2026 PACKET CHECKLIST

	Take the Credit Counseling Class
	2024 & 2025 Tax Returns
	Six (6) Months of Paycheck Stubs – Individual Filing. ***If filing jointly or individually, but are married, Six (6) Months of Paystubs from BOTH spouses is required.***
	Make sure all creditors have complete Names, Addresses, Account Numbers and Amount owed.
	Two forms of identification is required. One must be a photo ID such as a Drivers License/State ID Card or Passport. The other MUST be your Social Security Card.
	I acknowledge that failure to provide completed information will delay my case being filed until provided.
	It is my responsibility to check and verify all creditors that have a lien against my real property up and until the date my bankruptcy is filed with the U.S. Bankruptcy Court. Title searches of real estate are not included, but may be provided for additional fees.

ATTENTION

1. **Please make sure to complete each line. Section in the packet (if not applicable, indicate N/A).**

2. **Attach all required documents in order to assure your Petition is processed without DELAY!**

3. **You MUST have completed the 1st credit counseling course before we can upload the petition.**

Bankruptcy Counseling Requirements

In order to file for bankruptcy relief, *two* courses are required!

FIRST COURSE: You must complete the **pre-file counseling course** and have a certificate ***before Wilson Law Offices can file your case.***

SECOND COURSE: You must complete the **pre-discharge counseling course *within 45 days of attending your Meeting of Creditors.***

RECOMMENDED CREDIT COUNSELING AGENCY TO CONTACT:

www.DebtHelper.com

In order to receive the discounted fees
for the courses, please use our exclusive
Wilson Law Offices

ATTORNEY CODE: TN0248

By Internet: To begin, go to *www.debthelper.com*
$24 for the first course and $14 for the second course

By Phone: To begin, call 800-920-2262
$44 for the first course and $44 for the second course

Have Questions? Call 1-800-920-2262

FAILURE TO COMPLETE THE SECOND COURSE AND PROVIDE WILSON LAW OFFICES WITH THE CERTIFICATE WILL CAUSE YOUR CASE TO BE CLOSED WITHOUT A DISCHARGE OF YOUR DEBTS.

Our Fax Number: (931) 684-6442
Our Email Address: bankruptcy@wilsonhayneslawfirm.com

Credit Card Management Services, Inc. is approved to issue certificates of completion of credit counseling and/or debtor education in compliance with the Bankruptcy Code. Approval does not endorse or assure the quality of a provider's service.

Revised: 12.17.13

IMPORTANT NOTICE

If you own property, please state whether this property is scheduled for foreclosure:

____________YES   __________NO

If yes, please give date foreclosure is set: _____________________

Please provide this firm with a copy of the Notice of Foreclosure.

_________Foreclosure notice attached

I/we acknowledge that if I/we have not signed the Final Chapter 13 Petition within 14 days from the date this Notice was signed, I/we will resubmit updated information before the final bankruptcy petition is filed.

I/we acknowledge that if there is a foreclosure sale set, I will contact the office of C. Kelly Wilson 24 hours prior to the foreclosure to confirm that it has been cancelled.

DATED: ___________   _________________________________
CLIENT

DATED: ___________   _________________________________
CLIENT

The Wilson Law Firm
C. Kelly Wilson
Austin K. Wilson

100 Public Square East
P.O Box 103
Shelbyville, TN 37162

Dear Clients,
The attached information will assist you in deciding whether or not this is a course of action you need to take. Please read the information attached and fill out the questionnaire completely. We have to have current amounts owed, monthly payment, complete addresses and phone numbers. If this information is not filled out completely, we will be unable to complete your bankruptcy.

The court filing fees, administrative cost, and attorney fees are as follows:

Chapter 7	Attorney Fee	$1500.00
	Filing Fee	$388.00
	Administrative Fee	$12.00
	Total	$1900.00

Prior to filing you must pay $950.00 representing the required filing fee, administrative cost, and ½ Attorney fee. The balance of $950.00 Attorney fee is due prior to your court date.

Chapter 13 Filing Fee	$313.00
Attorney Fee (to be paid through the plan)	$4,500.00
Administrative Fees (copies and postage)	$37.00
Total	$4850.00

You must pay the $350.00 Filing fee and administration fees up front. Attorney fees are included in the Chapter 13 Plan. If you can not pay the $350.00 up front, we can ask the court for fees to be paid by installments through the plan. You would have to pay the $37.00 up front.

All filing fees are due upon receipt of the Bankruptcy Packet. Chapter 13 Attorney Fees are paid through the Plan, and the Chapter 13 Bankruptcy may be filed upon receipt of the $313.00 for filing fee or $37.00 for Administrative Fees.

Chapter 7 Attorney Fees are to be paid in full by the time the client appears at the Meeting of Creditors. This can be paid in one lump sum or can be paid in two payments, $950.00 at the time of filing and the other $950.00, before the Meeting of Creditors.

Please contact the Register of Deeds office regarding liens on your property and contact the City and or County regarding property taxes due.

I look forward to assisting you with your decisions. If I can be of further assistance, please contact my office.

Sincerely,

C. Kelly Wilson

The Wilson Law Firm

C. KELLY WILSON
AUSTIN K. WILSON

100 PUBDIC SQUABE EAST
P.O. BOX 103
S **HELBYVILLE,** TENNES GE£'
37162

Telephone: 931-694-5424
Fax: 931-6846442

CONSULTATION AGREEMENT
AND
ACKNOWLEDGM**ENT** OF **RECEIPT OF DIS**CL**OSURES AND**
INSTRUCTI ONE

This Agreement is entered into on this the ______day of ____________________________, 20__, by and between (hereinafter referred to as "Client" whether one or more) and C. **KELLY WILSON** (hereinafter referred to as "Attorney").

Client has requested the opportunity to consult with and obtain information and advice from Attorney obtaining relief from debts, including relief from debts by filing bankruptcy under the United States Bankruptcy Code. This agreement is for purposes of that consultation only. If at the end of the initial consultation, the parties agree that Attorney is to provide any additional services short of being retained to file a bankruptcy, the parties shall attach an addendum to this contact setting forth the ad‹Jitiona1 services Attorney is to provide to Client, the obligations of Client, and Attorney's fees for such services. If Client retains Attorney to file a bankruptcy, the parties shall execute a separate contract setting forth the fees and other terms of such representations. With respect to the consultation, the parties agree as follows:

____
Client's initials

1. There is no fee for the initial consultation.
2. Attorney shall provide the client with the following services:

   a. Analyze the client's financial circumstances based on the information provided by Client.
   b. To the extent possible, based on the information provided by Client, advise Client of Client's bankruptcy options and non-bankruptcy options.
   c. If Client has not provided Attorney with sufficient information upon which to fully advise Client on Client's options, Attorney will inform Client what information Client needs to provide to enable Attorney to provide such advice and information.
   d. Advise Client of the requirements placed upon Client to file a Chapter 7 or 13 bankruptcy.
   e To the extent possible, quote Client an estimated fee for Attorney's services to provide bankruptcy assistance or other legal services to Client.

3. Client acknowledges that the first date upon which Attorney has first offered to provide any bankruptcy assistance service is this date, and that Attorney provided Client with the required disclosures pursuant to 11 USC §527(a), (b), and (c), copies of which are attached to this Consultation Agreement.

Date: ________________ Attorney: ____

Date: ________________ Client: ____

REQUIRED DISCLOSURES PURSUANT TO 11 U.S.C. §527(a)

_________ All information that I am required to provide with a Petition and thereafter during my bankruptcy case is required to be complete, accurate and truthful.

_________ All of my assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case, and the replacement value of each asset as defined in Section 506 must be stated in those documents where requested after reasonable inquiry to establish such value.

_________ Current monthly income, the amounts specified in Section 707(b)(2), and in a case under Chapter 13 of this title, disposable income (determined in accordance with Section 707(b)(2)), are required to be stated after reasonable inquiry.

_________ Information that I provide during my case may be audited pursuant to this title, and that failure to provide such information may result in dismissal of the case under this title or other sanction, including criminal sanctions.

CERTIFICATION BY DEBTOR

I certify that i have received these instructions and have responded to the questions herein truthfully, accurately and completely.

____
NAME

____
DATE

NOTE: After reading each instruction, *please* gather the appropriate documentation and initial in the blank.

Statement Mandated by Section 527(b) of the Bankruptcy Code.

REQUIRED TO BE PROVIDED UNDER THE BANKRUPTCY CODE

____________________ You must list and value each of your assets at its replacement value of such asset after reasonable inquiring to establish such value. For assets securing a loan, the replacement value means the replacement value of the date of the filing of the bankruptcy without deduction for costs of sale or marketing. With respect to property acquired for personal, family, or household purposes, replacement value means the price a retail merchant would charge for property of that kind considering the age and condition of the property at the time value is determined.

____________________ You must state your current monthly income which is calculated as the average of the last full six months of your gross wages. Excluded from this amount will be certain governmental benefits and support payments.

____________________ In determining whether or not you qualify for Chapter 7 relief or to calculate the amount required to pay to your creditors in a Chapter 13 case, from your current monthly income, you are allowed to deduct certain allowances for housing, transportation, food, and certain other allowable living expenses. These amounts are based on your income level and family size and are derived from the standards Formulated by the Internal Revenue Service.

____________________ You must list for the court the name, address, account number and balance for each of your creditors. This includes everyone, even family members, who you owe – even if it is a debt you *will still owe* at the *conclusion* of your bankruptcy case. The appropriate address will be the correspondence address listed at least twice on two communications you have received from your creditor in the past 90 days. The balance owed will be the most recent balance listed on your most recent statement.

____________________ Certain property that you own may be exempt from creditors. To determine what property is exempt and how much the exemption is, it will be necessary for you to advise of your current and past address(es) for the past 2.5 years. Your residency will dictate what your allowable exemptions are.

CERTIFICATION BY DEBTOR

I certify that I have received these instructions and have responded to the questions herein truthfully, accurately and completely.

____

NAME

____

DATE

NOTE: After reading each instruction, please gather the appropriate documentation and initio/ *in the blank.*

SCHEDULE A: CHECKLIST OF INFORMATION TO BE PROVIDED

	Copy of last tax return (1040, 1040A, etc.) Filed.
	Last 6 months of check stubs from employer.
	Briefing certificates from an approved credit counseling provider. We will provide you with a pamphlet with instructions to secure your certificates. There are 2 parts to the counseling requirement- a prefiling certificate and a pre-discharge certificate. At the conclusion of each session, they will provide us with the certificates to file with the court as proof that you completed this requirement.
	Recent credit report to help fill out your creditor's information in packet. By obtaining a copy of your credit report, this will ensure that you have included all creditors in your bankruptcy. But creditors are not required to report to the credit bureaus (This may be obtained free of charge by visiting www.annualcreditreport.com)
	Copies of all deeds for every real estate transaction for the past 10 years.
	Copies of all divorce and or child support orders.
	Verified statement from child support office that there are no arrear or statement of the correct amount of child support arrears.
	Copies of all contracts or loan documents for vehicles, homes and any other secured debt.
	Documentation of all educational IRAs or Stat Tuition Program accounts.
	Proof of Insurance for vehicles, homes and any other property for which you owe money.
	Two forms of identification showing current address. One must be a photo ID such as a driver's license or Passport. The other must be a social security card or W2 with full social security number.
	Most recent property tax card.
	Budget (form included in this packet.)

I understand that these documents are required for the attorney to adequately inform me of my bankruptcy and non-bankruptcy options and for filing of a bankruptcy petition.

DATE: ________________ NAME: __________________________________

PRE-FILING DEBT COUNSELING REQUIREMENT:

You are not eligible to file a bankruptcy unless you receive an individual or group briefing from an approved non-profit budget and counseling agency. The briefing must outline your opportunities for available credit counseling and assist you in performing a related budget analysis. It must occur within 180 days prior to the filing of your bankruptcy. It can take place over the telephone or Internet. If you have not yet received the counseling, you will need to do before filing.

For your convenience, we will provide you with the information for a counseling agency. The brochure will provide you will an attorney code that will allow you full access to your counseling session. The company will ema il your certificate to us directly.

Upon completion of your counseling you will be provided with a certificate of completion and forms showing budgets and plans that were formulated specifically for you.

Of course you may choose to do your counseling through another agency of your choosing, we are providing this to you for your convenience. Should you choose another approved agency, you will be responsible for providing us with a copy of your counseling certificate.

CERTIFICATION OF DEBTOR

! certify that I have read the Pre-filing Debt Counseling requirements, and I understand that I must complete my credit counseling before my bankruptcy petition can be filed.

Debtor	Date
Debtor	Date

"PRE-DISCHARGE" PERSONAL FINANCIAL MANAGEMENT REQUIREMENT:

_________ You are not eligible for a discharge under a Chapter 7 or a Chapter 13 unless you complete a personal financial *management* course. If *you are* in a Chapter 7, *this course must* be completed no later than 45 days following your Meeting of Creditors. If you are in a Chapter 13, you must complete this course prior to making your last payment.

_________ For your convenience we have joined Debthelper.com. The charge for the pre-discharge financial management course is fourteen ($14.00) if completed online.

_________ Once you have successfully completed this course, you will receive certificate that we must *provide* to *the* Court *as* proof of completion of this requirement.

_________ If you have filed a joint bankruptcy each Debtor must complete their own financial management course, however, you will only be charged 1 time per household, if you use the agency we have provided.

_________ Of course you may choose to do your pre-discharge financial management course through any approved organization. If you choose to do so you will be responsible for providing us with a copy of your certificate(s) for filing with the Court.

_________ If you fail to complete this course your bankruptcy will be closed without a discharge and you will be responsible for the filing fee to re-open to your case to file the pre-discharge certificate.

CERTIFICATION OF DEBTOR

I certify that I have read the Pre-discharge financial management course requirements, and I understand that I must pay for the class and make sure my attorney has a copy to file with the court before 45 days has passed following the Meeting of Creditors.

_______________________________ _______________________
Debtor Date

_______________________________ _______________________
Debtor Date

Median Income Table for Bankruptcy Filings (Effective Nov. 1, 2025 – Used in 2026)

State / Territory	1 Person	2 People	3 People	4 People
Alabama	$62,672	$75,465	$90,321	$104,003
Alaska	$83,617	$109,662	$109,662	$138,492
Arizona	$72,039	$86,745	$102,274	$118,067
Arkansas	$56,923	$71,742	$80,218	$94,566
California	$77,221	$100,161	$113,553	$135,505
Colorado	$85,685	$106,690	$127,495	$149,566
Connecticut	$82,141	$103,501	$131,022	$155,834
Delaware	$67,733	$92,445	$108,420	$128,854
District of Columbia	$83,202	$157,259	$157,259	$162,327
Florida	$68,085	$84,305	$95,039	$111,819
Georgia	$66,722	$82,787	$98,877	$120,315
Hawaii	$83,068	$103,479	$120,289	$138,536
Idaho	$71,531	$83,951	$95,859	$116,594
Illinois	$71,304	$91,526	$110,712	$134,366
Indiana	$62,808	$79,884	$93,175	$112,691
Iowa	$65,883	$86,523	$101,463	$122,826
Kansas	$67,423	$85,199	$101,189	$122,741
Kentucky	$60,071	$71,998	$83,027	$106,637
Louisiana	$57,923	$70,493	$82,433	$100,971
Maine	$73,946	$88,126	$104,083	$128,204
Maryland	$84,699	$111,673	$132,464	$161,913
Massachusetts	$85,941	$109,818	$135,837	$173,947
Michigan	$65,625	$81,293	$100,797	$119,856
Minnesota	$75,704	$95,807	$123,244	$146,039

Mississippi	$52,594	$68,525	$80,722	$94,965
Missouri	$63,306	$79,971	$97,658	$115,491
Montana	$69,482	$89,107	$100,637	$118,578
Nebraska	$65,206	$88,402	$100,754	$121,867
Nevada	$70,370	$85,660	$99,032	$111,184
New Hampshire	$85,049	$106,521	$137,902	$151,224
New Jersey	$84,938	$104,136	$133,620	$163,817
New Mexico	$64,537	$77,534	$85,784	$96,074
New York	$71,393	$90,520	$112,616	$135,475
North Carolina	$65,396	$82,221	$98,932	$113,744
North Dakota	$71,663	$93,882	$103,951	$134,284
Ohio	$64,541	$81,578	$99,876	$120,531
Oklahoma	$59,611	$75,229	$84,618	$99,188
Oregon	$77,061	$91,268	$113,736	$136,434
Pennsylvania	$70,378	$85,290	$107,327	$132,379
Rhode Island	$75,662	$96,205	$116,357	$133,954
South Carolina	$63,146	$81,614	$93,219	$113,332
South Dakota	$67,416	$87,506	$98,297	$127,386
Tennessee	$62,339	$80,722	$95,011	$106,775
Texas	$65,123	$84,491	$96,728	$114,938
Utah	$85,644	$93,302	$109,860	$128,363
Vermont	$70,603	$94,477	$111,150	$134,056

Virginia	$76,479	$98,577	$120,001	$141,113
Washington	$86,314	$104,354	$128,360	$152,553
West Virginia	$62,270	$66,833	$89,690	$91,270
Wisconsin	$69,343	$87,938	$105,734	$129,964
Wyoming	$69,906	$89,156	$95,951	$107,469
Puerto Rico	$25,037	$32,494	$40,327	$48,153

Note: For households larger than four, add $11,100 for each additional person. Source: U.S. Trustee Program, Department of Justice.

STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. §341

INTRODUCTION

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Trustee, United States Department of Justice, has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of...

(1) the potential consequences of seeking a discharge in bankruptcy including the effects on credit history;
(2) the effect of receiving a discharge of debts
(3) the effect of reaffirming a debt; and
(4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This information sheet contains only general principles of law and is not a substitute to legal advice. If you have questions *or*- need further information as to how the bankruptcy laws apply *to* your specific case, you should consult with your lawyer:

WHAT IS A DISCHARGE?

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed on your bankruptcy schedules. A discharge is a court order that says you do not have to repay your debts, but there are a number of exceptions. Debts which may not be discharge in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to pay any debts which have been discharged. You can only receive a Chapter 7 discharge once every eight (8) years.

WBAT ARE THEN POTENTIAL EFFECTS OF A DISCHARGE?

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused twin repaying any debts that were not listed on your bankruptcy schedules or that you incurred alter you filed for bankruptcy.

WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?

After you file your petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document, which states that you *promise* to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements roost generally be filed with the court within 60 days alter the first meeting of the creditors.

Reaffirmation agreements are strictly voluntary--- they are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt.

Reaffii4nation agreements must not impose an undue burden on you or your dependents and musk be in your best interest. If you decide to sign a reaffirmation agreement, you way cancel it at any time before the court issues your discharge order within sixty (60) days alter the reaffirmation agreement was filed with the court, whichever is later. If you reaffirm a debt and fail to make the payments required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any remaining debt.

OTHER BANKRUPTCY OPTIONS

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter I, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is riot exempt firm these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 often bankruptcy relief to those who qualify as family farriers. Family farmers must propose a plan to repay their creditors over a three-to-five-year period and it must be approved by the court, Plan payments are made through a chapter 12 trustee, who also monitors the debtor's farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their- property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtor must pay the chapter 13 trustee the amounts set forth iii their plan. Debtors receive a discharge alter they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed $1,347,500 (8336,900 in unsecured debts and $1,010,650 in secured debts).

AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING ROW THE BANKRUPTCY LAWS RELATE 'I'O YOUR SPECIFIC CASE.

Debtor's Signature	Date	Joint Debtor's Signature	Date

United States Bankruptcy Court

Eastern District of Tennessee

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 20 l 6(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to rue, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

for legal services, I have agreed to accept	$ 1500.00
Prior to the filing of this statement, I have received	$ 950.00
Balance DUE	$ 950.00

2. The source of the compensation paid to me was:

☐Debtor ☐Other (specify):

3. The source of compensation to be paid to rue is:

☐Debtor ☐Other (specify):

4. ☐I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. *In* return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy *case,* including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(I}(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any discharge ability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Da fed: ______________________

____

C. KELLY WILSON
Wilson & Haynes
100 Public Square East
P.O. Box 103
Shelbyville, TN 37162
931-684-5424 Fax: 931-684-6442
bankruptcy@wilsonhayneslawfirm.com

I AGREE TO BE BOUND BY THE TERMS OUTLINED IN THE ABOVE DISCLOSURE OF COMPENSATION.

DATED: ______________ ______________________
CLIENT

DATED: ______________ ______________________
CLIENT

United States Bankruptcy Court
Eastern District of Tennessee

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a), Fed. R. Bankr. P. 2016(b), and Local Bankruptcy Rule 2016- 1(a)(1), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor in contemplation of or in connection with this chapter 13 case is as follows:

For legal services and expenses, 1 have agreed to accept . . . . . . $ 0.00

Prior to the filing of this statement I have received . . . . $ 0.00

Balance Due . . . . $ 0.00

This fee is a "Base Fee." That means that I will not charge any additional amount for any services rendered or expenses incurred prior to confirmation of the chapter *1* 3 plan, or for any routine services or expenses that 1 expect to render or incur after confirmation. The *types* of post-confirmation services and expenses usually considered "routine," so that I will not charge extra for them, include the following:

Review of confirmation order and periodic case status reports from trustee	Other routine communications with the debtor, including keeping the debtor informed regarding the status of the case; reminders about meetings and hearings; consultations regarding post-petition credit, defaults on direct payments, insurance coverage or lack thereof, etc.
Maintaining custody and control of all case files with original documents for such periods prescribed by law or court rule	Obtaining and providing the trustee with copies of documents relating to lien perfection issues, such as recorded deeds of trust, security agreements, and the like
Service of notices and orders as required by court rule	Preparation and mailing of letters to creditors regarding lien releases, the turnover of clear title certificates, the cancellation of deeds of trust and judgments, and the like
Preparation, filing, and prosecution of objections to untimely filed claims and objections to duplicate claims	The preparation and certified mailing of letters to creditors regarding alleged violations of the automatic stay
Consummation of assumptions and rejections of unexpired leases and executory contracts	Appearance at all hearings relating to confirmation of the original and any amended chapter 13 plan
Defense of motions to transfer venue or to dismiss for improper venue	Defense of one motion to dismiss filed after confirmation of plan
Responding to written or oral contacts from creditors regarding plan terms, valuation of collateral, claim amounts, and the like	Any other services and expenses that an attorney would reasonably expect to render or incur in most, if not all, chapter 13 cases
Responding to debtor contacts regarding changes in financial circumstances including job changes and unanticipated expenses	

The types of post-confirmation services and expenses usually not considered "routine," so that I may charge extra for them and file a supplemental fee request, after exercising appropriate billing judgment and taking into account the fees previously awarded, include the following:

Motion for authority to sell property	Post-discharge injunction actions
Motion to modify plan	Adversary proceedings
Motion to incur debt	Defense of motions to convert case to chapter 7
Defense of motion for relief from automatic stay or codebtor stay	Motions to substitute collateral
Defense of a second or additional motions to dismiss filed alter confirmation of plan	Supplemental fee requests
Stay violation litigation, including amounts paid as fees by the creditor or other party	*Motions* under bed. R. Bankr. P. 3002.1(e) and (h)
Non-routine claim objections	Motions to employ attorneys for a special purpose
Motions to approve settlements	

2. The source of the compensation paid to me was:
☑Debtor ☐ Other:

3. The source of the compensation paid to me is:
☑Debtor ☐Other:

4. ☑I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

Or

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members of my law firm. A copy of the agreement and a list of the names of the people sharing in the compensation are attached.

ATTORNEY'S CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or an'angement for payment to me for representation of the debtor in connection with this chapter 13 case. I further certify that the Base Fee set forth above *is* based on the consideration of the benefit and necessity of my services to tho debtor and all other relevant factors, including the time spent or to be spent on such services, the rates charged for such services, the total amount of the secured and unsecured debt, the nature of the case (whether consumer or business), and the complexity of the case. I further certify that I have furnished a copy of this fee disclosure to the debtor and the chapter 13 trustee.

Dated: ______________________

____
SIGNATURE OF ATTORNEY
C. KELLY WILSON
Wilson & Haynes
100 Public Square East
P.O. Box 103
Shelbyville, TN 37162
931-684-5424
Fax: 931-684-6442
bankruptcy@wilsonhayneslawfirm.com

I AGREE TO BE BOUND BY THE TERMS OUTLINED IN THE ABOVE DISCLOSURE OF COMPENSATION.

DATED: ______________ ______________________
CLIENT

DATED: ______________ ______________________
CLIENT

ADDENDUM TO CONSULTATION AGREEMENT

The undersigned Client has consulted with Attorney concerning bankruptcy assistance. Additional information is needed for Attorney to more completely counsel Client on Client's options. The patties agree as follows:

1. Client shall provide Attorney with the information set-out on the attached Schedule A.

2. Upon obtaining the information, Attorney will consult with Client and provide additional information and advice to Client concerning Client's bankruptcy and non-bankruptcy options. Specific services to be provided by Attorney are as follows: calculation of means test and/or disposable income test and calculation of Chapter 13 plan payment.

The fees for such additional services are as follows:

A. If Debtor retains Attorney to represent him in filing his bankruptcy, there are no additional fees, other than the base fee rate included in the Contact for Bankruptcy Services.

B. If Debtor does not retain Attorney to represent hon in filing his bankruptcy and Debtor has already had his flee first consultation with Attorney, the fee will be $ ________an hour for all services performed in advising Debtor of his bankruptcy and non- bankruptcy options. Said fee is due and payable at the time the bankruptcy assistance is provided.

Date: ________________ Attorney: ____

Date: ________________ Client: ____

Date: ________________ Client: ____

Client Questionnaire Section 1
- Basic Information

Part A. Name and Address

Name: ____

Have you used any other names in the past eight years? ☐ No ☐ Yes

If yes, please list other names *used:*

Telephone Numbers\Email address:

Home: ____________________

Work: ____________________

Cell: ____________________

Email: ____________________________________

Social Security Number:

Driver's License Number: ____________________ Expiration Date: ______________ State: ________

Date of Birth: ____________________

Address: ____

Ci(y: ______________________ State: ________ Zip: ____________ County: ________________

Have you lived at this address for at least 180 days? ☐ No ☐ Yes

Have you lived at this address for at least 730 days (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

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: ____

Has your spouse used any other names in the past eight years? ☐ No ☐ Yes

If yes, *please list other names used:*

Telephone Numbers\Email address:

Home: ____________________

Work: ____________________

Cell: ____________________

Email: ____________________________________

Social Security Number: -

Driver's License Number: ____________________ Expiration Date: ______________ State: ________

Date of Birth: ____________________

Address: enter *only* if different address/ ____

City. ______________________ State: ________ Zip: ____________ County: ________________

If your spouse has a different mailing address, please list:

Mailing Address (enter if only different) ____

City: ______________________ State: ________ Zip: ____________ County: ______________

Part C. Prior and/or Pending Bankruptcy Cases

Have you filed a bankruptcy case in the last 8 years? _ No _ Yes

If yes, in which district of which state was the case filed? ________________________________

Case Number: ___________________________________

Date Filed: ___________________________________

Are there currently any bankruptcy cases pending involving you, your business, your spouse, or your spouse's business _ No _ Yes

If yes, name of debtor: __________________________________ **Relationship to you:** __

Case Number: __________________________________ **Date Filed:** ____ **District (If known):** _______________

Judge (If known): ______________________________

Part D. Exhibit "C" to the Voluntary Petition (Hazards to Public Health\Safety)

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? _ No _ Yes

If yes, please list and describe the property:

Part E. Debtors who reside as Tenants of Residential Property

If you rent your place of residence, does a landlord hold a judgment against you? _ No _ Yes

If yes, please provide the name and address of the landlord:

Name: ____ Address:

_______________________________________ City: _________________________

Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. For property acquired for personal or family use, the value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Do you own this type of Property?	Description and location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use **Only**
1. Cash on hand	☐ No ☐ Yes				
2. Checking/Savings Account, Certificates of deposit, other bank accounts	☐ No ☐ Yes				
3. Security deposits held by utility companies, landlord	☐ No ☐ Yes				
4. Household goods, furniture, including audio, video, and computer equipment	☐ No ☐ Yes				
5. Books, pictures, art objects, records, compact discs, collectibles	☐No ☐ Yes				
6. Clothing	☐ No ☐ Yes				
7. Furs and jewelry	☐ No ☐ Yes				
8. Sports, photographic, hobby equipment, firearms	☐ No ☐ Yes				
9. Interest in insurance policies-specify refund or cancellation value	☐ No ☐ Yes				
10. Annuities	☐ No ☐ Yes				
11. Interest in an education IRA, as defined in 26 USC § 530(b)(1)	☐ No ☐ Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If Filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only:
12. Interests in pension or profit-sharing plans.	☐ Noo ☐ Yes				
13. Stock and Interest in incorporated/ unincorporated business	☐ No ☐ Yes				
14. Interests in partnerships/ joint ventures	☐ No ☐ Yes				
15. Bonds	☐ No ☐ Yes				
16. Accounts receivable.	☐ No ☐ Yes				
17. Alimony/ family support to which you are entitled	☐ No ☐ Yes				
18. Other liquidated debts owed to you, including tax refunds	☐ No ☐ Yes				
19. Equitable or future interests or life estates	☐ No ☐ Yes				
20. Interests in estates of decedent or life insurance plan or trust	☐ No ☐ Yes				
21. Other Contingent/ unliquidated claims, including tax refunds, counterclaims	☐ No ☐ Yes				
22. Patents, copyrights, other intellectual property	☐ No ☐ Yes				
23. Licenses, franchises	☐ No ☐ Yes				

Type of Property	Do you own this type of property?	Description and location of Property	Value of Property	If filing jointly: Owned by Husband, wife, jointly or Community?	Office Use only
24. Customer list or other compilation	☐ No ☐ Yes				
25. Automobiles, trucks, Trailer, and accessories	☐ No ☐ Yes				
26. Boats, Motors, and accessories	☐ No ☐ Yes				
27. Aircraft and accessories	☐ No ☐ Yes				
28. Office equipment, supplies	☐ No ☐ Yes				
29. Machinery, fixtures etc. for business	☐ No ☐ Yes				
30. Inventory	☐ No ☐ Yes				
31. Animals	☐ No ☐ Yes				
32. Crops: growing or harvested	☐ No ☐ Yes				
33. Farming equipment and implements	☐ No ☐ Yes				
34. Farm supplies, chemicals, feed	☐ No ☐ Yes				
35. Other personal property of any kind not listed.	☐ No ☐ Yes				

Section 2 - Property

Part A. Real Estate (Schedule A)

List ALL real estate which you individually or jointly own. This could include your primary residence (house, condo or apartment (if owned)), additional residence (house, condo or apartment (if owned)), rental property, burial plot, undeveloped land and farm land:

Address and Description of Property	List all mortgages, home equity loans and other liens against the property: Please provide details requested below	Estimated Value of Property	If filing jointly: Owned by Husband and wife, jointly or Community	If you are not the only owner: Please enter the % of the property you own?	Office use only *Exemptions?*
Address: Description:	1. Who issued the mortgage, lien or loan? *(Name and Address)* 2. What is the amount of the mortgage, lien or loan? 3. What is your current interest rate on the loan? 4. What is your monthly payment? 5. Does payment include taxes and/or insurance? ☐ No ☐Yes 6. How many payments are left?				
Address: Description:	1. Who issued the mortgage, lien or loan? *(Name and Address)* 2. What is the amount of the mortgage, lien or loan? 3. What is your current interest rate on the loan? 4. What is your monthly payment? 5. Does payment include taxes and/or insurance? ☐ No ☐ Yes 6. How many payments are left?				

If you have additional property, please list the necessary information on a separate page and attach to this questionnaire.

Section 3- DEBTS

Part A. Debts Secured by Property

Please list below all debts that you OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only *Exemptions?*
Home Loan And or Mortgage	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
Home Loan And or Mortgage	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	

Please list below all debts that you OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only *Exemptions?*
Car Loans	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
Car Loans	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
Other property loans	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	

Part B. Unsecured Debt

Please list below all unsecured debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only *Exemptions?*
Other Loans	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
Other Loans	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
Other loans	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only *Exemptions?*
Credit Cards	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2 Monthly payment amount: 3 Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
Credit Cards	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
Credit Cards	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only *Exemptions?*
	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	

Part C. Medical Debts

Please list below all unpaid medical bill debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only *Exemptions?*
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only *Exemptions?*
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only *Exemptions?*
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address	☐ No ☐ Yes	

Part D. Tax Debts

Please list below all unpaid tax debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Unpaid taxes	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address:	☐ No ☐ Yes	
Unpaid taxes	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address:	☐ No ☐ Yes	

Part E. Student Loan Debts

Please list below all Student Loan debts that you owe OR that creditors claim you owe

Type of Debt	Creditor Information	Codebtor	Do you dispute the debt?	Office use only
Student Loan	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address:	☐ No ☐ Yes	

Part F. Other Debts

Please list below all debts not listed above that you owe OR that creditors claim you owe.

Please describe the type of debt. (i.e. unpaid rent, alimony, child support, service fees, other bank loans)	Creditor Information	Codebtor	Do you dispute the debt?	Office Use only
Describe:	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address:	☐ No ☐ Yes	

Part F. Other Debts

Please list below all debts not listed above that you owe OR that creditors claim you owe

Please describe the type of debt. (i.e. unpaid rent, alimony, child support, service fees, other bank loans)	Creditor Information	Codebtor	Do you dispute the debt?	Office Use only
Describe:	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide name and address:	☐ No ☐ Yes	

Section 4 - Unexpired
Leases and Contracts
(Schedule G)

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

Nature and Description of Contract	Name and address of other party or parties	Date that contract Expires	Office Use only

Section 5 - Current Income Part

A. Marital Status and Dependents

Please select your current Marital Status:

☐Single

☐Married

☐ D i v o r c e d

☐Separated

☐Widowed

Part B. Debtor's Employer Information

Name and Address of your employer:

____

____

____

____

How long have you been employed at this job: ____________________

Occupation *(please state job title or provide brief description):* ____________________

Part C. Joint Debtor's (Spouse's) Employer Information

Name and Address of your spouse's employer:

____

____

____

____

How long has spouse been employed at this job: ____________________

Occupation *(please state job title or provide brief description):* ____________________

Part D. Debtor's Wage Information

What is the gross amount of your paycheck, before taxes/other deductions are taken out?.................................... ____________________

How often do you get paid? ☐ once a week ☐ every two weeks
☐ twice a month ☐ once a month ☐ other ____________________

What is your estimated overtime pay per month? .... ____________________

How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total)
.... ____________________

How much is taken out of each paycheck for Mandatory Contributions to Retirement? ____________________

How much is taken out of each paycheck for Voluntary Contributions to Retirement? ____________________

How much is taken out of each paycheck for Required Repayments of Retirement fund Loans? ____________________

How much is automatically deducted for insurance? .... ____________________

How much is taken out for Domestic Support Obligations? ____________________

How much is deducted for union dues? .... ____________________

Other Deduction *(describe):* ______________________________ ____________________

Other Deduction *(describe):* ______________________________ ____________________

Other Deduction *(describe):* ______________________________ ____________________

Do you receive income from business operations outside of your regular paycheck listed above*

☐ No ☐ Yes

If yes, how much do you receive per month?.. ____________________

Do you receive income from interest or dividends outside of your regular paycheck listed above?

☐ No ☐ Yes

If yes, how much do you receive per month?.. ____________________

Do you receive income from alimony or family support payments for your use or for the care of your dependents*

☐ No ☐Yes

If yes, how much do you receive per month?... ___________________

Do you receive income from Unemployment2

☐ No ☐ Yes

If yes, how much do you receive per month†... ___________________

Do you receive income from Socia] Security?

☐ No ☐ Yes

If yes, how much do you receive per month?... ___________________

Do you receive monetary government assistance?

☐ No ☐ Yes

If yes, please describe: ____

How much do you receive per month? .... ___________________

Do you receive retirement or pension money?

☐ No ☐Yes

If yes, how much do you receive per month†... ___________________

Do you have any other source of income not listed?

☐ No ☐ Yes

If yes, please describe ____

How much do you receive per month? .... ___________________

Are you expecting any increase or decrease in salary next year?

☐ No ☐ Yes

If yes, please describe ____

Part E. Joint Debtor's (Spouse's) Wage Information

What is the gross amount of your paycheck, before taxes/other deductions are taken out?.................................... ___________________

How often do you get paid? ☐ once a week ☐ every two weeks

☐ twice a month ☐ once a month ☐ other ________________________

What is your estimated overtime pay per month? .... ___________________

How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total) ___________________

How much is taken out of each paycheck for Mandatory Contributions to Retirement? ___________________

How much is taken out of each paycheck for Voluntary Contributions to Retirement? ___________________

How much is taken out of each paycheck for Required Repayments of Retirement fund Loans? ___________________

How much is automatically deducted for insurance? .... ___________________

How much is taken out for alimony or family support for the care of your dependents? ___________________

How much is deducted for union dues? .... ___________________

Other Deduction *(describe):* ____ ___________________

Other Deduction *(describe):* ____ ___________________

Other Deduction *(described:* ____ ___________________

Do you receive income from business operations outside of your regular paycheck listed above? ☐ No ☐ Yes

If yes, how much do you receive per month?... ___________________

Do you receive income from interest or dividends outside of your regular paycheck listed above? ☐ No ☐ Yes

If yes, how much do you receive per month?... ___________________

Do you receive income from alimony or family support payments for your use or for the care of your dependents?

☐ No ☐Yes

If yes, how much do you receive per month?... ____________________

Do you receive income from Unemployment*

☐ No ☐ Yes

If yes, how much do you receive per month†.. ____________________

Do you receive income from Social Security2

☐ No ☐ Yes

If yes, how much do you receive per month?... ____________________

Do you receive monetary government assistance?

☐ No ☐ Yes

If yes, please describe: ____

How much do you receive per month? .... ____________________

Do you receive retirement or pension money?

☐ No ☐ Yes

If yes, how much do you receive per month?... ____________________

Do you have any other source of income not listed?

☐ No ☐ Yes

If yes, please describe____

How much do you receive per month? .... ____________________

Are you expecting any increase or decrease in salary next year?

☐ No ☐ Yes

If yes, please describe ____

Section 6 - Current Expenses

1. Is this a Joint Filing with your Spouse?

☐ No ☐ Yes

If Yes, does the Joint Debtor live in a separate household?

☐ No ☐ Yes

2. Please list all dependents of you and your spouse with their age and relationship to you *(if applicable).*

Name/ age/ relationship	Who does the dependent live with?

Do you and your spouse live separately and maintain separate households? @ No @ Yes. If yes, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

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.

8. Do your expenses include another person's expenses other than yourself and your dependents†

☐ No ☐ Yes

Indicate how much you pay for each item each month:

4. Primary Rent or Home Mortgage: $ ____________

Does that amount include real estate taxes?

☐ No ☐ Yes

If yes, how much do you pay† $____________

Does that amount include property, homeowner's, or renter's insurance?

☐ No ☐ Yes

If yes, how much do you pay? $____________

Does that amount include any home maintenance, repair, or upkeep expenses?

☐ No ☐ Yes

If yes, how much do you pay? $____________

Does that amount include any Homeowner's association or condominium dues?

☐ No ☐ Yes

If yes, how much do you pay? $____________

5. Are there Additional Mortgage payments? $

☐ No ☐ Yes

If yes, how much do you pay? ____________

6. Utilities:

a. Electricity and heating fuel:.. $ ____________

b. Water and sewer:.. $ ____________

c. Telephone service/long distance:.. $ ____________

d. Do you have any other utility bills† If yes, describe and enter monthly amount below:

____________________ ____________

____________________ ____________

____________________ ____________

7. Food and housekeeping supplies.. $ ____________

8. Childcare and Children Education Costs.. $ ____________

9. Clothing, laundry, and dry cleaning: .... $ ____________

10. Personal care products and services: .... $ ____________

11. Medical and dental expenses:.. $ ____________

12. Transportation (do NOT include car payments).. $ ____________

13. *Recreation,* entertainment, newspapers, magazines, and books:.. $ ____________

14. Charitable contributions and religious donations: .... $ ____________

15. Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: **(Do not include** amounts **entered in Line** 4 or Line 20)

a. Life insurance: .... $ ____________

b. Health insurance: .... $ ____________

c. Auto insurance: .... $ ____________

d. Other insurance *(describe and list monthly amount):*

____________________ ____________

16. Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses:

____________________ ____________

____________________ ____________

____________________ ____________

17. *Installment* payments for *car,* furniture, etc. *(Describe):*

______________________________ ____________

______________________________ ____________

______________________________ ____________

18. Alimony, maintenance and support paid to others: .... $ ____________

19. Payments for support of additional dependent's not living at your home:.................................... $ ____________

20. Other Real Estate Property expenses NOT included with Rent or Home Mortgage Property (Do not include amounts entered in Line 4 or Line 5) ____________

a. Mortgage payment on other Real Estate Property $ ____________

b. Taxes on other Real Estate Property $ ____________

c. Other Real Property, Homeowner's, or Renter's Insurance payments $ ____________

d. Home maintenance (including repairs and upkeep) $ ____________

e. Homeowner's association or condominium dues $ ____________

21. Other expenses *(Describe). (*please see "Additional Expenses" below before putting anything here*)*

______________________________ ____________

______________________________ ____________

______________________________ ____________

Describe any increase or decrease in expenses you expect to occur within the next year?

____

Due to the nature of the Federal Bankruptcy forms, there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:

Additional Expenses *(707(b)Expenses* 7or Form *22)*

26. or 31. Mandatory payroll deductions not already listed:

______________________________ ____________

______________________________ ____________

______________________________ ____________

29. or 34. Court ordered payments not already listed:

______________________________ ____________

______________________________ $ ____________

Education for employment or for a physically or mentally challenged child:..................... $ ____________

30. or 35. Child care *(babysitting, day care, nursery & preschool, etc.)*...$ ____________

34b. or 39b. Disability Insurance *(if not listed above)* .... $ ____________

34c. or 39c. Health Savings Account: ....$ ____________

35. or 40. Care for elderly, chronically ill or disabled family members: .... $ ____________

36. or 41. Protection from family violence: ....$ ____________

38. or 43. Education expense for your children under 18:..$ ____________

55. *(c13's)* Non-mandatory contributions to retirement accounts *(including loan repayments):*

______________________________ ____________

______________________________ ____________

______________________________ ____________

Section 7 - Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you know that you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the "NONE" box.

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:

☐NONE

Debtor

Period	Dollar Amount you were paid	Source *(i.e. employer name or business name)*
January 1 of this year through date of commencement of case	________	
Last year (January 1 - December 31)	________	
The year before last (January 1 - December 31)	________	

Joint Debtor or Spouse *(if applicable)*

Period	Dollar Amount you were paid	Source *(i.e. employer name or business* name
January 1 of this year through date of commencement of case	________	
Last year (January 1 - December 31)	________	
The year before last (January 1 - December 31)	________	

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:

☐NONE

Debtor

Period	Dollar Amount you were paid	Source
During the last year	________	
Year before last	________	

Joint Debtor *or* Spouse *(if applicable)*

Period	Dollar Amount you were paid	Source
During the last year	________	
Year before last	________	

3. Payments to creditors

a. **If your debts are primarily consumer debts (i.e. *non-business*),** list all payments totaling over $600 made within the last 90 days on loans, installment purchases of goods or services, and other debts. Indicate with an asterisk (“) any payments that were made on account of a domestic support obligation {i. e. *alimony, child support, etc.)* or that were made as part of an alternative repayment plan.

☐ NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed

b. If your debts are primarily non-consumer debts *(i.e. business),* list all payments totaling over $5,850 made within the last 90 days to any creditor.

☐ NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed

c. *All* creditors, list all payments made within one year to any "insider" or for the benefit of any "insider". *("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)*

☐ NONE

Name and Address of Creditor / Relationship to Debtor	Dates of Payments	Amount Paid	Amount Still Owed

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.

☐ NONE

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition

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.

☐ NONE

Name and Address of Person/Company for Whom the Property was Seized (Creditor)	Date of Seizure	Description and Value of Property

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.

☐ NONE

Name and Address of Creditor	Date of Repossession Foreclosure, Transfer or Return	Description and Value of Property

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.

☐ NONE

Name and Address of Assignee	Date of Assignment	Terms of Assignment/Settlement

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.

☐ NONE

Name and Address of Custodian	Name and location of Court Caste Title and Number	Date of Order	Description and Value of Property

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.

☐NONE

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift

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.

☐ NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss

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 consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

@ NONE

Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/Description and Value of Property

10. Other transfers (including sale of your property)

a. 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 two years immediately preceding the commencement of this case

☐ NONE

Name and Address of Transferee / Relationship to Debtor	Date of Transfer	Description of Property and Value Received

b. List all property you transferred within 10 years immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

Name of Trust or Similar Device	Date of Transfer	Amount of Monev °r Description and Value of Property or Interest

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.

☐ NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing

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.

☐ NONE

Name and Address of Bank or Other Depository	Name and Address of those with Access to Box or Depository	Description of Contents	Date of Transfer, if any

13. . Setoffs

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

☐ NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff

14. Property held for another person

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

☐ NONE

Name and Address of Owner	Description and Value of Property	Location of Property

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]ast three years, excluding your present address.

☐ NONE

Address	Your Name at the Time	Dates of Occupancy

16. Spouses and Former Spouses

If you reside or 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 **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.

☐NONE

Name

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statue or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil surface *water,* ground water, or other medium, *including,* but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environments] Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicates the governmental unit, the date of the notice, and, if known, the Environmental Law.

☐ NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law

b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

☐ NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

☐ NONE

Name and Address of Governmental Unit	Docket Number	Status or Disposition

18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole partnership, or was a self-employed professional within the six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

☐ NONE

Name	Taxpayer I.D. Number (EIN)	Address	Nature of Business	Beginning and End Dates of Operation

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as define in 11 U.S.C. § 101.

☐ NONE

Name	Address

The following questions, #19-25, are only to be answered if you are a **corporation** or partnership of if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole **proprietor,** or otherwise self-employed.

19. Books, records, and financial statements

a. List all bookkeepers and accountants who, within the two years immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

☐ NONE

Name and Address	Dates Services Rendered

b. List all firms or individuals who, within the two years immediately preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor.

☐ NONE

Name	Address	Dates Services Rendered

c. List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.

☐ NONE

Name and Address | Comments

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

☐ NONE

Name and Address | Dates Issued

20. Inventories

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the takin9 of each inventory, and the dollar amount and basis of each inventory.

☐ NONE

Date of Inventory | Inventory Supervisor | Dollar Amount of Inventory (specify cost, market, or other basis)

b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

☐ NONE

Date of Inventory | Name and Address of Custodian of Inventory Records

21. Current partners, officers, directors, and shareholders

a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

☐ NONE

Name and Address | Nature of Interest | Percentage of Interest

b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly own, controls, or ho]ds 5% or more of the voting securities of the corporation.

☐ NONE

Name and Address | Title | Nature and Percentage of Stock Ownership

22. Former partners, officers, directors and shareholders

a. If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

☐ NONE

Name and Address | Date of Withdrawal

b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within one year immediately preceding the *commencement* of this *case.*

☐ NONE

Name and Address	Title	Date of Termination

23. Withdrawals from a partnership or distributions by a corporation

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

☐ NONE

Name and Address of Recipient, and Relationship to You	Date and Purpose of Withdrawal	Amount of Money or Description and Value of Property

24. Tax Consolidation Group.

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year **period** immediately preceding the commencement of the case.

☐ NONE

Name of Parent Corporation	Taxpayer Identification Number

25. Pension Funds

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

☐ NONE

Name of Pension Fund	Taxpayer Identification Number