARMS, SPORTS EQUIPMENT, AND OTHER PERSONAL POSSESSIONS

Include any fishing equipment, guns, football, baseball mitt, etc.

\$ _____

\$ _____

\$ _____

INTERESTS IN INSURANCE POLICIES (CASH VALUE), AND ANNUITIES

FIRST POLICY OR INTEREST

Name of Policy: _____ Beneficiary: _____

*If insurance: whole term life

Cash value of insurance policy: \$ _____ Value of annuity: \$ _____

SECOND POLICY OR INTEREST

Name of Policy: _____ Beneficiary: _____

*If insurance: whole term life

Cash value of insurance policy: \$ _____ Value of annuity: \$ _____

STOCKS OR INTERESTS IN CORPORATIONS, PARTNERSHIPS OR BUSINESSES

Company Name:	No. of Shares:	Value:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

RETIREMENT PLANS

Generally, retirement plans are exempt from creditors. If you have any questions about whether your plan is exempt or how to classify it, bring in any documents you have regarding the plan and we will inspect them for you.

Do you have a retirement plan? Yes No **If yes:** What type of plan? _____

If married, who's account is it? _____ What is the current value? \$ _____

Do you have a 2nd retirement plan? Yes No **If yes:** What type of plan? _____

If married, who's account is it? _____ What is the current value? \$ _____

Do you have a 3rd retirement plan? Yes No **If yes:** What type of plan? _____

If married, who's account is it? _____ What is the current value? \$ _____

OFFICE EQUIPMENT, FURNISHINGS AND SUPPLIES USED IN BUSINESS

\$ _____

\$ _____

\$ _____

MACHINERY USED IN BUSINESS

\$ _____

\$ _____

\$ _____

LIVESTOCK, POULTRY, ANIMALS OR PETS (INCLUDING FAMILY PETS)

\$ _____

\$ _____

\$ _____

ANY OTHER PROPERTY NOT LISTED

\$ _____

\$ _____

CHAPTER 7 CLIENTS

IF YOU RECEIVE A TAX REFUND FOR THE YEAR IN WHICH YOU ARE FILING BANKRUPTCY, ALL, OR A PORTION, OF THE REFUND MAY BE DEEMED PROPERTY OF THE BANKRUPTCY ESTATE AND YOU MAY BE REQUIRED TO TURN OVER THE REFUND TO YOUR BANKRUPTCY TRUSTEE. DO NOT SPEND YOUR REFUND WITHOUT CONSULTING YOUR ATTORNEY.

CHAPTER 13 CLIENTS

DURING YOUR ENTIRE CHAPTER 13 CASE, ANY REFUND THAT IS DUE TO YOU WILL BE PROPERTY OF THE BANKRUPTCY ESTATE AND YOU MUST TURN OVER ALL PROCEEDS TO THE TRUSTEE UPON RECEIPT OF REFUND BY APRIL 30th OF EACH YEAR.

ALL CLIENTS

YOU MUST BE CURRENT WITH YOUR TAX FILINGS BEFORE YOUR BANKRUPTCY CASE CAN BE FILED

I/We have read and understand the above information.

Debtor

Joint Debtor

E. GOVERNMENTAL DEBTS

List all debts owed to governmental units, wages owed to employees, money owed to employee benefit plans, claims of certain farmers or fishermen, and claims by creditors for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided.

PROPERTY TAX

Tax Collector:	Year:	Amount:
Address:	Year:	Amount:
City:	Year:	Amount:
State: Zip:	Year:	Amount:
Tax Collector:	Year:	Amount:
Address:	Year:	Amount:
City:	Year:	Amount:
State: Zip:	Year:	Amount:

I.R.S. DEBTS:

Year: _____ Amount: _____

Year: _____ Amount: _____

Year: _____ Amount: _____

Year: _____ Amount: _____

CHILD SUPPORT:

Please note, we are required to obtain **all** of this information whether or not you are behind with your support payments.

State:	Recipient:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Arrearage Amount:	Phone:
State:	Recipient:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Arrearage Amount:	Phone:

G. LEASES

APARTMENT/RESIDENTIAL LEASE

Leaser: _____ Beginning Date: _____
Address: _____ Ending Date: _____
City: _____ Security Deposit: \$ _____
State: _____ Zip: _____

Do you want to stay in your residence and continue paying for it? Yes No

FIRST LEASED VEHICLE

Year: _____ Make: _____ Leaser: _____
Model: _____ Address: _____
Miles: _____ City: _____
VIN: _____ State: _____ Zip: _____
Account Number: _____
Monthly Payment: \$ _____

Do you want to keep your vehicle and continue paying for it? Yes No

SECOND LEASED VEHICLE

Year: _____ Make: _____ Leaser: _____
Model: _____ Address: _____
Miles: _____ City: _____
VIN: _____ State: _____ Zip: _____
Account Number: _____
Monthly Payment: \$ _____

Do you want to keep your vehicle and continue paying for it? Yes No

I. EMPLOYMENT AND DEPENDANT INFORMATION

IF YOU ARE MARRIED FILING ALONE, INCLUDE YOUR SPOUSE'S INFORMATION

	<u>YOU (Mr. if filing together)</u>	<u>Mrs.</u>
Employer:	_____	_____
Street Address:	_____	_____
City, State, Zip:	_____	_____
Occupation:	_____	_____
Length of time Employed:	_____	_____
2nd/Part-time Employer:	_____	_____
Street Address:	_____	_____
City, State, Zip:	_____	_____
Occupation:	_____	_____
Length of time Employed:	_____	_____

HOUSEHOLD SIZE:

How many people currently reside in your household? _____

DEPENDANTS

List all persons who are your dependants (meaning they are living with you and you are providing or at least assisting them with their expenses):

Relationship: Son: Daughter: Other: _____ Age: _____

Relationship: Son: Daughter: Other: _____ Age: _____

Relationship: Son: Daughter: Other: _____ Age: _____

Relationship: Son: Daughter: Other: _____ Age: _____

Relationship: Son: Daughter: Other: _____ Age: _____

I. STATEMENT OF MONTHLY INCOME

Income Other than from Employment:

	<u>YOU (Mr. if filing together)</u>	<u>Mrs.</u>
Alimony:	\$ _____	\$ _____
Child Support:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Disability: _____	\$ _____	\$ _____
Pension or Retirement:	\$ _____	\$ _____
Assistance from Family/Friends:	\$ _____	\$ _____
Contributions from others living in your home:	\$ _____	\$ _____
Other: <u>(ex: Rental Income)</u> _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____

J. MONTHLY ESTIMATE OF ALL EXPENSES

****Only list your spouse's expenses separately if your spouse is NOT filing.****

Round all expenses to the nearest dollar:

	<u>YOU</u>	<u>YOUR SPOUSE</u>
Rent/Mortgage Payment:	\$ _____	\$ _____
Includes Real estate taxes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Includes Property Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lot Rent	\$ _____	\$ _____
<u>Utilities:</u>		
Power (Electricity & Gas):	\$ _____	\$ _____
Water and Sewer:	\$ _____	\$ _____
Telephone (including cell):	\$ _____	\$ _____
Cable and Internet:	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Home Maintenance:	\$ _____	\$ _____
Food:	\$ _____	\$ _____
Clothing:	\$ _____	\$ _____
Laundry or Dry Cleaning:	\$ _____	\$ _____
Medical and Dental Expenses:	\$ _____	\$ _____
Transportation (Gas & Tolls):	\$ _____	\$ _____
Recreation, Clubs, Entertainment:	\$ _____	\$ _____
Charitable Contributions:	\$ _____	\$ _____
<u>Insurance (not deducted from pay or included in mortgage payment):</u>		
Homeowner's or Renter's:	\$ _____	\$ _____
Life:	\$ _____	\$ _____
Health:	\$ _____	\$ _____
Auto:	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<u>Taxes (not deducted from pay or included in mortgage payment):</u>		
Property Tax:	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<u>Installment Payments:</u>		
Auto:	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony and Support Payments:	\$ _____	\$ _____
Payments for support to additional dependants not living in your home:	\$ _____	\$ _____
Expenses from Operation of Business, Profession, or Farm:	\$ _____	\$ _____
Child Care / Day Care / ELC	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL ESTIMATED EXPENSES:	\$ _____	\$ _____

Do you anticipate a large change in your expenses in the near future? Describe the nature of the change and the amount of change in expense (\$):

STATEMENT OF FINANCIAL AFFAIRS

INCOME INFORMATION

List your GROSS income (meaning before taxes, insurance, etc. are deducted) for the following years. **We must have SEPARATE information for both you and your spouse.**

	<u>You</u>	<u>Your Spouse</u>
<u>2014 YTD</u>	\$ _____	\$ _____
<u>2013</u>	\$ _____	\$ _____
<u>2012</u>	\$ _____	\$ _____

List any income from any other source than working for the past three years (i.e., social security, unemployment, disability, rental income, retirement income, child support, etc.).

Type of Income: _____

	<u>You</u>	<u>Your Spouse</u>
<u>2014 YTD</u>	\$ _____	\$ _____
<u>2013</u>	\$ _____	\$ _____
<u>2012</u>	\$ _____	\$ _____

Type of Income: _____

	<u>You</u>	<u>Your Spouse</u>
<u>2014 YTD</u>	\$ _____	\$ _____
<u>2013</u>	\$ _____	\$ _____
<u>2012</u>	\$ _____	\$ _____

LAWSUITS AND GARNISHMENTS

Have you had any lawsuits served upon you in the past 2 years? Yes No

Are you suing anyone or have you sued anyone in the past 2 years? Yes No

Are you considering the possibility of suing anyone? Yes No

If you answered Yes to any of the above answers, provide the name(s) of the parties or persons you are either suing or being sued by:

Name: _____

Name: _____

Name: _____

Be sure to list anyone suing you on your unsecured creditor list. Please provide any legal documents, letters, or other papers relating to any lawsuits. FAILURE TO DISCLOSE POTENTIAL LAWSUITS YOU COULD BRING AGAINST ANOTHER PARTY MAY PROHIBIT YOU FROM COLLECTING ON THOSE LAWSUITS IN THE FUTURE.

Have you had any garnishments served upon you within the past year? Yes No

If you answered Yes, please provide the name of the creditor garnishing your wages, the date of the garnishment, and any documents, legal papers, or letters you received regarding the garnishment.

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Have you been involved in a divorce within the past 2 years? Yes No

If Yes, please provide a copy of the Property Settlement Agreement. If you owe anything to an ex-spouse, list the ex-spouse as an unsecured creditor.

Has any property been RETURNED by you, or REPOSSESSED by the lender in the past year? Yes No

If Yes, state the property returned or repossessed (for example, TV and VCR, grandfather clock, 1992 Dodge Caravan), to whom the property was returned, and the approximate date (month and year) the property was returned to the creditor:

Description of property:

Action Date: _____

Creditor: _____
Address: _____
City: _____
State: _____ Zip: _____

Description of property:

Action Date: _____

Creditor: _____
Address: _____
City: _____
State: _____ Zip: _____

Have you repaid any friends or relatives over \$1,000 in the last year? Yes No

If Yes, please provide their name, address, amount you paid them, and the date of payment (month/year):

Paid to: _____
Address: _____
City: _____
State: _____ Zip: _____

Amount Paid: _____
Relationship to payee: _____
Date of Payment: _____
Balance: _____

Paid to: _____
Address: _____
City: _____
State: _____ Zip: _____

Amount Paid: _____
Relationship to payee: _____
Date of Payment: _____
Balance: _____

Have you used any credit cards within **3 months** of retaining our office? Yes No

If Yes, please provide the following information:

Creditor: _____
Date(s) Charged: _____
Total Amount: _____

Creditor: _____
Date(s) Charged: _____
Total Amount: _____

Creditor: _____
Date(s) Charged: _____
Total Amount: _____

Creditor: _____
Date(s) Charged: _____
Total Amount: _____

Creditor: _____
Date(s) Charged: _____
Total Amount: _____

Creditor: _____
Date(s) Charged: _____
Total Amount: _____

Have you sold or transferred any property in the last 2 years? Yes No

If Yes, please provide a description of the property, the name of the purchaser, address, amount you received, and the date of payment (month/year):

Sold/Transferred to: _____	Amount Received: _____
Address: _____	Property: _____
City: _____	Date of Payment: _____
State: _____ Zip: _____	Relationship to you: _____

Sold/Transferred to: _____	Amount Received: _____
Address: _____	Property: _____
City: _____	Date of Payment: _____
State: _____ Zip: _____	Relationship to You: _____

Have you suffered any losses from fire, theft, gambling or natural disaster in the past 2 years? Yes No

If Yes, please provide the following information:

Cause of Loss: _____	Cause of Loss: _____
Lost Property: _____	Lost Property: _____
Value: _____	Value: _____

Cause of Loss: _____	Cause of Loss: _____
Lost Property: _____	Lost Property: _____
Value: _____	Value: _____

Did you receive any insurance proceeds from the loss? Yes No

If Yes, give the name of the insurance company and the amount you received:

Insurance Co.: _____	Amount Received: \$ _____
Insurance Co.: _____	Amount Received: \$ _____

Have you consulted any other attorney in the past 2 years? Yes No

If Yes, please provide the following information:

Attorney: _____	Date Retained: _____
Address: _____	Amount Paid: _____
City: _____	
State: _____ Zip: _____	

BUSINESS INFORMATION

If you own or have owned a business in the past six years, please provide the following information:

<u>Business Name:</u>	<u>Tax ID No.:</u>
<u>Address:</u>	<u>Nature of Business:</u>
<u>City:</u>	<u>Beginning Date of Operation:</u>
<u>State:</u> <u>Zip:</u>	<u>Ending Date of Operation:</u>
<u>Business Name:</u>	<u>Tax ID No.:</u>
<u>Address:</u>	<u>Nature of Business:</u>
<u>City:</u>	<u>Beginning Date of Operation:</u>
<u>State:</u> <u>Zip:</u>	<u>Ending Date of Operation:</u>

BUSINESS INCOME AND EXPENSES

Gross Business Income for 12 Months Prior to Filing:	\$ _____
Estimated Average Future Gross Monthly Income:	\$ _____
<u>Estimated Future Monthly Expenses:</u>	
Net Employee Payroll (other than yourself):	\$ _____
Payroll Taxes:	\$ _____
Unemployment Taxes:	\$ _____
Worker's Compensation:	\$ _____
Other Taxes:	\$ _____
Inventory Purchases (including raw materials):	\$ _____
Purchase of Feed/Fertilizer/Seed/Spray:	\$ _____
Rent (other than your residence):	\$ _____
Utilities:	\$ _____
Office Expenses and Supplies:	\$ _____
Repairs and Maintenance:	\$ _____
Vehicle Expenses:	\$ _____
Travel and Entertainment:	\$ _____
Equipment Rental and Leases:	\$ _____
Legal/Accounting/Other Professional Fees:	\$ _____
Insurance:	\$ _____
Employee Benefits:	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Total Monthly Business Expenses:	\$ _____
Estimated Average Net Monthly Income (gross income less expenses):	\$ _____

Disclosure Declaration

I declare under penalty of perjury that the information provided is true and correct and that I have answered all questions to the best of my knowledge, information, and belief. If it is discovered that I have failed to disclose any and all of my assets or any requested information to my attorney, I understand that I may be liable for additional attorney's fees and my bankruptcy may be denied.

Date _____

DEBTOR

Date _____

JOINT DEBTOR

Date _____

FOR CAMILLE SEBRETH, ESQ.