

PLEASE ATTACH THE FOLLOWING TO THIS PAPERWORK WHEN YOU PROVIDE IT:

- Proof (paycheck stubs, etc.) of **ALL** income received in the past 6 months (this includes social security, unemployment, retirement, disability, and withdrawals from retirement plans or IRA accounts). We will need these until your case is filed with the Court, so please continue to provide us with your paycheck stubs (and proof of other income) as you receive them
- County tax assessment for each vehicle, mobile home, house, or any other taxable property for which you receive a tax bill
- Proof of insurance (copy of your insurance card is OK) for your house, mobile home, and/or each vehicle
- Tax returns for the previous 2 years, **including W2 or 1099 form and all schedules** (indicate here if returns were not required, and why: _____

- Do you believe you will receive an income tax refund this year (federal and state)?
Yes No If so, how much? _____ If you already received an income tax refund this year, when did you get it and how much did you receive? _____

- Most recent mortgage statement
- Vehicle identification number for each of your vehicles
- If you are filing a Chapter 7 case: we need copies of your bank statements for the past 6 months for **ALL** accounts with your name on it
- Credit counseling certificate (can wait until just before we file your case)
- Please bring your driver's license (or other photo ID) and social security card to your meeting with the paralegal or attorney. If mailing this paperwork, please include copies of your driver's license and social security card**
- Questions: _____

Section 1 * General Information

Part A. Name and Address

Name: _____
 Last First Middle (no initials)
Telephone Number Home _____ Work _____ Cell _____
Email: _____ Do you want court notification to your email? Yes No
Have you used any other names in the past six years? No Yes **If yes, list other names:** _____
Social Security Number _____ - _____ - _____

Address: _____
City: _____ State: _____ Zip: _____ County: _____
Have you lived at this address for at least 90 days? No Yes
Have you lived at this address for at least 2 years? No Yes
If you answered "No" to either of the questions above, please list your previous address:
Address: _____
City: _____ State: _____ Zip: _____ County: _____

If you have a different mailing address, please list:
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____

Part B. Name and Address of Spouse

Please complete whether your spouse is filing or not.

Name: _____
 Last First Middle (no initials)
Has your spouse used any other names in the past six years? No Yes **If yes, list other names:** _____
Social Security Number _____ - _____ - _____

Address (if different from address above): _____
City: _____ State: _____ Zip: _____ County: _____

If your spouse has a different mailing address, please list:
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____

Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you in the last 10 years? No Yes
If yes, in what state was it filed? _____
Case Number: _____ Date filed: _____
Are you, your business, your spouse, or your spouse's business currently involved in any bankruptcy cases? No Yes
If yes, name of Debtor: _____
Relationship to you: _____

Case Number: Date file: Judge:
In what state was it filed?

Do you own or have possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes (If yes, we will need to discuss this with you.

If you rent your home, has there been any litigation between you and your present landlord? No Yes:

Section 2 * Property

Part A. Real Estate (Schedule A)

List all real estate which you own or are a joint owner of, even if you still owe money on the property, **including timeshares** – for timeshares, please indicate where the timeshare is located and week(s) you own.

If you own land with a mobile home, please indicate the size of the land and the year, make, dimensions, and model of the mobile home.

If you own a mobile home and do not own the land on which it sits, please put the mobile home information in Part B. Personal Property

Address, market value, and description of property	Owned by Husband, Wife, or Jointly	Your % ownership, if you and spouse are not sole owners	List all mortgages, home equity loans, judgments, and liens: What is the payoff of the loan, lien, or mortgage? What is your monthly payment? Attach statement, if available.

Part B. Personal Property (Schedule B) – yard sale value

For each type of property listed below, indicate whether you own any property in that category, and, if you do, fill in the remaining information. You can think of the value as resale value. Please also indicate who owns it – husband (H), wife (W), joint (J) for husband and wife. If you are married, we will assume all items listed are joint unless otherwise indicated. If you are not married, please indicate if anything you own listed here is also owned with anyone else, and put their name and relation to you.

Type of Property	Check if None	Description & Location	Husband, Wife, or Joint	Value of Item(s)
Cash on hand, for now, please estimate. We will need an updated amount closer to filing				
Checking/Savings Account, certificates of deposit, other bank accounts – please indicate the balances in each account (need an update on the day you file)				
Security deposits held by utility companies, landlord				
Household goods, furniture, including audio, video, and computer equipment – please place an “X” next to those items you own and indicate what you could resell it for, in present condition		Do you own:		Value
		Kitchenware items		
		Stove		
		Refrigerator		
		Freezer		
		Washing machine		
		Dryer		
		Living room furn.		
		Bedroom furn. (How many sets?)		
		Dining room furn.		
		Lawn furn.		
		TV, VCR, DVD (incl. number)		
		Stereo/radio/other electrical		
		Musical instruments		
		Lawn mower		
		Yard tools		
Computer				
Vacuum Cleaner				

Type of Property	Check if None	Description & Location	Husband, Wife, or Joint	Value of Item(s)
Books, pictures, art objects, records, compact discs, collectibles – please indicate what you could resell it for, in present condition				
Clothing – please indicate what you could resell it for, in present condition				
Furs and jewelry – please indicate what you could resell it for, in present condition				
Sports, photographic, hobby equipment, firearms – please indicate what you could resell it for, in present condition				
Interest in life insurance policies: specify refund or cancellation value. Please list the name of the company, whether it's a whole or term policy, and the cash value, if any				
Annuities – please list name of company				
Interests in IRAs, including an educational accounts – please indicate where the IRA is located and the balance				
Interests in pension or profit sharing plans, including 401(K) retirement plans and state retirement plans – please indicate the amount, and the type of plan				

Type of Property	Check if None	Description & Location	Husband, Wife, or Joint	Value of Item(s)
Stock (list the number of shares, type of stock, and its value) and interests in businesses (incorporated/sole proprietorship)				
Interests in partnerships/joint ventures				
Bonds – including US Savings Bonds				
Accounts receivable – money owed you) through business or for any reason				
Past due alimony/child support which is owed to you				
Other debts owed to you, including tax refunds				
Equitable or future interests or life estates				
Interests in estate of decedent or life insurance plan or trust				
Other claims you might have, including tax refunds, counterclaims				
Patents, copyrights, other intellectual property, including websites				
Licenses, franchises				
Customer List or other compilation				
Mobile homes – please indicate the width & length of the mobile home		Year Manufacturer Size		
Aircraft and accessories				
Animals, including domestic pets				

<p>Automobiles, trucks, trailers, and accessories. List all vehicles in your name, even if co-signed for someone else.</p>		<p>Year Make Model Mileage 1) 2) VIN # 1) 2) Year Make Model Mileage 1) 2) VIN # 1) 2) Year Make Model Mileage 1) 2) VIN # 1) 2) Year Make Model Mileage 1) 2) VIN# 1) 2)</p>		
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Boats, motors, & accessories (including boat trailers). Please give the year, make, & model of the boat & motor, & a description of the trailer		Year	Make	Model		
Office equipment & supplies: please indicate what you could resell it for, in present condition, not replacement cost						
Inventory (business)						
Crops (growing or harvested); farming equipment and implements; farm supplies; chemicals; feed						
Other personal property of any kind, not listed above						

Section 3 * Unexpired Leases and Contracts

List below any leases or other contracts that you are a party to. Include residential, car, business, and service leases.

Nature (type) & Description of Contract	Name & Address of Other Party or Creditor	Date Contract Expires

Section 4 * Current Income

If married, complete Parts A AND B, whether filing alone or jointly.

Marital Status: Married Single Divorced Separated Widowed

List all dependents of you and your spouse, their ages, & their relationship to you:		
Name	Age	Relationship

Part A. Debtor's Income

(Please attach a copy of your paycheck stub)

1. What is your occupation? _____
2. Name & address of your employer:

3. How long employed there? _____
4. How often do you get paid? weekly
 every two weeks twice a month
 once a month other: _____
5. Paycheck breakdown:
Amount of gross pay \$ _____
Less deductions:
Taxes/social security \$ _____
Insurance \$ _____
Retirement \$ _____
Savings account \$ _____
Charity \$ _____
Uniforms \$ _____
Union dues \$ _____
Net pay (take home pay) \$ _____

Other monthly income:
a) income from business operations outside of your regular paycheck listed above – please list average monthly income here, and ask for the business questionnaire \$ _____
b) income from real estate property \$ _____
c) interest or dividends \$ _____
d) alimony or child support \$ _____
e) social security income \$ _____
f) retirement or pension income \$ _____
g) unemployment per week \$ _____
h) commissions or bonuses \$ _____
Describe all other sources of income not listed including part time work:
Is there any reason why the information you've provided doesn't fully disclose your current income or the income you expect in the months ahead?

Part B. Joint Debtor's (Spouse) Income

(Please attach a copy of your paycheck stub)

1. What is your occupation? _____
2. Name & address of your employer:

3. How long employed there? _____
4. How often do you get paid? weekly
 every two weeks twice a month
 once a month other: _____
5. Paycheck breakdown:
Amount of gross pay \$ _____
Less deductions:
Taxes/social security \$ _____
Insurance \$ _____
Retirement \$ _____
Savings account \$ _____
Charity \$ _____
Uniforms \$ _____
Union dues \$ _____
Net pay (take home pay) \$ _____

Other monthly income:
a) income from business operations outside of your regular paycheck listed above – please list average monthly income here, and ask for the business questionnaire \$ _____
b) income from real estate property \$ _____
c) interest or dividends \$ _____
d) alimony or child support \$ _____
e) social security income \$ _____
f) retirement or pension income \$ _____
g) unemployment per week \$ _____
h) commissions or bonuses \$ _____
Describe all other sources of income not listed including part time work:

Section 5 * 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 If no, how much are your real estate taxes per year? \$ _____
Does it include property insurance? No Yes
Lot rent (if applicable) \$ _____
Homeowner association dues \$ _____
- 2. Electricity and heating \$ _____
- 3. Water and sewage \$ _____
- 4. Telephone service/long distance \$ _____
- 5. Do you have any other utility bills (cable, satellite service, cell phones, internet service, home security systems, pest control, etc.)? If so, what, and how much per month?
Please indicate each expense separately:
_____ \$ _____
_____ \$ _____
_____ \$ _____
- 6. Home maintenance, including repairs and general upkeep \$ _____
- 7. Food \$ _____
- 8. Clothing \$ _____
- 9. Laundry and dry cleaning \$ _____
- 10. Medical and dental expenses \$ _____
- 11. Transportation (gasoline/maintenance, not including car pymt) \$ _____
- 12. Entertainment, recreation, newspapers, magazines \$ _____
- 13. Charitable contributions (if to a church, indicate church name) \$ _____
- 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 (describe) _____ \$ _____
- 15. Property taxes (mobile home, vehicle, boat, etc.) \$ _____
- 16. Installment payments for car, furniture, etc. (list creditor name) \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
- 17. Alimony, maintenance, and support paid to others \$ _____

- 18. Payments for support of dependents not living at home \$ _____
- 19. Expenses from operation of business \$ _____
- Additional expenses:**
- 20. Mandatory payroll deduction _____ \$ _____
 _____ \$ _____
 _____ \$ _____
- 21. Court ordered payments not already listed _____ \$ _____
 _____ \$ _____
 _____ \$ _____
- 22. Education necessary to maintain employment \$ _____
- 23. Education for a physically or mentally challenged child \$ _____
- 24. Childcare \$ _____
- 25. Disability insurance (if not listed on line 14) \$ _____
- 26. Health savings accounts \$ _____
- 27. Care for elderly, chronically ill, or disabled family members \$ _____
- 28. Education expenses for your children under 18 \$ _____
- 29. Non-mandatory contributions to retirement accounts (inc loans) \$ _____
 _____ \$ _____
 _____ \$ _____
- 30. Other expenses not listed above (please specify):
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

How many people live in your household, including yourself?
 Please list their names, ages, and their relation to you:

Section 6 * Statement of Financial Affairs

Please provide information regarding you and your spouse – you must provide information about your spouse even if he/she is not filing, unless you are living in separate households. If you are single or divorced, please excuse our use of “husband/wife” and fill in the information only once. Please keep in mind that we will be preparing the Court papers from this information, so if **anything changes from this date forward**, you must notify us.

IF YOU ANSWER “YES” TO ANY QUESTIONS, PLEASE GIVE AN EXPLANATION

1. Did you receive any income from any job (employment) or from operation of a business during the last **two years**? Yes No If yes, please fill out the chart below (if filing alone, please fill in the information only once). If more than one job, please list each job amount earned as a separate figure:

Period	Amount earned during that period		Name of company(ies) earned from
January 1, THIS YEAR – today’s date	Husband		
	Wife		
Last year	Husband		
	Wife		
2 years ago	Husband		
	Wife		

2. Did you receive any income from any other source (including social security, retirement, child support, rental income, unemployment, etc.) during the last **two years**? Yes No If yes, please use either the table above to specify, or write in the information here: _____

3. A. Did you make any payments (not including regular monthly payments) of more than \$600 to any creditor within the last 90 days? Yes No

Name & Address of Creditor	Date(s) of Payment(s)	Amount Paid	Amount Still Owed

B. Did you make any payments or other transfers, more than \$5,000, to any creditor in the last 90 days? Yes No

Name & Address of Creditor	Date(s) of Payment(s)	Amount Paid	Amount Still Owed

C. Did you make any payments to any relatives, business partners, or other “insiders” within the last year (“insiders” include your relatives or other people with a special relationship with you)? Yes No

Name & address of creditor & relationship to you	Date(s) of Payment(s)	Amount Paid	Amount Still Owed

D. Did you make any payments for any tax debt on any credit card at any time (tax debt includes debts to both federal and state government entities)? Yes No

Name of tax creditor	Date(s) of Payment(s)	Amount Paid	Amount Still Owed

4. A. Have you been sued or been part of any lawsuit (including suing someone else), in any court, for any reason, within the last **year**? Yes No

B. Have you had any money/property/asset/item which was garnished, seized, or attached within the last **year**? Yes No

If you answered “yes” to *either* question (4A or B) above, you must provide us with a copy of the lawsuit paperwork, so that we can ensure that you are fully protected, and please provide the information below:

Creditor (or other) who brought lawsuit	Type of lawsuit (circle one)	Court or place suit brought	Result (circle one)
	foreclosure/repossession/ personal injury/workers compensation/social security/other		settled/still pending/waiting for hearing/judgment/ other
	foreclosure/repossession/ personal injury/workers compensation/social security/other		settled/still pending/waiting for hearing/judgment/ other

5. Have you had any money/property/asset/item which was repossessed or foreclosed within the last year? Yes No If yes, you must provide us with a copy of any paperwork you have received. Please also provide the information below:

Description of asset (year, make & model, if car)	When was asset/item taken?	Name and address of creditor

6. A. Have you sold, given away, mortgaged, or otherwise disposed of any asset/item to anyone within the last **six years**? Yes No If yes, please fill in the chart below. PLEASE NOTE: If you plan to sell/give away anything after today, you must notify us before you do so.

What did you sell or transfer (description)	Who did you sell it to (name, address, relationship)	How much did you receive for the sale	When was it sold

- B. Has a court appointed a custodian, receiver, or any other official over your assets within the last **year**? Yes No

7. A. Have you made any gifts of more than \$200 total to any one person in the last **year**? Yes No

- B. Have you made any charitable contributions to any one church or other charitable institution of more than \$100 in the last **year**? Yes No

If you answered “yes” to *either* question (7A or B) above, please explain below:

Recipient	How much did you give (total amount in last year)	When/how often did you give (monthly/weekly/once)

8. Have you had any losses from fire, theft, gambling, or other casualty within the last **year**? Yes No

9. A. Have you made any payments related to debt counseling or bankruptcy, *other than to this firm*, within the last **year**? Yes No

B. Did you pay the attorney fees for this case with your own money? Yes No If no, please tell us who has or will be helping you: _____

10. Do you have a domestic support obligation (child support, alimony)? Yes No If yes, please provide the name, address, and phone number of the recipient:

Public/governmental agency (name and address) charged with collecting domestic support obligation: _____

11. A. Did you close, sell, or otherwise change any accounts (savings, checking, IRAs, stocks, CDs, 401(K)s, annuities, etc.) within the last **year**? Yes No If yes, please explain below:

Name of bank/financial institution/stock and address	Type of account (circle one)	Account number	Final balance (before closing/sale)	Date of account closing or sale (when)
	savings/checking/ IRA/stock/CD/ 401(K)/annuity/other			
	savings/checking/ IRA/stock/CD/ 401(K)/annuity/other			

B. Did you transfer any property to a self-settled trust or a similar device, of which you are the beneficiary, within the last **ten years**? Yes No If yes, please explain:

12. Do you have any safe deposit boxes or any other depository in which you have had anything of value within the last **year**? Yes No

13. Has any creditor, including a bank, taken money from any account or has a tax refund been intercepted within the last **six months**? Yes No

14. Are you holding, storing, or using any asset/item/property which is owned by another person (including using someone else's car)? Yes No If yes, please tell us what and the name of the owner: _____

15. A. Have you lived at the same address for the last **three years**? Yes No

B. Have you used any other address for a creditor within the last **three years**?
 Yes No

If you answered “yes” to *either* question (15A or B) above, please explain below:

Address	Name used (if separate from spouse)	Dates you were there/used the address

16. A. Have you resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the last **eight years**? Yes No

B. If yes, were you married before or during that time? Yes No

17. A. Have you ever been contacted in any way (in writing, as an employee or owner, business or personal) by a governmental agency and told that you or your business may be liable or potentially liable under or in violation of an Environmental Law; contacted or provided notice to a governmental agency of a release of Hazardous Material; or been any part of a proceeding, including settlements or orders, brought under any Environmental Law? Yes No

18. A. Have you been an officer, director, managing executive, or owner of more than 5% of the voting securities of any business within the last **six years**? Yes No

B. Have you been a partner, other than a limited partner, of a partnership within the last **six years**? Yes No

C. Have you been a sole proprietor (owner of a business), or otherwise self-employed within the last **six years**? Yes No

Section 7 * Debts

Please list **ALL** of your debts, including those you intend to keep paying. Also include debts owed to the Internal Revenue Service and South Carolina Department of Revenue, if applicable, indicating the year(s) for which these taxes are owed.

Name & address of Creditor (correspondence address), account numbers & balances owed	Name & address of any co-signer on the account	Type of Debt (circle one)	Items purchased/cash advance: WHEN DID YOU OPEN ACCOUNT?
1.		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	
Account no:			
Balance:			
2.		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	
Account no:			
Balance:			
3.		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	
Account no:			
Balance:			
4.		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	
Account no:			
Balance:			

Please list **ALL** of your debts, including those you intend to keep paying. Also include debts owed to the Internal Revenue Service and South Carolina Department of Revenue, if applicable, indicating the year(s) for which these taxes are owed.

Name & address of Creditor (correspondence address), account numbers & balances owed	Name & address of any co-signer on the account	Type of Debt (circle one)	Items purchased/cash advance: WHEN DID YOU OPEN ACCOUNT?
5. Account no: Balance:		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	
6. Account no: Balance:		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	
7. Account no: Balance:		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	
8. Account no: Balance:		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	

Please list **ALL** of your debts, including those you intend to keep paying. Also include debts owed to the Internal Revenue Service and South Carolina Department of Revenue, if applicable, indicating the year(s) for which these taxes are owed.

Name & address of Creditor (correspondence address), account numbers & balances owed	Name & address of any co-signer on the account	Type of Debt (circle one)	Items purchased/cash advance: WHEN DID YOU OPEN ACCOUNT?
9. Account no: Balance:		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	
10. Account no: Balance:		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	
11. Account no: Balance:		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	
12. Account no: Balance:		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	

Please list **ALL** of your debts, including those you intend to keep paying. Also include debts owed to the Internal Revenue Service and South Carolina Department of Revenue, if applicable, indicating the year(s) for which these taxes are owed.

Name & address of Creditor (correspondence address), account numbers & balances owed	Name & address of any co-signer on the account	Type of Debt (circle one)	Items purchased/cash advance: WHEN DID YOU OPEN ACCOUNT?
13. Account no: Balance:		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	
14. Account no: Balance:		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	
15. Account no: Balance:		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	
16. Account no: Balance:		Mortgage, Car Loan, Bank Loan, Personal Loan, Student Loan, Credit Card, Medical Bill, Unpaid Rent, Unpaid Taxes, Unpaid Alimony or Child Support, Other	