# UNITED STATES BANKRUPTCY COURT

# SOUTHERN DISTRICT OF CALIFORNIA



# **CHAPTER 13**

# **PETITION PACKAGE**

All Forms for Individuals Filing a Chapter 13 Bankruptcy Case

Check the Court's website <u>www.casb.uscourts.gov</u> to verify that you are using the latest version of the Petition Package

### Preparing and Filing a Chapter 13 Bankruptcy Case [Checklist 1]

To file a chapter 13 bankruptcy case in the Southern District of California, debtors must comply with the below requirements.

Pursuant to LBR 1007-5 regarding Payment Advices, the debtor must submit the evidence of payment required by FRBP 1007(b)(1)(E) to the chapter 7,12. Or 13 trustee assigned to the debtor's case or to the U.S. Trustee in a chapter 11 case, preferably through the EDOC System. A debtor should not file this evidence with the Court.

At a minimum, the following documents **must** be filed to initiate your Bankruptcy Case:

- □ 101 Voluntary Petition
  - If you rent your residence and answered yes to question #11 "Has your landlord obtained an eviction judgment against you?," you must include the 101A-Initial Statement About an Eviction Judgment Against You with your petition.
- □ 121 Statement of Social Security Numbers
- □ List of Creditors [see page 10]
- □ Full filing fee or
  - CSD 1006 Application to Pay Filing Fees in Installment (*File this document only if you are requesting to pay your filing fee in installments.*)
- □ Certificate of Credit Counseling or
  - If you checked the third button in Step 15 "I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request ...," file CSD 1025 – Statement of Exigent Circumstances & Request for Extension of Time to File Certificate of Credit Counseling or
  - If you checked the fourth button in Step 15 "I am not required to receive a briefing about credit counseling because of:", file CSD1027
     Notice of Motion for Exemption and Opportunity of Hearing re: Credit Counseling



If you have not completed counseling <u>before you file your petition</u> and you do not meet the requirements for an extension to complete the counseling after filing:

- Your case may be DISMISSED without refund of any filing fee paid;
- You WILL NOT receive a DISCHARGE of your debts; and
- If you REFILE within ONE YEAR after dismissal, protection under the Bankruptcy Code from your creditors (i.e., the automatic stay) may be limited to thirty days.

Under the bankruptcy laws, the court can allow you to complete the course <u>after filing only</u> if you meet <u>all</u> of the following conditions. See 11 U.S.C. § 109(h)(3).

- Prior to filing your petition, you must have requested credit counseling services from a U.S. Trustee approved agency but were unable to obtain the services during the 5-day period following your request.
- 2) There are exigent (emergency) circumstances that make it necessary for you to file your case immediately. (Important: The court will determine what qualifies as an emergency circumstance.)
- 3) You must file a certification stating the facts regarding conditions 1) and 2) above with your petition. Local Forms CSD 1025 and 1027 are available from the clerk.

The decision to file your petition is up to you but, if you file without taking the course, you are risking dismissal of your case. The clerk cannot provide legal advice or predict how a judge will decide your motion for an extension of time to complete the credit counseling requirement.

To complete the requirement <u>before filing your petition</u>, obtain a list of United States Trustee approved pre-bankruptcy credit counseling agencies from the clerk or go to this website: <u>https://www.justice.gov/ust/list-credit-counseling-agencies-approved-pursuant-11-usc-111</u>

You may take the course on the Internet, by telephone, or in person. If you do not have a computer, your public library may allow you to use their public computers.

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### Introduction

This Chapter 13 Petition Package includes the basic information and forms required to file a voluntary chapter 13 bankruptcy case in the Southern District of California. Since bankruptcy is a complex process, debtors considering filing a chapter 13 bankruptcy case are encouraged to consult with a bankruptcy attorney.

### Please note that court staff is prohibited from giving legal advice.

This petition package, including all of the forms in this package, are available for free on the Court's website <u>www.casb.uscourts.gov</u> (*click on Court Forms*). The online versions of the forms in this Petition Package are pdf fillable and can be completed and saved to any computer that has Adobe Acrobat Reader. If you complete the fillable forms on your computer and do not have Adobe Acrobat Writer, you must print the completed forms **before** closing the document. If you do not do this, the information that you typed will be lost.

### Preparation for Filing a Chapter 13 Bankruptcy Case

Before filing a Chapter 13 Bankruptcy Case, read the below requirements and filing tips.

- Debtors must complete Credit Counseling. If you have not completed counseling before you file your petition, and you do not meet the requirements for an extension to complete the counseling after filing:
  - Your case may be DISMISSED without refund of any filing fee paid;
  - You WILL NOT receive a DISCHARGE of your debts; and
  - If you REFILE within ONE YEAR after dismissal, protection under the Bankruptcy Code from your creditors (i.e., the automatic stay) may be limited to thirty days.

Under the bankruptcy laws, the court can allow you to complete the course <u>after</u> <u>filing only</u> if you meet <u>all</u> of the following conditions. See 11 U.S.C. 109(h)(3).

- 1) Prior to filing your petition, you must have requested credit counseling services from a U.S. Trustee approved agency but were unable to obtain the services during the 5-day period following your request.
- 2) There are exigent (emergency) circumstances that make it necessary for you to file your case immediately. (Important: The court will determine what qualifies as an emergency circumstance.)
- 3) You must file a certification stating the facts regarding conditions 1) and 2) above with your petition. Local Forms CSD 1025 (Statement of Exigent Circumstances & Request for Extension of Time to file Certificate of Credit Counseling) and 1027 (Notice of Motion for Exemption and Opportunity for Hearing re: Credit Counseling) are attached.

The decision to file your petition is up to you but, if you file without taking the course, you are risking dismissal of your case. The clerk cannot provide legal advice or predict how a judge will decide your motion for an extension of time to complete the credit counseling requirement.

To complete the requirement before filing your petition, obtain a list of United States Trustee approved pre-bankruptcy credit counseling agencies from the clerk or go to this website: <u>http://www.justice.gov/ust/eo/bapcpa/ccde/cc\_approved.htm</u>

You may take the course on the Internet, by telephone, or in person. If you do not have a computer, your public library may allow you to use their public computers.

NOTE: A waiver of the credit counseling requirement is available in very limited circumstances for persons on military duty in an active combat zone, or persons with a physical or mental impairment preventing participation in credit counseling, in person, by telephone, or on the Internet. A waiver must be granted by the court. 11 U.S.C. § 109(h)(4).

- 2. Debtors **must** pay the chapter 13 filing fee (see page 8) at the time of filing. The court accepts cash (exact change), U.S. Postal Service money orders, or cashier's checks issued by an acceptable financial institution. Make cashier's checks or money orders payable to: "Clerk, US Bankruptcy Court." If you are unable to pay the full filing payment, you have the following option:
  - Pay your filing fee in installments, which requires the form CSD 1006: Application to Pay Filing Fees in Installments, to be filed with your petition.
- If you mail your documents to be filed, please include a self-addressed envelope with sufficient postage so that we can return a copy to you. Our address is: United States Bankruptcy Court, 325 West F Street, San Diego, CA 92101.You must submit one original set. If you would like a stamped copy, bring or mail a copy along with the original. Be sure that you make an additional copy of each document for your records. Remember to sign all of your documents.
- 4. **Government-issued photo identification** is required for persons filing a petition without attorney representation. The Bankruptcy Court for the Southern District of California has implemented a policy requiring all debtors who are not represented by an attorney ("pro se"), to provide a copy of current government issued photo identification. This policy also applies to persons who bring pro se petitions to the intake counter for filing.
  - **Filing in person:** When a petition is presented at the counter for filing, the person presenting the petition must provide a current government issued photo identification. A copy of the identification will be made for retention, but will not be accessible as part of the public record.
  - Filing by mail: A photocopy of the debtor(s)' government issued photo identification is required with the petition. If the government issued photocopy is not provided, a deficiency will be noted and the case, if filed, may be subject to dismissal.

Acceptable Forms of Government Issued Identification (must be current, legible and contain a photograph):

- 1. State issued Driver's License
- 2. U.S. Government Passport
- 3. State or Federal Issued Identification Card
- 4. Federal, State or Local Government Issued Employee Identification Card
- 5. Military Photo Identification Card
- 6. Or other form of Government Issued Photo Identification

- 5. Common Causes for Dismissal Pertaining to Debtor Responsibilities/Deadlines in a Bankruptcy Case
  - FAILURE TO OBTAIN CREDIT COUNSELING Credit counseling must be completed by each individual consumer debtor within 180 days <u>prior to filing for</u> <u>bankruptcy</u> through an Approved Credit Counseling Agency. The U.S. Trustee's Office listing of Approved Credit Counseling Agencies for the Southern District of California is available at the following website: <u>http://www.justice.gov/ust/eo/bapcpa/ccde/cc\_approved.htm</u>
  - FAILURE TO FILE COMPLETE SCHEDULES, STATEMENTS AND/OR CHAPTER 13 PLAN- Regardless of chapter, certain schedules must be completed and filed with the petition or within 14 days of filing the petition.
  - FAILURE TO PAY FILING FEES Be prepared to pay the required Filing Fee in full at the time you file the petition. Filing fees can be found at <u>www.casb.uscourts.gov</u>. Fees must be paid in cash (exact change only), cashier's check or money orders. (Personal checks will not be accepted).

It is possible to make payments in installments using Form CSD 1006. If a fee is to be paid in installments, you must be an individual and must submit a signed application for the Court to consider. The signed application must state that you are unable to pay the filing fee, except in installments.

- FAILURE TO FILE Chapter 13 debtor(s) must file Form 122C-1: Chapter 13 Statement of Current Monthly Income and Calculation of Commitment Period and, if applicable, the form 122C-2: Chapter 13 Calculation of Your Disposable Income. To determine the proper forms to file, review the Chapter 13 Statement of Your Currently Monthly Income, Calculation of Commitment Period and Chapter 13 Calculation of Your Disposable Income Instructions (see page 13).
- FAILURE TO FILE STATEMENT OF SOCIAL SECURITY NUMBER (Form 121) - Debtor(s) must provide the Statement of Social Security at the time of filing.
- FAILURE TO ATTEND THE MEETING OF CREDITORS The debtor is required to be in attendance at the Meeting of Creditors ('341 meeting') to give the trustee and/or creditors an opportunity to examine the debtor under oath concerning property and financial affairs.
- FAILURE TO MAKE CHAPTER 13 PAYMENTS Payments to the trustee must be made in a timely manner as outlined in the Chapter 13 Plan.

- 6. Requirement of a Copy of Judgment for Possession with 101 Petition and a Rent Deposit (Local Bankruptcy Rule 4001.8)
  - a) Any rent Any rent deposited with the Clerk pursuant to 11 U.S.C. § 362(I)(1)(B) must be in the form of a certified or cashier's check or money order payable to the lessor or landlord in the full amount of any rent that would become due during the 30-day period following the filing of the Petition.
  - b) The debtor must deposit rent with the Clerk on the Petition Date. A copy of the judgment for possession must accompany the rent deposit and the Petition. The Clerk is directed to refuse any rent check not accompanied by a copy of the judgment for possession.
  - c) The debtor should use the Court-approved form CSD 1033, to meet the certification, filing, and service requirements of 11 U.S.C. § 362(I)(2).
  - d) Pursuant to 11 U.S.C. § 362(I)(5)(D), the Clerk will transmit the payment to the lessor at the address listed in the section on page 2 of the Petition entitled "Statement by a Debtor Who Resides as a Tenant of Residential Property."
  - e) 11 U.S.C. § 362(I)(1) and (2) are inapplicable to post-foreclosure judgments for possession, and the Clerk will not accept deposits tendered in connection with post-foreclosure judgments for possession.

7. Notice Required by 11 U.S.C.§342(b) for Individuals Filing for Bankruptcy

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

Notice Required by 11 U.S.C. U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010) page 1

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

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#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

| _ | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Notice Required by 11 U.S.C. U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010) page 3

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <u>http://www.uscourts.gov/bkforms/bankruptcy\_form</u> s.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

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### 8. Creating a Creditor Matrix (List of Creditors)

When you file a voluntary petition under any bankruptcy chapter, you the debtor (or your attorney, if you use one) must prepare and submit to the Court a mailing list called the **creditor matrix**, which is a **list of creditors to whom you owe money**. This mailing list contains all of your creditors' and/or equity security holders' name(s) and addresses.

This list must be submitted in an electronic format, using a computer and wordprocessing software. If you are unable to bring your creditor matrix on electronic media (such as a CD, DVD, or flash/thumb drive), you will be instructed to prepare your creditor matrix using the Court's computers located in the file review area.

Do not include the debtor, joint debtor, U.S. Trustee, Internal Revenue Service, or Franchise Tax Board on the creditor matrix.

- 1. The creditor matrix list must be in a single column. Do not list names and address entries in multiple columns.
- 2. Each name and address entry may contain a maximum of four lines. Do not use all uppercase letters. Do not use bold or italic fonts. Do not use special characters ie: #,&,@.
- 3. Each line can be no more than 35 characters in length including spaces. The second line of each entry must be either a street address or a P.O. Box. The word P.O. must include periods. Do not include account numbers.
- 4. States must be two-letter abbreviations. Examples: CA for California, NY for New York.
- 5. ZIP codes must appear on the last line, following the city and state. Nine digit ZIP codes must contain a dash between the first five digits and the remaining four digits, not a space.
- 6. Each name and address entry must be separated by at least one blank line.
- 7. Certain federal and state agencies specify particular addresses to which notice of bankruptcy proceedings should be directed. The Court maintains CSD 1271-roster of State and Federal Agencies, which is available to the public on the Court Forms page of the Court's Web site.
- 8. When listing a debt to the United States for other than taxes, the debtor shall include both the United States Attorney and the federal agency through which the debtor became indebted. The name and address of the United States Attorney must include the name of the federal agency in parentheses.

Example: U.S. Attorney for the Southern District of CA (For Department of Education) 940 Front Street, Room 5152 San Diego, CA 92101-8800

When completed, save your creditor matrix in a text-format file with a .txt file extension. (This ensures that the creditor matrix can be uploaded to the Court's CM/ECF system.)To save the file as a text file with a .txt file extension when using word-processing software:

- 1. Click on the File menu option, then select Save As.
- 2. A drop-down menu appears in your word-processing software. Name the file with your name (as debtor).
- 3. From the drop-down list, select the **Plain Text (.txt)** file type.
- 4. Click on the **Save** button to save the document to your computer.
- 5. Copy the .txt file to any electronic media.

### **Example of Creditor Matrix Format**

Acme Auto Repair 1234 S Street San Diego, CA 92101

Acme Hair Repair Attn Herman 1234 S Ave San Diego, CA 92101

### UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF CALIFORNIA 325 West F Street, San Diego, California 92101-6991

In Re

BANKRUPTCY NO.

Debtor.

### STATEMENT OF EXIGENT CIRCUMSTANCES AND REQUEST FOR EXTENSION OF TIME TO FILE CERTIFICATE OF CREDIT COUNSELING PURSUANT TO 11 U.S.C. § 109(h)(3)

The debtor(s) declare under penalty of perjury that the following exigent circumstances exist which have prevented me from obtaining budget and credit counseling within the 180-day period prior to the filing of my bankruptcy petition.

Those circumstances include (provide a detailed explanation in the space provided below)

I further declare that I requested credit counseling services from:

an approved nonprofit budget and credit counseling agency,

(date)

on

, but was unable to obtain the services during the 7-day period following my request.

I understand that this initial counseling does not replace or waive the necessity to complete a course concerning personal financial management. I understand that I must file a Certification About a Financial Management Course (Official Form 423) no later than 45 days from (1) the first date set for the first meeting of creditors under § 341 in order to receive a chapter 7 discharge or (2) if a chapter 13 debtor, no later than the last payment made as required by my chapter 13 plan or the filing of a motion for entry of a discharge under § 1328(b) in my chapter 13 case.

I request that I be granted an extension of 30 days from the date of the filing of my petition within which to complete the credit counseling, obtain and file a Certificate of Credit Counseling issued by a United States Trustee approved nonprofit budget and credit counseling agency.

DATED:

Debtor

Joint Debtor

CSD 1025

| UNITED STATES BANKRUPTCY COURT  |
|---------------------------------|
| SOUTHERN DISTRICT OF CALIFORNIA |

325 West F Street, San Diego, California 92101-6991

In Re

BANKRUPTCY NO.

Debtor.

### NOTICE OF MOTION FOR EXEMPTION AND OPPORTUNITY FOR HEARING RE: CREDIT COUNSELING

I (we), the debtor(s), certify that no credit counseling is required and request exemption from the requirement because:



I am incapacitated or disabled, as defined in 11 U.S.C. § 109(h)(4); or I am on active military duty in a military combat zone.

If you object to this Motion,

1. **You are required** to obtain a hearing date and time from the appropriate Courtroom Deputy for the judge assigned to this bankruptcy case. Determine which deputy to call by looking at the Bankruptcy Case No. in the above caption of this notice. If the case number is followed by the letters:

| - | MM | - | call (619) 557-7407 | - | DEPARTMENT ONE (Room 218)   |
|---|----|---|---------------------|---|-----------------------------|
| - | LA | - | call (619) 557-6594 | - | DEPARTMENT TWO (Room 118)   |
| - | LT | - | call (619) 557-6018 | - | DEPARTMENT THREE (Room 129) |
| - | CL | - | call (619) 557-6019 | - | DEPARTMENT FIVE (Room 318)  |

- 2. Within fourteen (14)<sup>1</sup> days from the date of service of this notice, you are further required to serve a copy of your **Declaration in Opposition** and separate **Request and Notice of Hearing** [Local Form CSD 1184<sup>2</sup>] upon the debtor, counsel for the debtor (if any), and the trustee, together with any opposing papers. The opposing declaration must be signed and verified in the manner prescribed by FRBP 9011, and the declaration must:
  - a. identify the interest of the opposing party; and
  - b. state, with particularity, the grounds for the opposition.
- 3. You must file the original Declaration and Request and Notice of Hearing with proof of service with the Clerk of the U.S. Bankruptcy Court at 325 West F Street, San Diego, California 92101-6991, no later than the next business day following the date of service.

If you fail to serve your "Declaration in Opposition" and "Request and Notice for Hearing" within the 14-day<sup>1</sup> period, no hearing will take place, you will lose your opportunity for a hearing and an order may be entered.

DATED:

Debtor

Joint Debtor

<sup>1</sup>Depending on how you were served, you may have additional time for response. See FRBP 9006.

<sup>2</sup>You may obtain Local Form CSD 1184 from the office of the Clerk of the U.S. Bankruptcy Court.

### **CERTIFICATE OF SERVICE**

I, the undersigned whose address appears below, certify:

That I am, and at all relevant times was, more than 18 years of age;

That on \_\_\_\_\_ day of \_\_\_\_\_, <u>20</u>, I served a true copy of this NOTICE OF MOTION FOR EXEMPTION AND OPPORTUNITY FOR HEARING RE: CREDIT COUNSELING, together with the following pleadings [describe any other papers] by the mode of service shown below:

### 1. To Be Served by the Court via Notice of Electronic Filing ("NEF"):

Under controlling Local Bankruptcy Rules(s) ("LBR"), the document(s) listed above will be served by the court via NEF and hyperlink to the document. On \_\_\_\_\_\_\_, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following person(s) are on the Electronic Mail Notice List to receive NEF transmission at the e-mail address(es) indicated and/or as checked below:

|   | Chapter 7 Trustee:           |  |  |
|---|------------------------------|--|--|
|   | For Chpt. 7, 11, & 12 cases: | For ODD numbered Chapter 13 cases:<br>THOMAS H. BILLINGSLEA, JR., TRUSTEE<br>Billingslea@thb.coxatwork.com | For EVEN numbered Chapter 13 cases:<br>DAVID L. SKELTON, TRUSTEE<br>admin@ch13.sdcoxmail.com<br>dskelton13@ecf.epiqsystems.com |
| 2 | Sarvad by United States Mail |  |  |

### 2. Served by United States Mail:

On \_\_\_\_\_\_,I served the following person(s) and/or entity(ies) at the last known address(es) in this bankruptcy case or adversary proceeding by placing accurate copies in a sealed envelope in the United States Mail via 1) first class, postage prepaid or 2) certified mail with receipt number, addressed as follows:

### 3. Served by Personal Delivery, Facsimile Transmission, Overnight Delivery, or Electronic Mail:

Under Fed.R.Civ.P.5 and controlling LBR, on \_\_\_\_\_\_, I served the following person(s) and/or entity(ies) by personal delivery, or (for those who consented in writing to such service method), by facsimile transmission, by overnight delivery and/or electronic mail as follows:

I declare under penalty of perjury under the laws of the United States of America that the statements made in this proof of service are true and correct.

Executed on

(Typed Name and Signature)

(Address)

(City, State, ZIP Code)

|           | 06 [12/01/15]  |   |
|-----------|--|---|
| Name, Add | Iress, Telephone No. & I.D. No.  |   |
|           |  |   |
|           |  |   |
|           |  |   |
|           |  |   |
|           | UNITED STATES BANKRUPTCY COURT<br>SOUTHERN DISTRICT OF CALIFORNIA<br>325 West F Street, San Diego, California 92101-6991   |   |
| In Re     |  |   |
|           |  |   |
|           |  | BANKRUPTCY NO.                                  |
|           | Debtor.  |   |
|           | APPLICATION TO PAY FILING FEES IN  | NSTALLMENTS                                     |
|           | n accordance with FRBP 1006, application is made for permission<br>ith the balance of the fee in not more than one installment due wit                                 |   |
| Г         | Chapter 7 payment of \$167.50  | Chapter 13 payment of <u>\$155.00</u>           |
|           |  | Chapter 12 payment of $\frac{9130130}{137.50}$  |
| I         | certify that I am unable to pay the filing fee except in installments  | and I understand the following:                 |
|           | must pay my entire fee before I make any more payments or trans<br>preparer, or anyone else for services in connection with my bankru                                  |   |
|           | I must pay the entire fee no later than 30 days after I first file for bank.<br>. My debts will not be discharged until my entire fee is paid.                         | ruptcy, unless the Court later extends my       |
|           | f I do not make my payment when it is due, my bankruptcy case may<br>ngs may be affected.  | be dismissed, and my rights in other bankruptcy |
| Dated:    |  |   |
|           | Signed:<br>Signature of Deb  |   |
|           | Signature of Dec   | otor  |
|           | Signed:  |   |
| Dated:    | Signature of Joir  | nt Debtor (if any)                              |
| Dated.    |  |   |
|           | Attorney for Deb   | tor(s)  |
| [         |  |   |
|           | If this document is prepared by a <b>Non-Attorney Bankrup</b><br>119, <i>Bankruptcy Petition Preparer's Notice, Declaration, and</i><br>submitted with this Applicatio | Signature, must be completed and                |

Form of payment: Please do not mail cash. Money orders or certified checks only; personal checks of the debtor will not be accepted.

| Fill in this information to identify your case: |       |  |
|---|-------|--|
| United States Bankruptcy Court for the:         |       |  |
| District of                                     |       |  |
|   | State |  |
| Case number ( <i>if known</i> )                 |       |  |
|   |       |  |

## Official Form 121 Statement About Your Social Security Numbers

12/15

Use this form to tell the court about any Social Security or federal Individual Taxpayer Identification numbers you have used. Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

To protect your privacy, the court will not make this form available to the public. You should not include a full Social Security Number or Individual Taxpayer Number on any other document filed with the court. The court will make only the last four digits of your numbers known to the public. However, the full numbers will be available to your creditors, the U.S. Trustee or bankruptcy administrator, and the trustee assigned to your case.

Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Part 1: Tell the C                                 | 1: Tell the Court About Yourself and Your spouse if Your Spouse is Filing With You                         |  |  |  |
|--|--|--|--|--|
|  | For Debtor 1:  | For Debtor 2 (Only If Spouse Is Filing):   |  |  |
| 1. Your name                                       |  |  |  |  |
|  | First name   | First name   |  |  |
|  | Middle name  | Middle name  |  |  |
|  | Last name  | Last name  |  |  |
| Part 2: Tell the C                                 | Court About all of Your Social Security or Federal Indiv   | vidual Taxpayer Identification Numbers   |  |  |
| 2. All Social Secur<br>Numbers you ha<br>used      |  |  |  |  |
|  | You do not have a Social Security number.  | You do not have a Social Security number.  |  |  |
| 3. All federal Indiv<br>Taxpayer<br>Identification | <sup>idual</sup> 9   | 9  |  |  |
| Numbers (ITIN)<br>have used                        | you 9  | 9  |  |  |
| Part 3: Sign Belo                                  | You do not have an ITIN.   | You do not have an ITIN.   |  |  |
|  | Under penalty of perjury, I declare that the information I have provided in this form is true and correct. | Under penalty of perjury, I declare that the information I have provided in this form is true and correct. |  |  |
|  | ₭  | ×  |  |  |
|  | Signature of Debtor 1  | Signature of Debtor 2  |  |  |
|  | Date<br>MM / DD / YYYY   | Date<br>MM / DD / YYYY   |  |  |

Statement About Your Social Security Numbers

| Fill in this information to identify your case: |  |  |
|---|--|--|
| United States Bankruptcy Court for the:         |  |  |
| District of (State)                             |  |  |
| Case number ( <i>If known</i> ):                | <ul> <li>Chapter you are filing under:</li> <li>Chapter 7</li> <li>Chapter 11</li> <li>Chapter 12</li> <li>Chapter 13</li> </ul> |  |

| Check if this is an |
|---------------------|
| amended filing      |

# Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy 12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|----------------------------|---|
| 1. | Your full name  |                            |   |
|    | Write the name that is on your government-issued picture                  |                            |   |
|    | identification (for example,<br>your driver's license or                  | First name                 | First name                                    |
|    | passport).  | Middle name                | Middle name                                   |
|    | Bring your picture<br>identification to your meeting<br>with the trustee. | Last name                  | Last name                                     |
|    |   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last 8<br>years  | First name                 | First name                                    |
|    | Include your married or maiden names.                                     | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
|    |   |                            |   |
| 3. | Only the last 4 digits of   | xxx – xx –                 | xxx – xx –                                    |
|    | your Social Security<br>number or federal                                 | OR                         | OR  |
|    | Individual Taxpayer<br>Identification number<br>(ITIN)                    | 9 xx - xx                  | <b>9</b> xx - xx                              |
|    | · · ·   |                            |   |

| Debtor 1  |   | Case number (if known)   |
|---|---|--|
| First Name Middle N   | ame Last Name   |  |
|   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. Any business names<br>and Employer<br>Identification Numbers       | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
| (EIN) you have used in<br>the last 8 years<br>Include trade names and | Business name   | Business name  |
| doing business as names   | Business name   | Business name  |
|   |   | EIN  |
|   | =   | <u>EIN</u>   |
| 5. Where you live   |   | If Debtor 2 lives at a different address:  |
|   | Number Street   | Number Street  |
|   |   |  |
|   | City State ZIP Code   | City State ZIP Code  |
|   | County<br>If your mailing address is different from the one<br>above, fill it in here. Note that the court will send<br>any notices to you at this mailing address. | County<br>If Debtor 2's mailing address is different from<br>yours, fill it in here. Note that the court will send<br>any notices to this mailing address. |
|   | Number Street   | Number Street  |
|   | P.O. Box  | P.O. Box   |
|   | City State ZIP Code   | City State ZIP Code  |
| 6. Why you are choosing<br>this district to file for                  | Check one:  | Check one:   |
| bankruptcy  | Over the last 180 days before filing this petition,<br>I have lived in this district longer than in any<br>other district.  | <ul> <li>Over the last 180 days before filing this petition,</li> <li>I have lived in this district longer than in any other district.</li> </ul>          |
|   | I have another reason. Explain.<br>(See 28 U.S.C. § 1408.)  | □ I have another reason. Explain.<br>(See 28 U.S.C. § 1408.)   |
|   |   |  |
|   |   |  |
|   |   |  |

| De  | btor 1   |   | 1   |  |   | Case number (if kn   | own)   |  |
|-----|--|---|---|--|---|--|--|--|
|     | First Name Middle Nam                                    | e   | Last Name   |  |   |  |  |  |
| Pa  | art 2: Tell the Court Abou                               | t Your B  | ankrup  | tcy Case   |   |  |  |  |
| 7.  | The chapter of the<br>Bankruptcy Code you                | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |   |  |   |  |  |  |
|     | are choosing to file<br>under                            | 🖵 Cha   | Chapter 7   |  |   |  |  |  |
|     |  | 🖵 Cha   | oter 11   |  |   |  |  |  |
|     |  | 🖵 Cha   | oter 12   |  |   |  |  |  |
|     |  | 🖵 Cha   | oter 13   |  |   |  |  |  |
| 8.  | How you will pay the fee                                 | local<br>your<br>subr<br>with<br>I nee<br>Appl<br>I req<br>By la<br>less  | court for<br>self, you<br>nitting y<br>a pre-pl<br>ad to pa<br>ication i<br>uest th<br>ww, a juo<br>than 15 | or more details about how<br>u may pay with cash, cas<br>our payment on your beh<br>rinted address.<br>Ay the fee in installment<br>for Individuals to Pay The<br>at my fee be waived (Yo<br>dge may, but is not requir<br>50% of the official poverty | v you m<br>hier's c<br>half, you<br>s. If you<br><i>s.</i> If you<br><i>s.</i> If you<br>bu may<br>red to, v<br>line that | ay pay. Typicall<br>heck, or money<br>ir attorney may p<br>u choose this op<br>Fee in Installme<br>request this opti<br>vaive your fee, a<br>at applies to you | bay with a credit card or check<br>tion, sign and attach the<br><i>nts</i> (Official Form 103A).<br>fon only if you are filing for Chapter 7.<br>and may do so only if your income is<br>r family size and you are unable to |  |
|     |  |   |   | in installments). If you ch<br><i>illing Fee Waived</i> (Official  |   |  | ust fill out the <i>Application to Have the</i> with your petition.  |  |
| 9.  | Have you filed for                                       | 🛛 No  |   |  |   |  |  |  |
|     | bankruptcy within the<br>last 8 years?                   | C Yes.  | District  |  | _ When  | MM / DD / YYYY   | Case number  |  |
|     |  |   | District  |  | _ When  |  | Case number  |  |
|     |  |   | <b>D</b> : <i>i</i> : <i>i</i>  |  |   | MM / DD / YYYY   |  |  |
|     |  |   | District  |  | _ When  | MM / DD / YYYY   | Case number  |  |
| 10. | Are any bankruptcy cases pending or being                | 🛛 No  |   |  |   |  |  |  |
|     | filed by a spouse who is<br>not filing this case with    | C Yes.  |   |  |   |  | Relationship to you  |  |
|     | you, or by a business<br>partner, or by an<br>affiliate? |   | District  |  | _ When  | MM/DD/YYYY   | Case number, if known  |  |
|     |  |   | Debtor  |  |   |  | Relationship to you  |  |
|     |  |   | District  |  | _ When  | MM / DD / YYYY   | Case number, if known  |  |
| 11. | Do you rent your<br>residence?                           | No.<br>Yes.   | Go to li<br>Has you   | ne 12.<br>ur landlord obtained an evict  | ion judg  | ment against you?  | ,  |  |
|     |  |   | Yes   | Go to line 12.<br>s. Fill out <i>Initial Statement Al</i><br>bankruptcy petition.  | bout an l   | Eviction Judgment  | Against You (Form 101A) and file it with   |  |

| Debtor | 1 |
|--------|---|
|--------|---|

First Name Middle Name

Last Name

Case number (if known)\_

|   | 🗖 No. ( | Go to Part 4.   |                                |               |                    |
|---|---------|---|--------------------------------|---------------|--------------------|
| of any full- or part-time<br>business?  | C Yes.  | Name and location of bus  | iness                          |               |                    |
| A sole proprietorship is a  |         |   |                                |               |                    |
| business you operate as an<br>individual, and is not a<br>separate legal entity such as<br>a corporation, partnership, or   |         | Name of business, if any  |                                |               |                    |
| LLC.  |         | Number Street   |                                |               |                    |
| If you have more than one<br>sole proprietorship, use a<br>separate sheet and attach it   |         |   |                                |               |                    |
| to this petition.   |         | City  |                                | State         | ZIP Code           |
|   |         | Check the appropriate bo  | x to describe your business:   |               |                    |
|   |         |   | s (as defined in 11 U.S.C. § 1 | )1(27A))      |                    |
|   |         |   | tate (as defined in 11 U.S.C.  |               |                    |
|   |         | -   | ed in 11 U.S.C. § 101(53A))    | ,( <b></b> /) |                    |
|   |         |   | s defined in 11 U.S.C. § 101(  | 6))           |                    |
|   |         | □ None of the above   |                                |               |                    |
| For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D).  | No.     | <ul> <li>No. I am not filing under Chapter 11.</li> <li>No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.</li> <li>Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.</li> </ul> |                                |               |                    |
|   |         | Any Hazardous Prope   | erty or Any Property Tha       | t Needs I     | mmediate Attention |
| art 4: Report if You Own o  | or Have | , ,   |                                |               |                    |
| 4. Do you own or have any   | or Have |   |                                |               |                    |
|   | No      | What is the hazard?   |                                |               |                    |
| Do you own or have any<br>property that poses or is<br>alleged to pose a threat<br>of imminent and  | No      | What is the hazard?   | needed, why is it needed?      |               |                    |
| Do you own or have any<br>property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs  | No      | What is the hazard?   | needed, why is it needed?      |               |                    |
| 4. Do you own or have any<br>property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?<br>For example, do you own<br>perishable goods, or livestock<br>that must be fed, or a building | No      | What is the hazard?<br>If immediate attention is<br>Where is the property?  | needed, why is it needed?      |               |                    |

Middle Name

Last Name

### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

First Name

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

# □ I am not required to receive a briefing about credit counseling because of:

- □ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

# □ I am not required to receive a briefing about credit counseling because of:

| Incapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   |
|-------------|--|
| Disability. | My physical disability causes me<br>to be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so. |

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. First Name

Middle Name

Last Name

Case number (if known)

| Pa  | rt 6: Answer These Ques   | tions for Reporting Purposes  |  |   |  |  |  |  |
|-----|---|---|--|---|--|--|--|--|
| 16. | What kind of debts do<br>you have?  | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."   |  |   |  |  |  |  |
|     | , journal of  | <ul><li>No. Go to line 16b.</li><li>Yes. Go to line 17.</li></ul>   |  |   |  |  |  |  |
|     |   |   |  | ess debts are debts that you incurred to obtain on of the business or investment.   |  |  |  |  |
|     |   | <ul> <li>No. Go to line 16c.</li> <li>Yes. Go to line 17.</li> </ul>  |  |   |  |  |  |  |
|     |   | 16c. State the type of debts you ow   | e that are not consumer de   | bts or business debts.  |  |  |  |  |
| 17. | Are you filing under<br>Chapter 7?  | No. I am not filing under Chapt   | er 7. Go to line 18.   |   |  |  |  |  |
|     | Do you estimate that after<br>any exempt property is<br>excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? |   |  | any exempt property is excluded and ailable to distribute to unsecured creditors?   |  |  |  |  |
| 18. | How many creditors do   | 1-49  | 1,000-5,000  | 25,001-50,000   |  |  |  |  |
|     | you estimate that you owe?  | <ul> <li>50-99</li> <li>100-199</li> <li>200-999</li> </ul>   | <ul> <li>5,001-10,000</li> <li>10,001-25,000</li> </ul>  | <ul><li>50,001-100,000</li><li>More than 100,000</li></ul>  |  |  |  |  |
| 19. | How much do you<br>estimate your assets to<br>be worth?   | <ul> <li>\$0-\$50,000</li> <li>\$50,001-\$100,000</li> <li>\$100,001-\$500,000</li> <li>\$500,001-\$1 million</li> </ul>  | <ul> <li>\$1,000,001-\$10 millior</li> <li>\$10,000,001-\$50 millior</li> <li>\$50,000,001-\$100 million</li> <li>\$100,000,001-\$500 m</li> </ul> | Image: Signal state |  |  |  |  |
| 20. | How much do you<br>estimate your liabilities<br>to be?  | <ul> <li>\$0-\$50,000</li> <li>\$50,001-\$100,000</li> <li>\$100,001-\$500,000</li> <li>\$500,001-\$1 million</li> </ul>  | <ul> <li>\$1,000,001-\$10 millior</li> <li>\$10,000,001-\$50 millior</li> <li>\$50,000,001-\$100 mill</li> <li>\$100,000,001-\$500 m</li> </ul>    | Image: Signal state |  |  |  |  |
| Pa  | rt 7: Sign Below  |   |  |   |  |  |  |  |
| Fo  | or you  | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  |  |   |  |  |  |  |
|     |   | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |  |   |  |  |  |  |
|     |   | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |  |   |  |  |  |  |
|     |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |  |   |  |  |  |  |
|     |   |   | n fines up to \$250,000, or im   | obtaining money or property by fraud in connection aprisonment for up to 20 years, or both.   |  |  |  |  |
|     |   | ×   | ×  |   |  |  |  |  |
|     |   | Signature of Debtor 1   |  | Signature of Debtor 2   |  |  |  |  |
|     |   | Executed on   | Y  | Executed on   |  |  |  |  |

| Debtor 1 First Name Middle Nam   | e Last Name   | Case number (if known)   |  |
|--|---|--|--|
|  |   |  |  |
| For your attorney, if you are<br>represented by one<br>If you are not represented<br>by an attorney, you do not<br>need to file this page. | to proceed under Chapter 7, 11, 12, or<br>available under each chapter for whic<br>the notice required by 11 U.S.C. § 343 | d in this petition, declare that I have info<br>or 13 of title 11, United States Code, an<br>h the person is eligible. I also certify th<br>2(b) and, in a case in which § 707(b)(4<br>formation in the schedules filed with the<br>Date | d have explained the relief<br>hat I have delivered to the debtor(s)<br>)(D) applies, certify that I have no |
|  | Signature of Attorney for Debtor  |  | MM / DD /YYYY  |
|  |   |  |  |
|  | Printed name  |  |  |
|  | Firm name   |  |  |
|  | Number Street   |  |  |
|  | City  | State  | ZIP Code   |
|  | Contact phone   | Email address  |  |
|  | Bar number  | State  | -  |
|  |   |  |  |

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)\_

For you if you are filing this The law allows you, as an individual, to represent yourself in bankruptcy court, but you bankruptcy without an should understand that many people find it extremely difficult to represent attorney themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. If you are represented by To be successful, you must correctly file and handle your bankruptcy case. The rules are very an attorney, you do not technical, and a mistake or inaction may affect your rights. For example, your case may be need to file this page. dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? No No □ Yes Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? □ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case. X х Signature of Debtor 1 Signature of Debtor 2 Date Date MM / DD / YYYY MM / DD / YYYY Contact phone Contact phone Cell phone Cell phone

Email address

Email address

| Fill in this information to identify your case:     |            |             |           |         |  |  |
|---|------------|-------------|-----------|---------|--|--|
| Debtor 1  | First Name | Middle Name | Last Name |         |  |  |
| Debtor 2<br>(Spouse, if filing)                     |            | Middle Name | Last Name |         |  |  |
| United States Bankruptcy Court for the: District of |            |             |           |         |  |  |
| Case number<br>(If known)                           |            |             |           | (State) |  |  |

## Official Form 101A Initial Statement About an Eviction Judgment Against You

12/15

File this form with the court and serve a copy on your landlord when you first file bankruptcy only if:

- you rent your residence; and
- your landlord has obtained a judgment for possession in an eviction, unlawful detainer action, or similar proceeding (called *eviction judgment*) against you to possess your residence.

| Landlord's name       |             |   |  |   |  |                          |
|-----------------------|-------------|---|--|---|--|--------------------------|
| Landlord's address    | Number      | Street  |  |   |  |                          |
|                       | City        |   | State  | ZIP Code  |  |                          |
| ou want to stay in yo | our rente   | d residence after y   | you file your case fo  | or bankruptcy, a  | Iso complete the certification below.  |                          |
| Certification         | About A     | Applicable Law  | and Deposit of Re  | ent   |  |                          |
| I certify under pe    | enalty of p | perjury that:   |  |   |  |                          |
|                       |             |   | law that applies to the<br>by paying my landlord                         |   | ossession ( <i>eviction judgment</i> ),<br>quent amount.   |                          |
| •                     |             |   | deposit for the rent t<br>ng for Bankruptcy (Off                         |   | e during the 30 days after I file  |                          |
| ×                     |             |   |  | X   | ×  |                          |
| Signatur              | re of Debto | r 1   |  |   | Signature of Debtor 2  |                          |
| Date<br>MI            | M/DD        | / YYYY  |  |   | Date   |                          |
| Stay of Eviction      |             | and served your lan apply to the continu                        | ndlord with a copy of  | this statement, t<br>against you for 3                  | xes above, signed the form to certify that bo<br>he automatic stay under 11 U.S.C. § 362(a)<br>80 days after you file your <i>Voluntary Petition</i>   | )(3) will                |
|                       |             | receive the protecti<br>amount to your lan<br>out Statement Abo | ion of the automatic s<br>dlord as stated in the<br>ut Payment of an Evi | etay under 11 U.S<br>eviction judgme<br>action Judgment | r residence after that 30-day period and con<br>S.C. § 362(a)(3), you must pay the entire de<br>nt before the 30-day period ends. You must<br>Against You (Official Form 101B), file it with<br>fore the 30-day period ends. | elinquent<br>t also fill |

Check the Bankruptcy Rules (<u>www.uscourts.gov/rulesandpolicies/rules.aspx</u>) and the local court's website (to find your court's website, go to <u>www.uscourts.gov/Court\_Locator.aspx</u>) for any specific requirements that you might have to meet to serve this statement. 11 U.S.C. §§ 362(b)(22) and 362(I)

| Fill in this information to identify your case: |            |                        |           |  |  |  |
|---|------------|------------------------|-----------|--|--|--|
| Debtor 1  | First Name | Middle Name            | Last Name |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 | First Name | Middle Name            | Last Name |  |  |  |
| United States E                                 |            | District of<br>(State) |           |  |  |  |
| Case number (If known)                          |            |                        |           |  |  |  |

### Official Form 101B

## Statement About Payment of an Eviction Judgment Against You 12/15

Fill out this form only if:

- you filed Initial Statement About an Eviction Judgment Against You (Official Form 101A); and
- you served a copy of Form 101A on your landlord; and
- you want to stay in your rented residence for more than 30 days after you file your Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101).

File this form within 30 days after you file your *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). Also serve a copy on your landlord within that same time period.

| Certification About Applicable Law and Paymen  | t of Eviction Judgment |  |  |  |  |
|--|------------------------|--|--|--|--|
| I certify under penalty of perjury that (Check all that apply):  |                        |  |  |  |  |
| <ul> <li>Under the state or other nonbankruptcy law that applies to the judgment for possession (<i>eviction judgment</i>), I have the right to stay in my residence by paying my landlord the entire delinquent amount.</li> <li>Within 30 days after I filed my <i>Voluntary Petition for Individuals Filing for Bankruptcy</i> (Official Form 101), I have paid my landlord the entire amount I owe as stated in the judgment for possession (<i>eviction judgment</i>).</li> </ul> |                        |  |  |  |  |
| Signature of Debtor 1  | Signature of Debtor 2  |  |  |  |  |
| Date<br>MM / DD / YYYY   | Date<br>MM / DD / YYYY |  |  |  |  |

### You must serve your landlord with a copy of this form.

Check the Bankruptcy Rules (<u>www.uscourts.gov/rulesandpolicies/rules.aspx</u>) and the court's local website (go to <u>http://www.uscourts.gov/Court\_Locator.aspx</u> to find your court's website) for any specific requirements that you might have to meet to serve this statement.

### Checklist 2

The following documents **must** also be filed at the bankruptcy court with the Voluntary Petition, or within 14 days after the filing of the Voluntary Petition. If the following documents are not filed within 14 days after the filing of the Voluntary Petition, the bankruptcy case may be dismissed. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you.

- □ CSD 1099 Balance of Schedules, Statements, and/or Chapter 13 Plan (*This form must accompany the below forms if they are filed within 14 days after filing the Voluntary Petition. If the below forms are filed with the Voluntary Petition, do not file this form.*)
- 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information
- □ 106A/B Schedule A/B / Property
- □ 106C Schedule C / Property Claimed as Exempt
- □ 106D Schedule D / Creditors Holding Secured Claims
- □ 106E/F Schedule E/F / Creditors Holding Unsecured Claims
- □ 106G Schedule G / Executory Contracts & Unexpired Leases
- □ 106H Schedule H / Codebtors
- □ 106I Schedule I / Your Income
- □ 106J Schedule J / Your Expenses
- □ 106J-2 Schedule J-2 / Expenses for Separate Household of Debtor 2
- □ 106Dec Declaration About an Individual Debtor's Schedules
- □ 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy
- □ Instructions for completing 122C-1 and 122C-2
- 122C-1 Chapter 13 Statement of Current Monthly Income and Calculation of Commitment Period
- □ 122C-2 Chapter 13 Calculation of Your Disposable Income, if applicable
- □ CSD 1300 Mandatory Chapter 13 Plan (Follow the instructions in the attached CSD 1300a Guidelines for Using Mandatory Chapter 13 Plan to complete the Chapter 13 Plan.)

### UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF CALIFORNIA 325 West F Street, San Diego, California 92101-6991

In Re

BANKRUPTCY NO.

Debtor.

### **BALANCE OF SCHEDULES, STATEMENTS, AND/OR CHAPTER 13 PLAN**

Presented are the original with the number of copies required by CSD 1800 Administrative Procedures of the following [Check one or more boxes as appropriate]:

|          | Schedules A/B - J  |
|----------|--|
|          | Statement of Financial Affairs   |
|          | Summary of Schedules (Includes Statistical Summary of Certain Liabilities)   |
|          | Summary of Your Assets and Liabilities and Certain Statistical Information Schedules                                 |
|          | Chapter 7 Statement of Current Monthly Income  |
|          | Chapter 7 Statement of Exemption from Presumption of Abuse Under § 707(b)(2)   |
|          | Chapter 7 Means Test Calculation   |
|          | Chapter 11 Statement of Your Current Monthly Income  |
|          | Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period                             |
|          | Chapter 13 Calculation of Your Disposable Income   |
|          | Chapter 13 Plan  |
|          | Schedule of Real and/or Personal Property  |
|          | Schedule of Property Claimed Exempt  |
|          | Creditors Holding Secured Claims by Property   |
|          | Creditors Holding Unsecured Priority and/or Non-priority Claims:   |
|          | Schedule of Executory Contracts & Unexpired Leases   |
|          | Schedule of Co-Debtors   |
|          | Income of Individual Debtor(s)   |
|          | Expenses of Individual Debtor(s)   |
|          | Expenses for Separate Household of Debtor 2  |
| If addit | ional creditors are added at this time, the following are required:  |
| 1.       | Electronic media required, see CSD 1007, containing only the added names and addresses (when the Balance of          |
|          | Schedules are filed on paper).   |
| 2.       | Local Form CSD 1101, Notice to Creditors of This Debtor Added by Amendment or Balance of Schedules. See              |
|          | instructions on reverse side.  |
| Dated:   | Signed:  |
|          | Attorney for Debtor  |
| I[V      |  |
| undorr   | penalty of periury that the information set forth in the balance of schedules and/or chanter 13 plan attached bereto |

under penalty of perjury that the information set forth in the balance of schedules and/or chapter 13 plan attached hereto, consisting of \_\_\_\_\_ pages, and on the creditor matrix, if any, is true and correct.

Dated:

\*Joint Debtor \*Debtor

\*Pursuant to LBR 5005-4(C), the original debtor signature(s) in a scanned format is required.

### INSTRUCTIONS

- 1. Local Form CSD 1101, *Notice to Creditors of The Above-Named Debtor Added by Amendment or Balance of Schedules*, may be used to notify any added entity. When applicable, copies of the following notices must accompany the notice: Order for and Notice of Section 341(a) Meeting, Discharge of Debtor, Notice of Order Confirming Plan, and Proof of Claim.
- 2. If not filed previously and this is an ECF case, the *Declaration Re: Electronic Filing of Petition, Schedules & Statements* (Local Form CSD 1801) must be filed in accordance with LBR 5005-4(c).
- 3. If this is a Chapter 11 case, each member of any committee appointed must be served this Balance of Schedules.

### PROOF OF SERVICE

I, whose address appears below, certify:

That I am, and at all relevant times was, more than 18 years of age;

I served a true copy of this **Balance of Schedules and/or Chapter 13 Plan** on the following persons listed below via the following method(s):

### 1. To Be Served by the Court via Notice of Electronic Filing ("NEF"):

Under controlling Local Bankruptcy Rules(s) ("LBR"), the document(s) listed above will be served by the court via NEF and hyperlink to the document. On \_\_\_\_\_\_\_, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following person(s) are on the Electronic Mail Notice List to receive NEF transmission at the e-mail address(es) indicated and/or as checked below:

| Chapter 7 Trustee:   |  |  |
|--|--|--|
| For Chpt. 7, 11, & 12 cases:<br>UNITED STATES TRUSTEE<br>ustp.region15@usdoj.gov | For ODD numbered Chapter 13 cases:<br>THOMAS H. BILLINGSLEA, JR., TRUSTEE<br>Billingslea@thb.coxatwork.com | For EVEN numbered Chapter 13 cases:<br>DAVID L. SKELTON, TRUSTEE<br>admin@ch13.sdcoxmail.com<br>dskelton13@ecf.epiqsystems.com |

### 2. Served by United States Mail:

On \_\_\_\_\_\_,I served the following person(s) and/or entity(ies) at the last known address(es) In this bankruptcy case or adversary proceeding by placing accurate copies in a sealed envelope in the United States Mail via 1) first class, postage prepaid or 2) certified mail with receipt number, addressed as follows:

### 3. Served by Personal Delivery, Facsimile Transmission, Overnight Delivery, or Electronic Mail:

Under Fed.R.Civ.P.5 and controlling LBR, on \_\_\_\_\_\_, I served the following person(s) and/or entity(ies) by personal delivery, or (for those who consented in writing to such service method), by facsimile transmission, by overnight delivery, and/or electronic mail as follows:

I declare under penalty of perjury under the laws of the United States of America that the statements made in this proof of service are true and correct.

Executed on

(Date)

(Typed Name and Signature)

(Address)

(City, State, ZIP Code)

### UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF CALIFORNIA 325 West F Street, San Diego, California 92101-6991

In Re

BANKRUPTCY NO.

Debtor.

### NOTICE TO CREDITORS OF THE ABOVED-NAMED DEBTOR ADDED BY AMENDMENT OR BALANCE OF SCHEDULES

You are hereby notified that the debtor is filing in this case a schedule or an amendment to the debtor's list of debts to include you as a creditor of this estate. If you have questions concerning the legal effect of this filing upon you as a creditor, please consult your own legal counsel. Neither the Court nor I may advise you on legal matters.

| You are further notified that on                           | , the debtor filed a petition for relief under Chapter, of the |
|--|--|
| United States Bankruptcy Code. [If applicable: The case wa | as subsequently converted to a case under Chapter of the       |
| Code on:]  |  |

# As a result of the filing of the petition, you are notified that certain acts and proceedings against the debtor and his estate are stated as provided in 11 U.S.C. § 362(a).

Copies of notices indicated below are pertinent to this case and are enclosed with this notice.

Order for and Notice of Section 341(a) Meeting and/or Notice of Hearing on Objection to Confirmation of Chapter 13 Plan

- Meeting and/or Hearing pending
- Meeting and/or Hearing concluded

| 🗌 N | leeting and/or | Hearing continued to |  | , at | .m. |
|-----|----------------|----------------------|--|------|-----|
|-----|----------------|----------------------|--|------|-----|

- Discharge of the Debtor
- Order Fixing Last Date for Filing Claims and Proof of Claim (Form 410)
- Order Confirming Plan
- Other (specify)

Dated:

Signed:

Debtor Attorney for Debtor

#### INSTRUCTIONS

- 1. Determine which of the notices or orders listed on the reverse side have been mailed to creditors <u>prior</u> to preparation of the amendment or balance of schedules being filed with this notice. Copies of those notices must be mailed to the added creditors and copies attached to this notice. Failure to do so may cause the amendment, schedules and/or notice to be returned for correction.
- 2. Compliance with LBR 1007-4 and 1009 are required.

#### **PROOF OF SERVICE**

I, whose address appears below, certify:

That I am, and at all relevant times was, more than 18 years of age;

I served a true copy of this **Notice to Creditors of the Above-Named Debtor Added by Amendment** on the following persons listed below via the following method(s):

### 1. To Be Served by the Court via Notice of Electronic Filing ("NEF"):

Under controlling Local Bankruptcy Rules(s) ("LBR"), the document(s) listed above will be served by the court via NEF and hyperlink to the document. On \_\_\_\_\_\_\_, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following person(s) are on the Electronic Mail Notice List to receive NEF transmission at the e-mail address(es) indicated and/or as checked below:

| Chapter 7 Trustee:   |  |  |
|--|--|--|
| For Chpt. 7, 11, & 12 cases:<br>UNITED STATES TRUSTEE<br>ustp.region15@usdoj.gov | For ODD numbered Chapter 13 cases:<br>THOMAS H. BILLINGSLEA, JR., TRUSTEE<br>Billingslea@thb.coxatwork.com | For EVEN numbered Chapter 13 cases:<br>DAVID L. SKELTON, TRUSTEE<br>admin@ch13.sdcoxmail.com<br>dskelton13@ecf.epiqsystems.com |

#### 2. Served by United States Mail:

On \_\_\_\_\_\_,I served the following person(s) and/or entity(ies) at the last known address(es) in this bankruptcy case or adversary proceeding by placing accurate copies in a sealed envelope in the United States Mail via 1) first class, postage prepaid or 2) certified mail with receipt number, addressed as follows:
### 3. Served by Personal Delivery, Facsimile Transmission, Overnight Delivery, or Electronic Mail:

Under Fed.R.Civ.P.5 and controlling LBR, on \_\_\_\_\_\_, I served the following person(s) and/or entity(ies) by personal delivery, or (for those who consented in writing to such service method), by facsimile transmission, by overnight delivery, and/or electronic mail as follows:

I declare under penalty of perjury under the laws of the United States of America that the statements made in this proof of service are true and correct.

Executed on

(Date)

(Typed Name and Signature)

(Address)

(City, State, ZIP Code)

| Fill in this information to identify your case: |                           |             |                        |  |
|---|---------------------------|-------------|------------------------|--|
| Debtor 1  | First Name                | Middle Name | Last Name              |  |
| Debtor 2<br>(Spouse, if filing)                 | First Name                | Middle Name | Last Name              |  |
| United States E                                 | Bankruptcy Court for the: |             | District of<br>(State) |  |
| Case number                                     | (If known)                |             |                        |  |

Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

### Part 1: Summarize Your Assets

|    |  | <b>Your assets</b><br>Value of what you own |
|----|--|---|
| 1. | Schedule A/B: Property (Official Form 106A/B)<br>1a. Copy line 55, Total real estate, from Schedule A/B  | \$  |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$  |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$  |
| Pa | art 2: Summarize Your Liabilities  |   |
|    |  | Your liabilities<br>Amount you owe          |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)<br>2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$  |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)<br>3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$  |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | + \$  |
|    | Your total liabilities   | \$  |
| Pa | art 3: Summarize Your Income and Expenses  |   |
| 4. | Schedule I: Your Income (Official Form 106I)<br>Copy your combined monthly income from line 12 of Schedule I   | \$  |
| 5. | Schedule J: Your Expenses (Official Form 106J)<br>Copy your monthly expenses from line 22c of Schedule J   | \$  |

| Debt | or 1 Ca  | ase number (if known)                       |
|------|--|---|
|      | First Name Last Name   |   |
| Pa   | t 4: Answer These Questions for Administrative and Statistical Records   |   |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?   |   |
|      | <ul> <li>No. You have nothing to report on this part of the form. Check this box and submit this form</li> <li>Yes</li> </ul>  | orm to the court with your other schedules. |
| 7.   | What kind of debt do you have?   |   |
|      | ❑ Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purport |   |
|      | ✓ Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.   | t of the form. Check this box and submit    |
| 8.   | From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.                         | come from Official \$                       |
| 9. ( | Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :   |   |
|      |  | Total claim                                 |
|      | From Part 4 on <i>Schedule E/F</i> , copy the following:   |   |
|      | 9a. Domestic support obligations (Copy line 6a.)   | \$  |
|      | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$  |
|      | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$  |
|      | 9d. Student loans. (Copy line 6f.)   | \$  |
|      | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)   | \$  |
|      | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | + \$  |
|      | 9g. <b>Total.</b> Add lines 9a through 9f.   | \$  |

| In each category, separately list and describe items. List an asset only once. If an asset fits in more than one cate<br>category where you think it fits best. Be as complete and accurate as possible. If two married people are filing to<br>responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the<br>write your name and case number (if known). Answer every question. | gether, both are equally |
|--|--------------------------|
|  | st In                    |

Fill in this information to identify your case and this filing:

Middle Name

Middle Name

estion. Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence. building. land. or similar property?

Last Name

Last Name

District of

(State)

|        | o. Go to Part 2.<br>es. Where is the property?     |   |  |  |
|--------|--|---|--|--|
| 1.1.   |  | What is the property? Check all that apply. Single-family home Duplex or multi-unit building  | Do not deduct secured cla<br>the amount of any secured<br>Creditors Who Have Claim   | d claims on Schedule D:  |
|        | Street address, if available, or other description | <ul> <li>Condominium or cooperative</li> <li>Manufactured or mobile home</li> <li>Land</li> <li>Investment property</li> <li>Timeshare</li> <li>Other</li> <li>Who has an interest in the property? Check one.</li> </ul> | Current value of the<br>entire property?<br>\$<br>Describe the nature of<br>interest (such as fee<br>the entireties, or a life | portion you own?<br>\$<br>f your ownership<br>simple, tenancy by |
|        | County   | <ul> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> <li>Other information you wish to add about this it</li> </ul>                    |  | mmunity property   |
| lf vou | own or have more than one, list here:              | property identification number:   |  |  |
| 1.2.   |  | <ul> <li>What is the property? Check all that apply.</li> <li>Single-family home</li> <li>Duplex or multi-unit building</li> </ul>  | Do not deduct secured cla<br>the amount of any secured<br>Creditors Who Have Clain   | d claims on Schedule D:  |
|        | Street address, if available, or other description | <ul> <li>Condominium or cooperative</li> <li>Manufactured or mobile home</li> </ul>   | Current value of the entire property?  | portion you own?   |
|        | City State ZIP Code                                | Land     Investment property     Timeshare     Other  | \$ Describe the nature of interest (such as fee the entireties, or a life)   | simple, tenancy by   |
|        |  | Who has an interest in the property? Check one.   |  |  |
|        | County   | <ul> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> </ul>   | Check if this is co<br>(see instructions)  | mmunity property   |
|        |  | Other information you wish to add about this ite<br>property identification number:   | m, such as local   |  |

Official Form 106A/B

First Name

United States Bankruptcy Court for the:

Debtor 1

Debtor 2

Case number

(Spouse, if filing) First Name

Check if this is an amended filing

| 1.3.    | Street address, if available, or other description  | <ul> <li>What is the property? Check all that apply.</li> <li>Single-family home</li> <li>Duplex or multi-unit building</li> <li>Condominium or cooperative</li> <li>Manufactured or mobile home</li> <li>Land</li> <li>Investment property</li> <li>Timeshare</li> </ul> | Do not deduct secured cla<br>the amount of any secure<br><i>Creditors Who Have Clair</i><br><b>Current value of the</b><br><b>entire property?</b><br>\$<br>Describe the nature of<br>interest (such as fee | d claims on Schedule D:<br>ns Secured by Property.<br>Current value of the<br>portion you own?<br>\$ |
|---------|---|---|---|--|
|         | County  | <ul> <li>Other</li></ul>  |   |  |
|         |   | Il of your entries from Part 1, including any entries here.   |   | \$   |
| you own | that someone else drives. If you lease a vehicl<br>, vans, trucks, tractors, sport utility vehicles<br>lo | st in any vehicles, whether they are registered or r<br>le, also report it on Schedule G: Executory Contracts a<br>s, motorcycles<br>Who has an interest in the property? Check one.  | -   |  |
| 0.1.    | Model:  | <ul> <li>Debtor 1 only</li> <li>Debtor 2 only</li> </ul>  | the amount of any secure<br>Creditors Who Have Clair<br>Current value of the  | d claims on Schedule D:  |
|         | Approximate mileage:  | <ul> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> </ul>   | entire property?  | portion you own?   |
| lf you  | I own or have more than one, describe here:   | Check if this is community property (see instructions)  | \$  | \$   |
| 3.2.    | Make:   | Who has an interest in the property? Check one.   | Do not deduct secured cla<br>the amount of any secure   |  |
|         | Model:  | Debtor 1 only Debtor 2 only   | Creditors Who Have Clair  |  |

Case number (if known)\_

Other information:

Approximate mileage:

| Check if this is community property (see instructions) | \$ |
|--|----|
|--|----|

Year:

Debtor 1

First Name

Middle Name

Last Name

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Current value of the portion you own?

\$\_

Current value of the

entire property?

| 3.3. | Make:  | When has an interact in the preparty? Obselvers  | <b>D</b>  | in a survey time. Dut   |
|------|--|--|---|---|
|      |  | Who has an interest in the property? Check one.  | Do not deduct secured cla   |   |
|      | Model:   | Debtor 1 only  | the amount of any secure<br>Creditors Who Have Clain  |   |
|      |  | Debtor 2 only  |   |   |
|      | Year:  | Debtor 1 and Debtor 2 only   | Current value of the<br>entire property?  | Current value of the<br>portion you own?  |
|      | Approximate mileage:   | At least one of the debtors and another  | entire property?  | portion you own?  |
|      | Other information:   |  |   |   |
|      |  | Check if this is community property (see instructions)   | \$  | \$  |
|      |  |  |   |   |
| 3.4. | Make:  | Who has an interest in the property? Check one.  | Do not deduct secured cla   | ims or exemptions. Put  |
| 0.4. | Model:   | Debtor 1 only  | the amount of any secure<br>Creditors Who Have Clain  | d claims on Schedule D:   |
|      |  | Debtor 2 only  | Creditors who have Clair  | ns Secured by Property.   |
|      | Year:  | Debtor 1 and Debtor 2 only   | Current value of the  | Current value of the  |
|      | Approximate mileage:   | At least one of the debtors and another  | entire property?  | portion you own?  |
|      | Other information:   |  |   |   |
|      |  | Check if this is community property (see instructions)   | \$  | \$  |
|      |  |  |   |   |
|      | 5<br>5   | <ul> <li>Who has an interest in the property? Check one.</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> <li>Check if this is community property (see instructions)</li> </ul>   |   | d claims on Schedule D:   |
| Exan | ples: Boats, trailers, motors, personal water<br>D<br>BS<br>Make:<br>Model:<br>Year:<br>Other information:   | <ul> <li>craft, fishing vessels, snowmobiles, motorcycle accesso</li> <li>Who has an interest in the property? Check one.</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> <li>Check if this is community property (see</li> </ul>   | Do not deduct secured cla<br>the amount of any secure-<br><i>Creditors Who Have Clair</i><br><b>Current value of the</b><br>entire property?  | d claims on <i>Schedule D:</i><br>ns Secured by Property.<br>Current value of the<br>portion you own?       |
| Exan | ples: Boats, trailers, motors, personal water<br>o<br>es<br>Make:<br>Model:<br>Year:   | <ul> <li>craft, fishing vessels, snowmobiles, motorcycle accesso</li> <li>Who has an interest in the property? Check one.</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> <li>Check if this is community property (see instructions)</li> </ul>   | Do not deduct secured cla<br>the amount of any secure-<br><i>Creditors Who Have Clair</i><br><b>Current value of the</b><br>entire property?  | d claims on <i>Schedule D:</i><br>ns Secured by Property.<br>Current value of the<br>portion you own?       |
| Exan | ples: Boats, trailers, motors, personal water<br>D<br>BS<br>Make:<br>Model:<br>Year:<br>Other information:   | <ul> <li>craft, fishing vessels, snowmobiles, motorcycle accesso</li> <li>Who has an interest in the property? Check one.</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> <li>Check if this is community property (see instructions)</li> <li>Who has an interest in the property? Check one.</li> </ul>   | Do not deduct secured cla<br>the amount of any secured<br><i>Creditors Who Have Clair</i><br><b>Current value of the</b><br><b>entire property?</b><br>\$<br>Do not deduct secured cla  | d claims on Schedule D:<br>ns Secured by Property.<br>Current value of the<br>portion you own?<br>\$        |
| Exan | ples: Boats, trailers, motors, personal water<br>b<br>B<br>Make:<br>Model:<br>Year:<br>Other information:<br><br>own or have more than one, list here:                           | <ul> <li>craft, fishing vessels, snowmobiles, motorcycle accesso</li> <li>Who has an interest in the property? Check one.</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> <li>Check if this is community property (see instructions)</li> <li>Who has an interest in the property? Check one.</li> <li>Debtor 1 only</li> </ul>  | Do not deduct secured cla<br>the amount of any secured<br><i>Creditors Who Have Clair</i><br><b>Current value of the</b><br><b>entire property?</b><br>\$   | d claims on Schedule D:<br>ns Secured by Property.<br>Current value of the<br>portion you own?<br>\$        |
| Exan | ples: Boats, trailers, motors, personal water<br>b<br>B<br>Make:<br>Model:<br>Year:<br>Other information:<br>own or have more than one, list here:<br>Make:<br>Model:            | <ul> <li>craft, fishing vessels, snowmobiles, motorcycle accesso</li> <li>Who has an interest in the property? Check one.</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> <li>Check if this is community property (see instructions)</li> <li>Who has an interest in the property? Check one.</li> <li>Debtor 1 only</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> </ul>  | Do not deduct secured cla<br>the amount of any secured<br><i>Creditors Who Have Clair</i><br><b>Current value of the</b><br><b>entire property?</b><br>\$<br>Do not deduct secured cla<br>the amount of any secured<br><i>Creditors Who Have Clair</i>                                | d claims on Schedule D:<br>ns Secured by Property.<br>Current value of the<br>portion you own?<br>\$        |
| Exan | ples: Boats, trailers, motors, personal water<br>D<br>BS<br>Make:<br>Model:<br>Year:<br>Other information:<br>Common plane more than one, list here:<br>Make:<br>Model:<br>Year: | <ul> <li>craft, fishing vessels, snowmobiles, motorcycle accesso</li> <li>Who has an interest in the property? Check one.</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> <li>Check if this is community property (see instructions)</li> <li>Who has an interest in the property? Check one.</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 1 only</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 1 only</li> <li>Debtor 1 only</li> <li>Debtor 1 only</li> <li>Debtor 1 only</li> </ul> | Do not deduct secured cla<br>the amount of any secure-<br><i>Creditors Who Have Clair</i><br><b>Current value of the</b><br><b>entire property?</b><br>\$<br>Do not deduct secured cla<br>the amount of any secure-   | d claims on <i>Schedule D:</i><br>ns Secured by Property.<br>Current value of the<br>portion you own?<br>\$ |
| Exan | ples: Boats, trailers, motors, personal water<br>b<br>B<br>Make:<br>Model:<br>Year:<br>Other information:<br>own or have more than one, list here:<br>Make:<br>Model:            | <ul> <li>craft, fishing vessels, snowmobiles, motorcycle accesso</li> <li>Who has an interest in the property? Check one.</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> <li>Check if this is community property (see instructions)</li> <li>Who has an interest in the property? Check one.</li> <li>Debtor 1 only</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> </ul>  | Do not deduct secured cla<br>the amount of any secured<br><i>Creditors Who Have Clair</i><br><b>Current value of the</b><br><b>entire property?</b><br>\$<br>Do not deduct secured cla<br>the amount of any secured<br><i>Creditors Who Have Clair</i><br><b>Current value of the</b> | d claims on Schedule D:<br>ns Secured by Property.<br>Current value of the<br>portion you own?<br>\$        |

| Part 3: Describe Your Personal and Household Items   |  |
|--|--|
| Do you own or have any legal or equitable interest in any of the following items?  | Current value of the<br>portion you own?<br>Do not deduct secured claims<br>or exemptions. |
| 6. Household goods and furnishings   |  |
| Examples: Major appliances, furniture, linens, china, kitchenware  |  |
| No No  | 7  |
| Yes. Describe  | \$   |
| 7. Electronics   |  |
| <ul> <li>Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games</li> <li>No</li> </ul> |  |
| Yes. Describe  | \$   |
| 8. Collectibles of value   |  |
| <ul> <li>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles</li> <li>No</li> </ul>    | 7  |
| Yes. Describe  | \$   |
| 9. Equipment for sports and hobbies  |  |
| <ul> <li>Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments</li> <li>No</li> </ul>                                    | _  |
| Yes. Describe  | \$   |
| 10. Firearms   |  |
| Examples: Pistols, rifles, shotguns, ammunition, and related equipment   |  |
| No Yes. Describe   | \$   |
| 11. Clothes  |  |
| Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories   |  |
| No No  | 7  |
| Yes. Describe  | \$   |
|  |  |
| <ol> <li>Jewelry</li> <li>Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver</li> </ol>   |  |
| No     Yes. Describe   | \$   |
| 13. Non-farm animals<br>Examples: Dogs, cats, birds, horses  |  |
| No   | -  |
| Yes. Describe  | \$   |
| 14. Any other personal and household items you did not already list, including any health aids you did not list  | _  |
| No No  | _  |
| Yes. Give specific information   | \$   |
|  |  |
| 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here  | \$   |

Middle Name Last Name

| <ul> <li>No</li> <li>Yes</li> <li>Deposits of money</li> <li>Examples: Checking, savings<br/>and other similar in</li> </ul> |                             | e, in a safe deposit box, and on hand when you file your petition<br>Cash:   | \$   |
|--|-----------------------------|--|------|
| <ul> <li>No</li> <li>Yes</li> <li>Deposits of money</li> <li>Examples: Checking, savings and other similar in</li> </ul>     |                             |  | . \$ |
| <ul> <li>Yes</li> <li>Deposits of money</li> <li>Examples: Checking, savings<br/>and other similar in</li> </ul>             |                             | Cash:  | . \$ |
| <b>Deposits of money</b><br><i>Examples:</i> Checking, savings<br>and other similar in                                       |                             | Cash:  | . \$ |
| Examples: Checking, savings and other similar in   | s, or other financial accou |  |      |
|  |                             | nts; certificates of deposit; shares in credit unions, brokerage house<br>ultiple accounts with the same institution, list each. | S,   |
| 🗖 No   |                             |  |      |
| <b>Yes</b>   |                             | Institution name:  |      |
| 17.1   | . Checking account:         |  | _ \$ |
| 17.2   | . Checking account:         |  | _ \$ |
| 17.3   | . Savings account:          |  | _ \$ |
| 17.4   | . Savings account:          |  | - \$ |
| 17.5   | . Certificates of deposit:  |  | - \$ |
| 17.6   | . Other financial account:  |  | - \$ |
| 17.7   | . Other financial account:  |  | - \$ |
| 17.8   | . Other financial account:  |  | - \$ |
| 17.9   | . Other financial account:  |  | - \$ |
|  |                             |  |      |
| Bonds, mutual funds, or pul  | blicly traded stocks        |  |      |
|  | •                           | erage firms, money market accounts   |      |
| No No  |                             |  |      |
| Yes Insti  | itution or issuer name:     |  |      |
|  |                             |  | \$   |
|  |                             |  |      |
|  |                             |  | \$   |

| No  |   |  |  |
|---|---|--|--|
| Yes. Give specific  | Issuer name:  |  |  |
| information about   |   |  | \$   |
| them  |   |  |  |
|   |   |  | \$<br>\$                                     |
|   |   |  | *  |
| tirement or pensior   | accounts  |  |  |
| amples: Interests in I  | RA, ERISA, Keogh, 4   | 01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans   |  |
| No  |   |  |  |
| Yes. List each account separately.  | Type of account:  | Institution name:  |  |
| account separately.   | . Type of account.  |  |  |
|   | 401(k) or similar plan:   |  | \$   |
|   | Pension plan:   |  | \$   |
|   | IRA:  |  | \$   |
|   | Retirement account:   |  | \$   |
|   |   |  | \$   |
|   | Keogh:  |  |  |
|   | Additional account:   |  | \$   |
|   |   |  |  |
| ur share of all unuse<br>amples: Agreements   | d deposits you have n   | nade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications                                      | \$   |
| ur share of all unuse<br>amples: Agreements<br>npanies, or others   | <b>prepayments</b><br>d deposits you have n   | nade so that you may continue service or use from a company  | \$   |
| ur share of all unuser<br>amples: Agreements<br>npanies, or others<br>No  | <b>prepayments</b><br>d deposits you have n<br>with landlords, prepa  | nade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications                                      | \$   |
| ur share of all unuser<br>amples: Agreements<br>npanies, or others<br>No  | <b>prepayments</b><br>d deposits you have n<br>with landlords, prepa  | nade so that you may continue service or use from a company  | \$   |
| ur share of all unuser<br>amples: Agreements<br>npanies, or others<br>No  | <b>prepayments</b><br>d deposits you have n<br>with landlords, prepa  | nade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:     | \$   |
| ur share of all unuser<br>amples: Agreements<br>npanies, or others<br>No  | prepayments<br>d deposits you have n<br>with landlords, prepa<br>In:<br>Electric:<br>Gas:   | nade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:     | \$<br>\$<br>\$                               |
| ur share of all unuser<br>amples: Agreements<br>npanies, or others<br>No  | prepayments<br>d deposits you have n<br>with landlords, prepa<br>ln:<br>Electric:<br>Gas:<br>Heating oil:   | nade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:     | \$<br>\$<br>\$                               |
| ur share of all unuser<br>amples: Agreements<br>npanies, or others<br>No  | prepayments<br>d deposits you have n<br>with landlords, prepa<br>In:<br>Electric:<br>Gas:<br>Heating oil:<br>Security deposit on ref  | nade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:     | \$   |
| ur share of all unuser<br>amples: Agreements<br>npanies, or others<br>No  | prepayments<br>d deposits you have n<br>with landlords, prepai<br>In:<br>Electric:<br>Gas:<br>Heating oil:<br>Security deposit on rei<br>Prepaid rent:  | nade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:     | \$<br>\$<br>\$<br>\$                         |
| ur share of all unuser<br>amples: Agreements<br>npanies, or others<br>No  | prepayments<br>d deposits you have n<br>with landlords, prepa<br>ln:<br>Electric:<br>Gas:<br>Heating oil:<br>Security deposit on rei<br>Prepaid rent:<br>Telephone:   | nade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:     | \$<br>\$<br>\$<br>\$<br>\$                   |
| ur share of all unuser<br>amples: Agreements<br>npanies, or others<br>No  | prepayments<br>d deposits you have n<br>with landlords, prepai<br>ln:<br>Electric:<br>Gas:<br>Heating oil:<br>Security deposit on rei<br>Prepaid rent:<br>Telephone:<br>Water:                                | nade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:     | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$       |
| ur share of all unuser<br>amples: Agreements<br>npanies, or others<br>No  | prepayments<br>d deposits you have n<br>with landlords, prepa<br>ln:<br>Electric:<br>Gas:<br>Heating oil:<br>Security deposit on rei<br>Prepaid rent:<br>Telephone:<br>Water:<br>Rented furniture:            | nade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:     | \$<br>\$<br>\$<br>\$<br>\$                   |
| ur share of all unuser<br>amples: Agreements<br>npanies, or others<br>No  | prepayments<br>d deposits you have n<br>with landlords, prepai<br>ln:<br>Electric:<br>Gas:<br>Heating oil:<br>Security deposit on rei<br>Prepaid rent:<br>Telephone:<br>Water:                                | nade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:     | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$       |
| ur share of all unuser<br>amples: Agreements<br>npanies, or others<br>No<br>Yes                                 | prepayments<br>d deposits you have n<br>with landlords, prepa<br>lin:<br>Electric:<br>Gas:<br>Heating oil:<br>Security deposit on rei<br>Prepaid rent:<br>Telephone:<br>Water:<br>Rented furniture:<br>Other: | hade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:     | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ |
| ur share of all unuser<br>amples: Agreements<br>npanies, or others<br>No<br>Yes                                 | prepayments<br>d deposits you have n<br>with landlords, prepa<br>lin:<br>Electric:<br>Gas:<br>Heating oil:<br>Security deposit on rei<br>Prepaid rent:<br>Telephone:<br>Water:<br>Rented furniture:<br>Other: | nade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:     | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ |
| nuities (A contract for<br>No   | prepayments<br>d deposits you have n<br>with landlords, prepa<br>Electric:<br>Gas:<br>Heating oil:<br>Security deposit on ren<br>Prepaid rent:<br>Telephone:<br>Water:<br>Rented furniture:<br>Other:         | hade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:<br> | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ |
| <i>xamples:</i> Agreements<br>mpanies, or others<br>No<br>Yes   | prepayments<br>d deposits you have n<br>with landlords, prepa<br>lin:<br>Electric:<br>Gas:<br>Heating oil:<br>Security deposit on rei<br>Prepaid rent:<br>Telephone:<br>Water:<br>Rented furniture:<br>Other: | hade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:<br> | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ |
| ur share of all unuser<br>amples: Agreements<br>mpanies, or others<br>No<br>Yes<br>nuities (A contract fo<br>No | prepayments<br>d deposits you have n<br>with landlords, prepa<br>Electric:<br>Gas:<br>Heating oil:<br>Security deposit on ren<br>Prepaid rent:<br>Telephone:<br>Water:<br>Rented furniture:<br>Other:         | hade so that you may continue service or use from a company<br>id rent, public utilities (electric, gas, water), telecommunications<br>stitution name or individual:<br> | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ |

| 26 U.S.C. §§ 530(b)(1), 529A(b)   | in an account in a qualified ABLE program, or under a qualified state tuition pro , and 529(b)(1).  | gram.  |
|---|---|--|
|   |   |  |
|   | nstitution name and description. Separately file the records of any interests.11 U.S.C.   | § 521(c):  |
|   |   | ¢  |
| -   |   | \$   |
| -   |   | Ψ  |
|   |   | Ψ  |
| 25. Trusts, equitable or future inte exercisable for your benefit   | rests in property (other than anything listed in line 1), and rights or powers  |  |
| No No   |   |  |
| Yes. Give specific  |   | •  |
| information about them  |   | \$   |
| Examples: Internet domain name  | ks, trade secrets, and other intellectual property<br>es, websites, proceeds from royalties and licensing agreements  |  |
|   |   |  |
| Yes. Give specific<br>information about them  |   | \$   |
|   |   |  |
| 27. Licenses, franchises, and othe  |   |  |
|   | lusive licenses, cooperative association holdings, liquor licenses, professional licenses   | 5  |
|   |   |  |
| Yes. Give specific<br>information about them  |   | \$   |
|   |   |  |
|   |   |  |
| Money or property owed to you?  |   | Current value of the<br>portion you own?<br>Do not deduct secured<br>claims or exemptions.               |
|   |   | portion you own?   |
| 28. Tax refunds owed to you   |   | portion you own?<br>Do not deduct secured  |
| 28. Tax refunds owed to you   | n   | portion you own?<br>Do not deduct secured<br>claims or exemptions.                                       |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio about them, including w</li> </ul>  | vhether Pederal.  | portion you own?<br>Do not deduct secured<br>claims or exemptions.                                       |
| 28. Tax refunds owed to you <ul> <li>No</li> <li>Yes. Give specific informatio</li> </ul>   | vhether State:  | portion you own?<br>Do not deduct secured<br>claims or exemptions.<br>\$\$                               |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio about them, including w you already filed the ret</li> </ul>  | vhether<br>turns State:   | portion you own?<br>Do not deduct secured<br>claims or exemptions.                                       |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio about them, including w you already filed the ret and the tax years</li> </ul>  | vhether State:  | portion you own?<br>Do not deduct secured<br>claims or exemptions.<br>\$\$                               |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio about them, including w you already filed the ret and the tax years</li> <li>29. Family support</li> </ul>  | Vhether<br>turns State:<br>Local:   | portion you own?<br>Do not deduct secured<br>claims or exemptions.<br>\$<br>\$<br>\$                     |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio<br/>about them, including w<br/>you already filed the ret<br/>and the tax years</li> <li>29. Family support<br/>Examples: Past due or lump sun</li> </ul>   | vhether State:  | portion you own?<br>Do not deduct secured<br>claims or exemptions.<br>\$<br>\$<br>\$                     |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio about them, including w you already filed the ret and the tax years</li> <li>29. Family support <i>Examples</i>: Past due or lump sun</li> <li>No</li> </ul>  | n alimony, spousal support, child support, maintenance, divorce settlement, property s  | portion you own?<br>Do not deduct secured<br>claims or exemptions.<br>\$<br>\$<br>\$                     |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio<br/>about them, including w<br/>you already filed the ret<br/>and the tax years</li> <li>29. Family support<br/>Examples: Past due or lump sun</li> </ul>   | n alimony, spousal support, child support, maintenance, divorce settlement, property s  | portion you own?<br>Do not deduct secured<br>claims or exemptions.<br>\$<br>\$<br>\$                     |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio about them, including w you already filed the ret and the tax years</li> <li>29. Family support <i>Examples</i>: Past due or lump sun</li> <li>No</li> </ul>  | n alimony, spousal support, child support, maintenance, divorce settlement, property s  | portion you own?<br>Do not deduct secured<br>claims or exemptions.<br>\$<br>\$<br>\$<br>settlement       |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio about them, including w you already filed the ret and the tax years</li> <li>29. Family support <i>Examples</i>: Past due or lump sun</li> <li>No</li> </ul>  | vhether       State:         turns       Local:         n alimony, spousal support, child support, maintenance, divorce settlement, property son       Alimony:   | portion you own?<br>Do not deduct secured<br>claims or exemptions.<br>\$<br>\$<br>\$<br>settlement<br>\$ |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio about them, including w you already filed the ret and the tax years</li> <li>29. Family support <i>Examples</i>: Past due or lump sun</li> <li>No</li> </ul>  | whether       State:         turns       Local:         n alimony, spousal support, child support, maintenance, divorce settlement, property son         on       Alimony:         Maintenance:   | portion you own? Do not deduct secured claims or exemptions.   |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio about them, including w you already filed the ret and the tax years</li> <li>29. Family support <i>Examples</i>: Past due or lump sun</li> <li>No</li> </ul>  | whether       State:         turns       Local:         n alimony, spousal support, child support, maintenance, divorce settlement, property son       Alimony:         Maintenance:       Support:   | portion you own?           Do not deduct secured claims or exemptions.           \$                      |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio about them, including w you already filed the ret and the tax years</li> <li>29. Family support <i>Examples</i>: Past due or lump sun</li> <li>No</li> </ul>  | whether<br>turns       State:<br>Local:         n alimony, spousal support, child support, maintenance, divorce settlement, property som         on         Alimony:         Maintenance:         Support:         Divorce settlement         Property settler  | portion you own?           Do not deduct secured claims or exemptions.           \$                      |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio about them, including w you already filed the ret and the tax years</li> <li>29. Family support <i>Examples:</i> Past due or lump sun</li> <li>No</li> <li>Yes. Give specific informatio</li> </ul> | whether<br>turns       State:<br>Local:         n alimony, spousal support, child support, maintenance, divorce settlement, property son         on       Alimony:<br>Maintenance:<br>Support:<br>Divorce settlement         s you         sillity insurance payments, disability benefits, sick pay, vacation pay, workers' compension   | portion you own?           Do not deduct secured claims or exemptions.           \$                      |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio about them, including w you already filed the ret and the tax years</li> <li>29. Family support <i>Examples</i>: Past due or lump sun</li> <li>No</li> <li>Yes. Give specific informatio</li> </ul> | whether<br>turns       State:<br>Local:         n alimony, spousal support, child support, maintenance, divorce settlement, property son         on       Alimony:<br>Maintenance:<br>Support:<br>Divorce settlement         Support:       Divorce settlement         Property settler         State:       Support:         Divorce settlement         Property settler                         | portion you own?           Do not deduct secured claims or exemptions.           \$                      |
| <ul> <li>28. Tax refunds owed to you</li> <li>No</li> <li>Yes. Give specific informatio about them, including w you already filed the ret and the tax years</li> <li>29. Family support <i>Examples:</i> Past due or lump sun</li> <li>No</li> <li>Yes. Give specific informatio</li> </ul> | whether<br>turns       State:<br>Local:         n alimony, spousal support, child support, maintenance, divorce settlement, property sont         nn         Alimony:<br>Maintenance:<br>Support:<br>Divorce settlem<br>Property settler         s you<br>ility insurance payments, disability benefits, sick pay, vacation pay, workers' compense<br>fits; unpaid loans you made to someone else | portion you own?           Do not deduct secured claims or exemptions.           \$                      |

|  | <b>es</b><br>r life insurance; health savings account (HSA)  | ; credit, homeowner's, or renter's insurance              |  |
|--|--|---|--|
| <ul> <li>No</li> <li>Yes. Name the insurance of each policy and lis</li> </ul>                                   |  | Beneficiary:  | Surrender or refund value:                     |
|  |  |   | \$   |
|  |  |   | \$<br>\$                                       |
|  | t <b>is due you from someone who has died</b><br>living trust, expect proceeds from a life insurar |   | Φ  |
| Yes. Give specific informa   | tion   |   | \$   |
| Examples: Accidents, employr   | , whether or not you have filed a lawsuit or<br>ment disputes, insurance claims, or rights to su   |   |  |
| Yes. Describe each claim.  |  |   | \$   |
| 34. Other contingent and unliqu<br>to set off claims<br>☐ No   | idated claims of every nature, including co  | unterclaims of the debtor and rights                      |  |
| Yes. Describe each claim.  |  |   | \$   |
|  |  |   |  |
| 35. Any financial assets you did   | not already list   |   |  |
| No   |  |   |  |
| Yes. Give specific informa   | tion   |   | \$   |
|  | f your entries from Part 4, including any ent<br>r here  |   | \$   |
|  |  |   |  |
| Part 5: Describe Any B   | Susiness-Related Property You Ow   | vn or Have an Interest In. List any r                     | eal estate in Part 1.                          |
| 37. Do you own or have any lega  | al or equitable interest in any business-rela  | ted property?   |  |
| <ul><li>No. Go to Part 6.</li><li>Yes. Go to line 38.</li></ul>  |  |   |  |
|  |  |   | Current value of the portion you own?          |
|  |  |   | Do not deduct secured claims<br>or exemptions. |
| 38. Accounts receivable or com   | missions you already earned  |   |  |
| <ul><li>No</li><li>Yes. Describe</li></ul>   |  |   |  |
|  |  |   | \$   |
| <ul> <li>39. Office equipment, furnishing</li> <li><i>Examples:</i> Business-related comp</li> <li>No</li> </ul> |  | ines, rugs, telephones, desks, chairs, electronic devices | 5  |
| Yes. Describe  |  |   | \$   |

| Debtor | 1 |
|--------|---|
|--------|---|

Middle Name

| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade  |                    |  |
|--|--------------------|--|
| □ No   |                    | 7  |
| Yes. Describe  |                    | \$   |
|  |                    |  |
| 41. Inventory  |                    |  |
|  |                    | 1  |
| Yes. Describe  |                    | \$   |
|  |                    |  |
| 42. Interests in partnerships or joint ventures  |                    |  |
| Yes. Describe Name of entity:  | % of ownership:    |  |
| Name of endry.   | % of ownership.    | \$   |
|  |                    | \$   |
|  | %                  | \$   |
|  |                    |  |
| 43. Customer lists, mailing lists, or other compilations   |                    |  |
| Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A)   | ())?               |  |
|  |                    |  |
| Yes. Describe  |                    | \$   |
|  |                    | φ  |
| 44. Any business-related property you did not already list   |                    |  |
| No   |                    |  |
| Yes. Give specific information   |                    | \$   |
|  |                    | \$   |
|  |                    | \$   |
|  |                    | \$   |
|  |                    | \$   |
|  |                    | \$   |
|  |                    | \$   |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have at<br>for Part 5. Write that number here | _                  | \$   |
|  | -                  |  |
|  |                    |  |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Ha   | ave an Interest In |  |
| If you own or have an interest in farmland, list it in Part 1.   |                    |  |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related pro  | pertv?             |  |
| No. Go to Part 7.  | portyr             |  |
| Yes. Go to line 47.  |                    |  |
|  |                    | Current value of the                             |
|  |                    | portion you own?<br>Do not deduct secured claims |
| 47. Farm animals   |                    | or exemptions.                                   |
| 47. Farm animals<br>Examples: Livestock, poultry, farm-raised fish   |                    |  |
| □ No   |                    |  |
| <b>Y</b> es  |                    | ]  |
|  |                    | \$   |
|  |                    | 1  |

| 40. Grops—either growing or harvested         1. No         2. We. Give specific information.         40. Farm and fishing sequement, implements, machinery, fixtures, and tools of trade         1. No         2. Farm and fishing sequement, implements, machinery, fixtures, and tools of trade         1. No         2. Farm and fishing sequement, implements, machinery, fixtures, and tools of trade         1. No         2. No         2. No         2. No         3. Support         5. Any farm- and commercial fishing-related property you did not already list         1. No         2. Add the dollar value of all of your entrifes from Part 6, including any entrifes for pages you have attached         2. The date dollar value of all of your entrifes from Part 6, including any entrifes for pages you have attached         2. So you have other property of any kind you did not already list?         Carry E. So we pocific information.         2. So you have other property of any kind you did not already list?         Second Diverse bickles, outry aldo mercleable         3. So in the dollar value of all of your entries from Part 7. Write that number here         3. So in the dollar value of all of your entries from Part 7. Write that number here         3. So in Part 1. Total real estate, line 2         5. Part 12. Total wholes, line 5       \$  | Debtor 1             |                 |                              |                         |                       | Case number (if known)         |          |
|---|----------------------|-----------------|------------------------------|-------------------------|-----------------------|--------------------------------|----------|
| No       Yes. Give specific information   |                      | First Name      | Middle Name                  | Last Name               |                       |                                |          |
| Proc Give specific       \$   | 48. <b>Crops—6</b>   | either growing  | g or harvested               |                         |                       |                                |          |
| No       Yos         9 Yos       s         50. Farm and fishing supplies, chemicals, and feed       s         No       Yes         Yes       s         61. Any farm- and commercial fishing-related property you did not already list       s         No       Yes Gree specific       s         Yes       S       S         Yes Gree specific       s       s         C2. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here       s         So you have other property of any kind you did not already list?       s       s         Carnit 2:       Describe All Property You Own or Have an Interest in That You Did Not List Above       s         Sto Doy Lave other property of any kind you did not already list?       s       s         Carnites: Seance tokes, country oub membership       \$       \$       s         No       Yes, Give specific       \$       \$       \$         Yes, Give specific       \$       \$       \$       \$         No       Yes, Give specific       \$       \$       \$       \$         No       Yes, Give specific       \$       \$       \$       \$       \$         Stat 1: Total real est   | Yes.                 |                 |                              |                         |                       |                                | \$       |
| 50. Farm and fishing supplies, chemicals, and feed       \$   | 🗖 No                 |                 |                              | ts, machinery, fixture  | s, and tools of trade |                                |          |
| No       Yes       \$   | Yes                  |                 |                              |                         |                       |                                | \$       |
| Yes       S         S1. Any farm- and commercial fishing-related property you did not already list       S         No       Yes. Give specific       S         S2. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here       S         Part 7:       Describe All Property You Own or Have an Interest in That You Did Not List Above         S3. Do you have other property of any kind you did not already list?       S         Examples: Season tackets, country club membership       No         No       Yes. Give specific       S         S4. Add the dollar value of all of your entries from Part 7. Write that number here       S         S4. Add the dollar value of all of your entries from Part 7. Write that number here       S         S5. Part 1: Total real estate, line 2       S         S6. Part 2: Total vehicles, line 5       S         S7. Part 3: Total personal and household items, line 15       S         S9. Part 5: Total business-related property, line 52       S         S9. Part 5: Total obtines-related property, line 52       S         S9. Part 5: Total personal property, not listed, line 54       + S         S9. Part 7: Total obtine property not listed, line 54       + S  | 50. Farm and         | d fishing sup   | olies, chemicals, a          | and feed                |                       |                                |          |
| Si. Any farm- and commercial fishing-related property you did not already list       No         Yes. Give specific information  |                      |                 |                              |                         |                       |                                | 7        |
| No       Yes. Give specific         information       \$  | L Yes                |                 |                              |                         |                       |                                | \$       |
| information \$   52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here   53. Do you have other property You Own or Have an Interest in That You Did Not List Above   53. Do you have other property of any kind you did not already list?   Examples: Season tickets, country club membership   No   Yes: Give specific information.   information.   \$   54. Add the dollar value of all of your entries from Part 7. Write that number here   \$   \$   Part 8:   List the Totals of Each Part of this Form   56. Part 1: Total real estate, line 2   57. Part 3: Total personal and household items, line 15   58. Part 4: Total fram: and fishing-related property, line 52   59. Part 6: Total farm: and fishing-related property, line 52   51. Part 7: Total other property not listed, line 54   + \$   52. Total personal property. Add lines 56 through 61.  | -                    | n- and comme    | rcial fishing-relat          | ed property you did n   | ot already list       |                                |          |
| for Part 6. Write that number here     Part 7:   Describe All Property You Own or Have an Interest in That You Did Not List Above   53. Do you have other property of any kind you did not already list?   Examples: Season tackets, country dub membership   No   Yes. Give specific   information   54. Add the dollar value of all of your entries from Part 7. Write that number here   53. Do you have other property of any kind you did not already list?   Season tackets, country dub membership   No   Yes. Give specific   information   54. Add the dollar value of all of your entries from Part 7. Write that number here   53. Do you have other property of any kind you did not already list?   For the Totals of Each Part of this Form   54. Add the dollar value of all of your entries from Part 7. Write that number here   55. Part 8: List the Totals of Each Part of this Form   55. Part 1:   56. Part 1:   57. Part 3:   58. Part 4:   59. Part 5:   50. Part 5:   50. Part 6:   50. Part 6:   51. Part 7:   52. Copy personal property not listed, line 54   53. Copy personal property total \$   4. Subscience in the property total \$ 5. Subscience in the property not listed, line 54 5. Subscience in the property total \$ 5. Subscience in the property total \$ 5. Subscience in the property |                      | •               |                              |                         |                       |                                | \$       |
| 53. Do you have other property of any kind you did not already list?         Examples: Season tickets, country club membership         No         Yes. Give specific information.         information.         \$         54. Add the dollar value of all of your entries from Part 7. Write that number here         \$  |                      |                 | -                            |                         |                       | • •                            | \$       |
| 53. Do you have other property of any kind you did not already list?         Examples: Season tickets, country club membership         No         Yes. Give specific information.         information.         \$         54. Add the dollar value of all of your entries from Part 7. Write that number here         \$  |                      |                 |                              |                         |                       |                                |          |
| Examples: Season tickets, country club membership         No         Yes. Give specific information         information         54. Add the dollar value of all of your entries from Part 7. Write that number here         54. Add the dollar value of all of your entries from Part 7. Write that number here         55. Part 8:         List the Totals of Each Part of this Form         56. Part 1: Total real estate, line 2         56. Part 2: Total vehicles, line 5         57. Part 3: Total personal and household items, line 15         58. Part 4: Total financial assets, line 36         59. Part 5: Total business-related property, line 45         50. Part 6: Total farm- and fishing-related property, line 52         61. Part 7: Total other property not listed, line 54         + \$         62. Total personal property. Add lines 56 through 61  | Part 7:              | Describe /      | All Property Y               | ou Own or Have          | an Interest in Th     | nat You Did Not List Above     |          |
| Yes. Give specific information  |                      |                 |                              |                         | list?                 |                                |          |
| information   | D No                 | [               |                              |                         |                       |                                | ¢        |
| Part 8:       List the Totals of Each Part of this Form         55. Part 1: Total real estate, line 2   |                      |                 |                              |                         |                       |                                | \$<br>\$ |
| Part 8:       List the Totals of Each Part of this Form         55. Part 1: Total real estate, line 2   |                      |                 |                              |                         |                       |                                | \$       |
| 55. Part 1: Total real estate, line 2       \$  | 54. <b>Add the</b> ( | dollar value o  | f all of your entrie         | es from Part 7. Write t | hat number here       |                                | \$       |
| 55. Part 1: Total real estate, line 2       \$  |                      |                 |                              |                         |                       |                                |          |
| 56. Part 2: Total vehicles, line 5       \$   | Part 8:              | List the To     | otals of Each                | Part of this Form       | l                     |                                |          |
| 57. Part 3: Total personal and household items, line 15       \$  | 55. Part 1: To       | otal real estat | e, line 2                    |                         |                       |                                | \$       |
| 58. Part 4: Total financial assets, line 36       \$  | 56. Part 2: To       | otal vehicles,  | line 5                       |                         | \$                    |                                |          |
| 59. Part 5: Total business-related property, line 45       \$   | 57. Part 3: To       | otal personal   | and household it             | ems, line 15            | \$                    |                                |          |
| 60. Part 6: Total farm- and fishing-related property, line 52       \$  | 58. Part 4: Te       | otal financial  | assets, line 36              |                         | \$                    |                                |          |
| 61. Part 7: Total other property not listed, line 54       + \$         62. Total personal property. Add lines 56 through 61       \$         Copy personal property total →       + \$   | 59. Part 5: To       | otal business   | -related property,           | line 45                 | \$                    |                                |          |
| 62. Total personal property. Add lines 56 through 61 \$Copy personal property total → +\$   | 60. Part 6: To       | otal farm- and  | l fishing-related p          | roperty, line 52        | \$                    |                                |          |
|   | 61. Part 7: To       | otal other pro  | perty not listed, l          | ine 54                  | +\$                   |                                |          |
|   | 62. Total per        | rsonal proper   | t <b>y.</b> Add lines 56 thr | ough 61                 | \$                    | Copy personal property total → | +\$      |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62  | 63. Total of a       | all property o  | n Schedule A/B. A            | dd line 55 + line 62    |                       |                                | \$       |

| 00  |        |
|-----|--------|
|     |        |
|     |        |
|     |        |
| 06C | Schedu |
|     |        |

Official Form 1

| Schedule C: The F | Property You Claim | ۱ as Exempt |
|-------------------|--------------------|-------------|
|-------------------|--------------------|-------------|

| Debtor 1 _          | First Name             | Middle Name | Last Name   |
|---------------------|------------------------|-------------|-------------|
| Debtor 2            |                        |             |             |
| (Spouse, if filing) | First Name             | Middle Name | Last Name   |
| Linited States F    | ankruptcy Court for th | e:          | District of |
| Office Offices E    | 1 3                    |             | (0)-(-)     |
| Case number         |                        |             | (State)     |

| Check if this is an |
|---------------------|
| amended filing      |

# Official Form 106C Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

Fill in this information to identify your case:

| 1. | Which set of exemptions are you clair | ming? Check one | e only, even if your sp | ouse is filing with you. |
|----|---------------------------------------|-----------------|-------------------------|--------------------------|
|    |                                       |                 |                         |                          |

□ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

|  | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the<br>portion you own | Amount of the exemption you claim                                  | Specific laws that allow exemption |  |
|--|--|---|--|------------------------------------|--|
|  |  | Copy the value from<br>Schedule A/B     | Check only one box for each exemption.                             |                                    |  |
|  | Brief description:   | \$                                      | □ \$   |                                    |  |
|  | Line from<br>Schedule A/B:   |   | 100% of fair market value, up to<br>any applicable statutory limit |                                    |  |
|  | Brief description:   | \$                                      | □\$  |                                    |  |
|  | Line from<br>Schedule A/B:   |   | 100% of fair market value, up to<br>any applicable statutory limit |                                    |  |
|  | Brief description:   | \$                                      | <b>□</b> \$  |                                    |  |
|  | Line from<br>Schedule A/B:   |   | 100% of fair market value, up to<br>any applicable statutory limit |                                    |  |
| 3.   | Are you claiming a homestead exemption o   |   |  |                                    |  |
|  | (Subject to adjustment on 4/01/22 and every 3  | years after that for cases              | s filed on or after the date of adjustment.)                       |                                    |  |
|  | No   |   |  |                                    |  |
| ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? |  |   |  |                                    |  |
|  | No   |   |  |                                    |  |
|  | L Yes  |   |  |                                    |  |

Part 2:

First Name

Additional Page

Middle Name Last Name

------

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim   | Specific laws that allow exemption |
|--|--------------------------------------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption   |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:  | \$                                   | <ul> <li>\$</li> <li>100% of fair market value, up to any applicable statutory limit</li> </ul> |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:  | \$                                   | <ul> <li>\$</li> <li>100% of fair market value, up to any applicable statutory limit</li> </ul> |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:  | \$                                   | <ul> <li>\$</li> <li>100% of fair market value, up to any applicable statutory limit</li> </ul> |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:  | \$                                   | <ul> <li>\$</li> <li>100% of fair market value, up to any applicable statutory limit</li> </ul> |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:  | \$                                   | <ul> <li>\$</li> <li>100% of fair market value, up to any applicable statutory limit</li> </ul> |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:  | \$                                   | <ul> <li>\$</li> <li>100% of fair market value, up to any applicable statutory limit</li> </ul> |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:  | \$                                   | <ul> <li>\$</li> <li>100% of fair market value, up to any applicable statutory limit</li> </ul> |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:  | \$                                   | <ul> <li>\$</li> <li>100% of fair market value, up to any applicable statutory limit</li> </ul> |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:  | \$                                   | <ul> <li>\$</li> <li>100% of fair market value, up to any applicable statutory limit</li> </ul> |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:  | \$                                   | <ul> <li>\$</li> <li>100% of fair market value, up to any applicable statutory limit</li> </ul> |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:  | \$                                   | <ul> <li>\$</li> <li>100% of fair market value, up to any applicable statutory limit</li> </ul> |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B:  | \$                                   | <ul> <li>\$</li> <li>100% of fair market value, up to any applicable statutory limit</li> </ul> |                                    |

| Fill in this information to identify your case:     |   |   |  |  |
|---|---|---|--|--|
| Debtor 1  |   |   |  |  |
| First Name  | Middle Name                                     | Last Name   |  |  |
|   |   |   |  |  |
| First Name  | Middle Name                                     | Last Name   |  |  |
| United States Bankruptcy Court for the: District of |   |   |  |  |
| (State)   |   |   |  |  |
| Case number   |   |   |  |  |
|   |   |   |  |  |
|   | First Name First Name Bankruptcy Court for the: | First Name     Middle Name       First Name     Middle Name       Bankruptcy Court for the: |  |  |

Check if this is an amended filing

# Official Form 106D

# Schedule D: Creditors Who Have Claims Secured by Property 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- □ Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

| for each claim. If more than one creditor   | more than one secured claim, list the creditor separately<br>has a particular claim, list the other creditors in Part 2.<br>habetical order according to the creditor's name. | Column A<br>Amount of claim<br>Do not deduct the<br>value of collateral. | Column B<br>Value of collateral<br>that supports this<br>claim | Column C<br>Unsecured<br>portion<br>If any |
|---|---|--|--|--|
| 2.1   | Describe the property that secures the claim:   | \$   | \$   | \$   |
| Creditor's Name   | _   | ]  |  |  |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |  |  |  |
|   | <ul> <li>Contingent</li> </ul>  |  |  |  |
|   |   |  |  |  |
| City State ZIP Code   |   |  |  |  |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |  |  |  |
| <ul> <li>Debtor 1 only</li> <li>Debtor 2 only</li> </ul>  | An agreement you made (such as mortgage or secured car loan)  |  |  |  |
| Debtor 1 and Debtor 2 only  | Statutory lien (such as tax lien, mechanic's lien)  |  |  |  |
| At least one of the debtors and another   | Judgment lien from a lawsuit  |  |  |  |
| Check if this claim relates to a<br>community debt  | Other (including a right to offset)   | -  |  |  |
| Date debt was incurred  | Last 4 digits of account number   |  |  |  |
| 2.2   | Describe the property that secures the claim:   | \$   | \$   | \$   |
| Creditor's Name   | _   | ]  |  |  |
| Number Street   | -   |  |  |  |
|   | As of the date you file, the claim is: Check all that apply.  |  |  |  |
|   | Contingent  |  |  |  |
| City State ZIP Code   | _ Unliquidated  |  |  |  |
|   | Disputed  |  |  |  |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |  |  |  |
| Debtor 1 only   | An agreement you made (such as mortgage or secured  |  |  |  |
| Debtor 2 only   | car loan)<br>Statutory lien (such as tax lien, mechanic's lien)   |  |  |  |
| <ul> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> </ul> | Judgment lien from a lawsuit  |  |  |  |
| At least one of the debtors and another   | <ul> <li>Other (including a right to offset)</li> </ul>   |  |  |  |
| Check if this claim relates to a<br>community debt  |   | -  |  |  |
| Date debt was incurred  | Last 4 digits of account number   |  |  |  |
|   |   |  |  |  |
| Add the dollar value of your entries in   | Column A on this page. Write that number here:  | \$   | -  |  |

Middle Name Last Name

| Part 1: After lis                                     | onal Page<br>sting any entries on<br>and so forth. | this page, number them beginning with 2.3, followed             | Column A<br>Amount of claim<br>Do not deduct the<br>value of collateral. | Column B<br>Value of collateral<br>that supports this<br>claim | Column C<br>Unsecured<br>portion<br>If any |
|---|--|---|--|--|--|
|   |  | Describe the property that secures the claim:                   | \$   | \$   | \$   |
| Creditor's Name                                       |  |   |  |  |  |
| Number Stre   | et   |   |  |  |  |
|   |  |   |  |  |  |
|   |  | As of the date you file, the claim is: Check all that apply.    |  |  |  |
| City  | State ZIP Co                                       | Defendence Contingent   |  |  |  |
| City  | State ZIF CO                                       | Disputed  |  |  |  |
| Who owes the de                                       | bt? Check one.                                     | <b>Nature of lien</b> . Check all that apply.                   |  |  |  |
| Debtor 1 only   |  | An agreement you made (such as mortgage or secured              |  |  |  |
| Debtor 2 only   |  | car loan)   |  |  |  |
| Debtor 1 and D  | ebtor 2 only                                       | Statutory lien (such as tax lien, mechanic's lien)              |  |  |  |
| At least one of                                       | the debtors and another                            | _   |  |  |  |
| Check if this community d                             | claim relates to a                                 | Other (including a right to offset)                             |  |  |  |
| -   |  |   |  |  |  |
| Date debt was inc                                     | curred   | Last 4 digits of account number                                 |  |  |  |
| <u> </u>  |  | Describe the property that secures the claim:                   | \$   | \$   | \$   |
| Creditor's Name                                       |  |   |  |  |  |
| Number Stre   |  |   |  |  |  |
|   |  | As of the date you file, the claim is: Check all that apply.    |  |  |  |
|   |  | Contingent  |  |  |  |
| City  | State ZIP Co                                       |   |  |  |  |
|   |  | <sup>bde</sup> Disputed   |  |  |  |
| Who owes the de                                       | DI Check one.                                      | Nature of lien. Check all that apply.                           |  |  |  |
| <ul><li>Debtor 1 only</li><li>Debtor 2 only</li></ul> |  | An agreement you made (such as mortgage or secured              |  |  |  |
| Debtor 1 and D  | ebtor 2 only                                       | car loan) Statutory lien (such as tax lien, mechanic's lien)    |  |  |  |
| _   | the debtors and another                            |   |  |  |  |
| Check if this   | claim relates to a                                 | Other (including a right to offset)                             |  |  |  |
| community d   | ebt  |   |  |  |  |
| Date debt was in                                      | curred   | Last 4 digits of account number                                 |  |  |  |
|   |  | Describe the property that secures the claim:                   | \$   | \$   | \$   |
| Creditor's Name                                       |  |   |  |  |  |
| Number Stre   |  |   |  |  |  |
|   | 501  |   |  |  |  |
|   |  | As of the date you file, the claim is: Check all that apply.    |  |  |  |
|   |  |   |  |  |  |
| City  | State ZIP Co                                       | Disputed  |  |  |  |
| Who owes the de                                       | bt? Check one.                                     | Nature of lien. Check all that apply.                           |  |  |  |
| Debtor 1 only   |  | An agreement you made (such as mortgage or secured              |  |  |  |
| Debtor 2 only   |  | car loan)<br>Statutory lien (such as tax lien, mechanic's lien) |  |  |  |
| Debtor 1 and D  | bebtor 2 only the debtors and another              |   |  |  |  |
| _   |  | <ul> <li>Other (including a right to offset)</li> </ul>         |  |  |  |
| Check if this community d                             | claim relates to a<br>ebt                          |   |  |  |  |
| Date debt was in                                      | curred   | Last 4 digits of account number                                 |  | 1  |  |
| Add the d   | ollar value of your e                              | ntries in Column A on this page. Write that number here:        | \$   |  |  |
|   | ne last page of your<br>number here:               | form, add the dollar value totals from all pages.               | \$   |  |  |
| Official Form 106                                     | 6D Additio   | onal Page of Schedule D: Creditors Who Have Claims Secu         | red by Property  | page _   | of   |

First Name Middle Name Last Name

| Pa       | nrt 2:                     | ist Others to Be Notifi      | ed for a Debt                        | That You Already                                 | Listed   |
|----------|----------------------------|------------------------------|--------------------------------------|--|--|
| ag<br>yo | ency is tryi<br>u have mor | ng to collect from you for a | debt you owe to<br>of the debts that | someone else, list th<br>you listed in Part 1, l | a debt that you already listed in Part 1. For example, if a collection<br>e creditor in Part 1, and then list the collection agency here. Similarly, if<br>ist the additional creditors here. If you do not have additional persons to |
|          |                            |                              |                                      |  | On which line in Part 1 did you enter the creditor?  |
|          | Name                       |                              |                                      |  | Last 4 digits of account number  |
|          |                            |                              |                                      |  |  |
|          | Number                     | Street                       |                                      |  |  |
|          |                            |                              |                                      |  | _  |
|          | <u></u>                    |                              |                                      | 710.0.1  | _  |
|          | City                       |                              | State                                | ZIP Code   |  |
|          |                            |                              |                                      |  | On which line in Part 1 did you enter the creditor?  |
|          | Name                       |                              |                                      |  | Last 4 digits of account number  |
|          | Number                     | Street                       |                                      |  | -  |
|          |                            |                              |                                      |  |  |
|          |                            |                              |                                      |  | -  |
|          | City                       |                              | State                                | ZIP Code   | -  |
|          |                            |                              |                                      |  | On which line in Part 1 did you enter the creditor?  |
|          | Name                       |                              |                                      |  | Last 4 digits of account number  |
|          |                            |                              |                                      |  |  |
|          | Number                     | Street                       |                                      |  | -  |
|          |                            |                              |                                      |  | _  |
|          | <u></u>                    |                              |                                      | 710.0.1  | _  |
|          | City                       |                              | State                                | ZIP Code   |  |
|          |                            |                              |                                      |  | On which line in Part 1 did you enter the creditor?  |
|          | Name                       |                              |                                      |  | Last 4 digits of account number  |
|          | Number                     | Street                       |                                      |  | -  |
|          |                            |                              |                                      |  |  |
|          |                            |                              |                                      |  | -  |
|          | City                       |                              | State                                | ZIP Code   | -  |
|          |                            |                              |                                      |  | On which line in Part 1 did you enter the creditor?  |
|          | Name                       |                              |                                      |  | Last 4 digits of account number  |
|          |                            |                              |                                      |  | _  |
|          | Number                     | Street                       |                                      |  |  |
|          |                            |                              |                                      |  | -  |
|          | City                       |                              | State                                | ZIP Code   | -  |
|          | ,                          |                              | -                                    | · · ·  | On which line in Part 1 did you enter the creditor?  |
|          | Name                       |                              |                                      |  | On which line in Part 1 did you enter the creditor?<br>Last 4 digits of account number   |
|          | Name                       |                              |                                      |  |  |
|          | Number                     | Street                       |                                      |  | -  |
|          |                            |                              |                                      |  | _  |
|          |                            |                              |                                      |  | _  |
|          | City                       |                              | State                                | ZIP Code   |  |

| 🗖 No                 |    |
|----------------------|----|
| Yes                  |    |
| Official Form 106E/F | Sc |

| Schedule E/F: Creditors Who Have Unsecured Claims |
|---|

| Official Form 106E/F |                 |                 |
|----------------------|-----------------|-----------------|
| Schedule E/E: Cre    | ditors Who Have | Unsecured Claim |

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| Ра  | rt 1: List All of Your PRIORITY Unsecure  | ed Claims  |                                    |                                |                             |
|-----|---|--|------------------------------------|--------------------------------|-----------------------------|
| 1.  | <ul> <li>Do any creditors have priority unsecured claims</li> <li>No. Go to Part 2.</li> <li>Yes.</li> </ul>  | s against you?   |                                    |                                |                             |
| 2.  | each claim listed, identify what type of claim it is. If<br>nonpriority amounts. As much as possible, list the  | editor has more than one priority unsecured claim, list th<br>a claim has both priority and nonpriority amounts, list th<br>claims in alphabetical order according to the creditor's n<br>Part 1. If more than one creditor holds a particular claim<br>nstructions for this form in the instruction booklet.) | at claim here a<br>ame. If you hav | nd show both<br>e more than ty | priority and<br>wo priority |
|     | ,   |  | Total claim                        | Priority<br>amount             | Nonpriority amount          |
| 2.1 | Priority Creditor's Name  | Last 4 digits of account number  | \$                                 | _ \$                           | \$                          |
|     | Number Street   | When was the debt incurred?  |                                    |                                |                             |
|     | City       State       ZIP Code         Who incurred the debt? Check one.       Debtor 1 only         Debtor 1 only       Debtor 2 only         Debtor 1 and Debtor 2 only       At least one of the debtors and another         Check if this claim is for a community debt         Is the claim subject to offset?         No | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify                 |                                    |                                |                             |
| 2.2 | Yes   | · · ·  |                                    |                                |                             |
| 2.2 | Priority Creditor's Name  | Last 4 digits of account number<br>When was the debt incurred?   | \$                                 | \$                             | \$                          |
|     | Number Street   | As of the date you file, the claim is: Check all that apply<br>Contingent  | <i>I</i> .                         |                                |                             |
|     | City State ZIP Code   |  |                                    |                                |                             |
|     | <ul> <li>Who incurred the debt? Check one.</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> <li>Check if this claim is for a community debt</li> <li>Is the claim subject to offset?</li> <li>No</li> <li>Yes</li> </ul>                 | <ul> <li>Disputed</li> <li>Type of PRIORITY unsecured claim:         <ul> <li>Domestic support obligations</li> <li>Taxes and certain other debts you owe the government</li> <li>Claims for death or personal injury while you were intoxicated</li> <li>Other. Specify</li></ul></li></ul>                   | -                                  |                                |                             |

### ims VV

Check if this is an amended filing

| Fill in this information to identify your case: |                  |             |                        |  |
|---|------------------|-------------|------------------------|--|
| Debtor 1  | First Name       | Middle Name | Last Name              |  |
| Debtor 2  | Tint bland       | A4110-A1    |                        |  |
| (Spouse, if filing)                             | First Name       | Middle Name | Last Name              |  |
|   | Bankruptcy Court | IOI IIIE    | District of<br>(State) |  |
| Case number                                     |                  |             |                        |  |

(If known)

12/15

Part 1:

Your PRIORITY Unsecured Claims – Continuation Page

| Afte | r listing any entries on this page, number them   | beginning with 2.3, followed by 2.4, and so forth.             | Total claim | Priority<br>amount | Nonpriority<br>amount |
|------|---|--|-------------|--------------------|-----------------------|
|      |   | Last 4 digits of account number                                | \$          | \$                 | \$                    |
|      | Priority Creditor's Name  |  |             |                    |                       |
|      |   | When was the debt incurred?                                    |             |                    |                       |
|      | Number Street   |  |             |                    |                       |
|      |   | As of the date you file, the claim is: Check all that apply.   |             |                    |                       |
|      |   | Contingent   |             |                    |                       |
|      | City State ZIP Code   |  |             |                    |                       |
|      |   |  |             |                    |                       |
|      | Who incurred the debt? Check one.   |  |             |                    |                       |
|      | Debtor 1 only   | Type of PRIORITY unsecured claim:                              |             |                    |                       |
|      | Debtor 2 only   |  |             |                    |                       |
|      | Debtor 1 and Debtor 2 only  | Domestic support obligations                                   |             |                    |                       |
|      | At least one of the debtors and another   | Taxes and certain other debts you owe the government           |             |                    |                       |
|      |   | Claims for death or personal injury while you were intoxicated |             |                    |                       |
|      | Check if this claim is for a community debt   | Other. Specify   |             |                    |                       |
|      |   |  |             |                    |                       |
|      | Is the claim subject to offset?   |  |             |                    |                       |
|      | No  |  |             |                    |                       |
|      | Yes   |  |             |                    |                       |
|      |   |  |             |                    |                       |
|      |   | Last 4 digits of account number                                | \$          | _ \$               | \$                    |
|      | Priority Creditor's Name  |  |             |                    |                       |
|      |   | When was the debt incurred?                                    |             |                    |                       |
|      | Number Street   |  |             |                    |                       |
|      |   | As of the date you file, the claim is: Check all that apply.   |             |                    |                       |
|      |   | Contingent   |             |                    |                       |
|      | City State ZIP Code   |  |             |                    |                       |
|      |   |  |             |                    |                       |
|      | Who incurred the debt? Check one.   |  |             |                    |                       |
|      | Debtor 1 only   | Type of PRIORITY unsecured claim:                              |             |                    |                       |
|      | Debtor 2 only   |  |             |                    |                       |
|      | Debtor 1 and Debtor 2 only  | Domestic support obligations                                   |             |                    |                       |
|      | At least one of the debtors and another   | Taxes and certain other debts you owe the government           |             |                    |                       |
|      |   | Claims for death or personal injury while you were intoxicated |             |                    |                       |
|      | Check if this claim is for a community debt   | Other. Specify   |             |                    |                       |
|      | In the claim outlinet to offect?  |  |             |                    |                       |
|      | Is the claim subject to offset?   |  |             |                    |                       |
|      | No  |  |             |                    |                       |
|      | Yes   |  |             |                    |                       |
|      |   | Last 4 digits of account number                                | \$          | \$                 | \$                    |
|      | Priority Creditor's Name  |  | -           |                    |                       |
|      |   | When was the debt incurred?                                    |             |                    |                       |
|      | Number Street   |  |             |                    |                       |
|      |   | As of the date you file, the claim is: Check all that apply.   |             |                    |                       |
|      |   |  |             |                    |                       |
|      | 21  |  |             |                    |                       |
|      | City State ZIP Code   | <ul> <li>Unliquidated</li> <li>Disputed</li> </ul>             |             |                    |                       |
|      | Who incurred the debt? Check one.   |  |             |                    |                       |
|      | _   | Type of PRIORITY unsequired claims                             |             |                    |                       |
|      | Debtor 1 only   | Type of PRIORITY unsecured claim:                              |             |                    |                       |
|      | Debtor 2 only   | Domestic support obligations                                   |             |                    |                       |
|      | <ul> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> </ul> | Taxes and certain other debts you owe the government           |             |                    |                       |
|      | At least one of the debtors and another   | Claims for death or personal injury while you were             |             |                    |                       |
|      | Check if this claim is for a community debt   | intoxicated  |             |                    |                       |
|      |   | Other. Specify   |             |                    |                       |
|      | Is the claim subject to offset?   |  |             |                    |                       |
|      | No No   |  |             |                    |                       |

🛛 Yes

|     | First Name Middle Name Last Name   |   |                     |
|-----|--|---|---------------------|
| Pa  | rt 2: List All of Your NONPRIORITY Unsecured Claims  | s   |                     |
| 3.  | <b>Do any creditors have nonpriority unsecured claims against yc</b><br><b>D</b> No. You have nothing to report in this part. Submit this form to the second seco |   |                     |
|     | Yes  |   |                     |
|     | List all of your nonpriority unsecured claims in the alphabetica<br>nonpriority unsecured claim, list the creditor separately for each clai<br>included in Part 1. If more than one creditor holds a particular claim<br>claims fill out the Continuation Page of Part 2.  | im. For each claim listed, identify what type of claim it is. Do not  | list claims already |
|     |  |   | Total claim         |
| 4.1 |  |   |                     |
|     | Nonpriority Creditor's Name  | Last 4 digits of account number   | \$                  |
|     | Number Street  | When was the debt incurred?   |                     |
|     | City State ZIP Code  | As of the date you file, the claim is: Check all that apply.  |                     |
|     | Who incurred the debt? Check one.  |   |                     |
|     | Debtor 1 only  | Unliquidated Disputed   |                     |
|     | Debtor 2 only  |   |                     |
|     | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                     |
|     | At least one of the debtors and another  | Student loans   |                     |
|     | Check if this claim is for a community debt  | <ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul> |                     |
|     | Is the claim subject to offset?  | <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>                                       | ;                   |
|     | 🖵 No   | Other. Specify  |                     |
|     | Yes  |   |                     |
| 4.2 |  | Last 4 digits of account number   | \$                  |
|     | Nonpriority Creditor's Name  | When was the debt incurred?   |                     |
|     |  |   |                     |
|     | Number Street  | As of the date you file, the claim is: Check all that apply.  |                     |
|     | City State ZIP Code  | Contingent  |                     |
|     | Who incurred the debt? Check one.  |   |                     |
|     | Debtor 1 only     Debtor 2 only  |   |                     |
|     | Debtor 2 only     Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                     |
|     | <ul> <li>At least one of the debtors and another</li> </ul>  | Student loans   |                     |
|     |  | Obligations arising out of a separation agreement or divorce  |                     |
|     | Check if this claim is for a community debt  | that you did not report as priority claims  |                     |
|     | Is the claim subject to offset?  | <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul>               | ;                   |
|     |  |   |                     |
|     | Yes  |   |                     |
| 4.3 |  | Last 4 digits of account number   |                     |
|     | Nonpriority Creditor's Name  | When was the debt incurred?   | \$                  |
|     |  | _   |                     |
|     | Number Street  |   |                     |
|     | City State ZIP Code  | — As of the date you file, the claim is: Check all that apply.  |                     |
|     | When in surrend the debt(0.0)  | Contingent  |                     |
|     | Who incurred the debt? Check one.  | Unliquidated  |                     |
|     | Debtor 1 only     Debtor 2 only  | Disputed  |                     |
|     | <ul> <li>Debtor 2 only</li> <li>Debtor 1 and Debtor 2 only</li> </ul>  |   |                     |
|     | <ul> <li>Deptor 1 and Deptor 2 only</li> <li>At least one of the debtors and another</li> </ul>  | Type of NONPRIORITY unsecured claim:  |                     |
|     |  | Student loans   |                     |
|     | Check if this claim is for a community debt  | Obligations arising out of a separation agreement or divorce<br>that you did not report on priority alored                  |                     |
|     | Is the claim subject to offset?  | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts                |                     |
|     | No   | Other. Specify  | ,                   |
| 1   | Yes  | _ •••••••   |                     |

Case number (if known)\_\_\_\_

Debtor 1

| Ра  | rt 2: Your NONPRIORITY Unsecured Claims – Continu                    | Jation Page   |             |
|-----|--|---|-------------|
| Aft | er listing any entries on this page, number them beginning with<br>- | 4.5, followed by 4.6, and so forth.   | Total claim |
|     |  | Last 4 digits of account number   | \$          |
|     | Nonpriority Creditor's Name  | When was the debt incurred?   | *           |
|     | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|     | City State ZIP Code  | Contingent  |             |
|     | Who incurred the debt? Check one.                                    | <ul> <li>Unliquidated</li> <li>Disputed</li> </ul>  |             |
|     | Debtor 1 only  |   |             |
|     | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |
|     | Debtor 1 and Debtor 2 only   | Student loans   |             |
|     | At least one of the debtors and another                              | Obligations arising out of a separation agreement or divorce that   |             |
|     | Check if this claim is for a community debt                          | you did not report as priority claims <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul> |             |
|     | Is the claim subject to offset?                                      | Cther. Specify  |             |
|     | □ No   |   |             |
|     | Yes  |   |             |
|     |  | Last 4 digits of account number   | \$          |
|     | Nonpriority Creditor's Name  | _ •   | Ψ           |
|     |  | When was the debt incurred?   |             |
|     | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|     | City State ZIP Code  |   |             |
|     | Who incurred the debt? Check one.                                    |   |             |
|     | Debtor 1 only  | Disputed  |             |
|     | Debtor 2 only  | Type of <b>NONPRIORITY</b> unsecured claim:   |             |
|     | Debtor 1 and Debtor 2 only   | Student loans   |             |
|     | At least one of the debtors and another                              | Obligations arising out of a separation agreement or divorce that   |             |
|     | Check if this claim is for a community debt                          | you did not report as priority claims   |             |
|     | Is the claim subject to offset?                                      | <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul>               |             |
|     | No No  |   |             |
|     | Yes  |   |             |
|     |  | Last 4 digits of account number   | \$          |
|     | Nonpriority Creditor's Name  | When was the debt incurred?   |             |
|     | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|     | City State ZIP Code  | Contingent  |             |
|     |  |   |             |
|     | Who incurred the debt? Check one.                                    | Disputed  |             |
|     | Debtor 1 only     Debtor 2 only                                      | Type of <b>NONPRIORITY</b> unsecured claim:   |             |
|     | Debtor 1 and Debtor 2 only   |   |             |
|     | At least one of the debtors and another                              | <ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>                |             |
|     | Check if this claim is for a community debt                          | you did not report as priority claims   |             |
|     | Is the claim subject to offset?                                      | Debts to pension or profit-sharing plans, and other similar debts   |             |
|     |  | Other. Specify  |             |
|     |  |   |             |

Part 3:

List Others to Be Notified About a Debt That You Already Listed

|        |        |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?  |
|--------|--------|-------|----------|---|
| Name   |        |       |          | _   |
| Number | Street |       |          | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Cla         |
|        |        |       |          |   |
|        |        |       |          | Last 4 digits of account number   |
| City   |        | State | ZIP Code |   |
| Name   |        |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?  |
|        |        |       |          | Line of (Check one): 🖵 Part 1: Creditors with Priority Unsecured Claims   |
| Number | Street |       |          | Part 2: Creditors with Nonpriority Unsecured  |
|        |        |       |          | Claims  |
| City   |        | State | ZIP Code | Last 4 digits of account number   |
| ,      |        |       |          | On which entry in Part 4 or Part 2 did you list the evision and iter?   |
| Name   |        |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?  |
|        |        |       |          | Line of (Check one): <a>Part 1: Creditors with Priority Unsecured Claims</a>  |
| Number | Street |       |          | Part 2: Creditors with Nonpriority Unsecured<br>Claims  |
|        |        |       |          | Glaints   |
| City   |        | State | ZIP Code | Last 4 digits of account number   |
|        |        |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| Name   |        |       |          |   |
| Number | Street |       |          | Line of ( <i>Check one</i> ): Part 1: Creditors with Priority Unsecured Claims  |
| uniber | Chool  |       |          | Claims  |
|        |        |       |          | Last 4 digits of account number   |
| City   |        | State | ZIP Code | Last 4 digits of account number   |
|        |        |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| Name   |        |       |          |   |
| Number | Street |       |          | Line of ( <i>Check one</i> ): 	Part 1: Creditors with Priority Unsecured Claims<br>Part 2: Creditors with Nonpriority Unsecured |
|        |        |       |          | Claims  |
|        |        |       |          | Last 4 digits of account number   |
| City   |        | State | ZIP Code | -   |
| Name   |        |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?  |
|        |        |       |          | Line of (Check one): <a>Check Priority Unsecured Claims</a>   |
| Number | Street |       |          | Part 2: Creditors with Nonpriority Unsecured  |
|        |        |       |          | Claims  |
| City   |        | State | ZIP Code | Last 4 digits of account number   |
| City   |        | JIALE |          |   |
| Name   |        |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?  |
|        |        |       |          | Line of (Check one): 🖵 Part 1: Creditors with Priority Unsecured Claims   |
| Number | Street |       |          | Part 2: Creditors with Nonpriority Unsecured  |
|        |        |       |          | Claims  |
| City   |        | State | ZIP Code | Last 4 digits of account number   |
|        |        | Jiale |          |   |

| Part 4: A                   | dd the Amounts for Each Type of Unsecured Claim   |  |
|-----------------------------|---|--|
| 6. Total the a Add the a    | amounts of certain types of unsecured claims. This informa<br>mounts for each type of unsecured claim.            | ation is for statistical reporting purposes only. 28 U.S.C. § 159. |
|                             |   | Total claim  |
| Total claims                | 6a. Domestic support obligations  | 6a   |
| from Part 1                 | 6b. Taxes and certain other debts you owe the government  | 6b   |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c   |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                                | <sup>6d.</sup> + <sub>\$</sub>                                     |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e.<br>\$  |
|                             |   | Total claim  |
| Total claims<br>from Part 2 | 6f. Student loans   | 6f   |
|                             | 6g. Obligations arising out of a separation agreement<br>or divorce that you did not report as priority<br>claims | 6g. \$   |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts   | 6h. <sub>\$</sub>  |
|                             | <ol> <li>Other. Add all other nonpriority unsecured claims.<br/>Write that amount here.</li> </ol>                | 6i. <b>+</b> §   |
|                             | 6j. <b>Total.</b> Add lines 6f through 6i.  | 6j. \$   |
|                             |   |  |

| Fill in this in                | formation to identify ye  | our case:   |                 |         |
|--------------------------------|---------------------------|-------------|-----------------|---------|
| Debtor                         | First Name                | Middle Name | Last Name       |         |
| Debtor 2<br>(Spouse If filing) | First Name                | Middle Name | Last Name       |         |
| United States I                | Bankruptcy Court for the: |             | _ District of _ | (State) |
| Case number<br>(If known)      |                           |             | -               | (out)   |

Check if this is an amended filing

## Official Form 106G Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

#### 1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

Sec. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person of | r company wi | ith whom you l | have the con | tract or lease | State what the contract or lease is for |
|-----|-----------|--------------|----------------|--------------|----------------|---|
| 2.1 |           |              |                |              |                |   |
|     | Name      |              |                |              |                | _                                       |
|     | Number    | Street       |                |              |                | -                                       |
|     | City      |              | State          | ZIP Code     |                | -                                       |
| 2.2 |           |              |                |              |                |   |
|     | Name      |              |                |              |                |   |
|     | Number    | Street       |                |              |                | _                                       |
|     | City      |              | State          | ZIP Code     |                | -                                       |
| 2.3 |           |              |                |              |                |   |
|     | Name      |              |                |              |                | _                                       |
|     | Number    | Street       |                |              |                | -                                       |
|     | City      |              | State          | ZIP Code     |                | -                                       |
| 2.4 |           |              |                |              |                |   |
|     | Name      |              |                |              |                | _                                       |
|     | Number    | Street       |                |              |                | -                                       |
|     | City      |              | State          | ZIP Code     |                | -                                       |
| 2.5 |           |              |                |              |                | _                                       |
|     | Name      |              |                |              |                |   |
|     | Number    | Street       |                |              |                | -                                       |
|     | City      |              | State          | ZIP Code     |                | -                                       |

|   |        | Additional Pa | ige if You Ha  | ve More Contracts or Lea   | ases                              |
|---|--------|---------------|----------------|----------------------------|-----------------------------------|
|   | Person | or company w  | ith whom you l | nave the contract or lease | What the contract or lease is for |
| 2 |        |               |                |                            |                                   |
|   | Name   |               |                |                            |                                   |
|   | Number | Street        |                |                            |                                   |
|   | City   |               | State          | ZIP Code                   |                                   |
| 2 |        |               |                |                            |                                   |
|   | Name   |               |                |                            |                                   |
|   | Number | Street        |                |                            |                                   |
|   | City   |               | State          | ZIP Code                   |                                   |
| 2 | Norse  |               |                |                            |                                   |
|   | Name   |               |                |                            |                                   |
|   | Number | Street        |                |                            |                                   |
|   | City   |               | State          | ZIP Code                   |                                   |
| 2 |        |               |                |                            |                                   |
|   | Name   |               |                |                            |                                   |
|   | Number | Street        |                |                            |                                   |
|   | City   |               | State          | ZIP Code                   |                                   |
| 2 |        |               |                |                            |                                   |
|   | Name   |               |                |                            |                                   |
|   | Number | Street        |                |                            |                                   |
|   | City   |               | State          | ZIP Code                   |                                   |
| 2 |        |               |                |                            |                                   |
|   | Name   |               |                |                            |                                   |
|   | Number | Street        |                |                            |                                   |
|   | City   |               | State          | ZIP Code                   |                                   |
| 2 |        |               |                |                            |                                   |
|   | Name   |               |                |                            |                                   |
|   | Number | Street        |                |                            |                                   |
|   | City   |               | State          | ZIP Code                   |                                   |
| 2 |        |               |                |                            |                                   |
|   | Name   |               |                |                            |                                   |
|   | Number | Street        |                |                            |                                   |
|   | City   |               | State          | ZIP Code                   |                                   |

|        | City          |   |
|--------|---------------|---|
|        |               |   |
|        | -             |   |
|        |               |   |
| Offici | ial Form 106H |   |
| 0.110  |               | • |
|        |               |   |

| Fill in this in                 | formation to identify y   | our case:   |           |
|---------------------------------|---------------------------|-------------|-----------|
| Debtor 1                        | First Name                | Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing) |                           | Middle Name | Last Name |
| United States E                 | Bankruptcy Court for the: |             |           |
| Case number<br>(If known)       |                           |             | (State)   |
|                                 |                           |             |           |

Check if this is an amended filing

### Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

|          | D No                     | ve any codebtors?                         | ? (If you are filing a joint case, do                                    | not list either spouse a | s a codebtor.)   |
|----------|--------------------------|---|--|--------------------------|--|
|          | Yes                      |   |  |                          |  |
|          |                          | -   | e <b>you lived in a community prop</b><br>aho, Louisiana, Nevada, New Me |                          | ? (Community property states and territories as, Washington, and Wisconsin.)                 |
|          | 🛛 No. Go                 | to line 3.                                |  |                          |  |
|          | 🗋 Yes. Die               | d your spouse, forn                       | ner spouse, or legal equivalent liv                                      | e with you at the time?  |  |
|          | 🗖 No                     |   |  |                          |  |
|          |                          | . In which commun                         | nity state or territory did you live?                                    |                          | . Fill in the name and current address of that person.                                       |
|          |                          |   | ,,,,,,   |                          |  |
|          |                          |   |  |                          |  |
|          | Nam                      | ne of your spouse, former                 | r spouse, or legal equivalent  |                          |  |
|          |                          |   |  |                          |  |
|          | Num                      | nber Street                               |  |                          |  |
|          |                          |   |  |                          |  |
|          | City                     |   | State  | ZIP Code                 |  |
|          | Schedule I<br>Schedule I | D (Official Form 10<br>E/F, or Schedule ( | • •  | • •                      | er. Make sure you have listed the creditor on<br>ule G (Official Form 106G). Use Schedule D, |
|          | Column 1:                | Your codebtor                             |  |                          | Column 2: The creditor to whom you owe the debt  |
|          |                          |   |  |                          | Check all schedules that apply:  |
| 3.1      |                          |   |  |                          |  |
|          | Name                     |   |  |                          | Schedule D, line   |
|          |                          |   |  |                          | Schedule E/F, line   |
|          | Number                   | Street                                    |  |                          | □ Schedule G, line   |
|          | City                     |   | State  | ZIP Code                 |  |
| 3.2      | ony                      |   | onato  | 2                        |  |
| 0.2      | Name                     |   |  |                          | Schedule D, line   |
|          | Indifie                  |   |  |                          | Schedule E/F, line   |
|          | Number                   | Street                                    |  |                          | Schedule G, line   |
|          |                          |   |  |                          |  |
| <u> </u> | City                     |   | State  | ZIP Code                 |  |
| 3.3      |                          |   |  |                          | Schedule D, line   |
|          | Name                     |   |  |                          | Schedule E/F, line   |
|          | Number                   | Street                                    |  |                          |  |
|          |                          |   |  |                          | Schedule G, line   |
|          | City                     |   | State  | ZIP Code                 |  |

Middle Name Last Name

|   | Ac        | Iditional Page to Lis | st More Codebtors |          |  |
|---|-----------|-----------------------|-------------------|----------|--|
|   | Column 1: | Your codebtor         |                   |          | Column 2: The creditor to whom you owe the debt                  |
| 2 |           |                       |                   |          | Check all schedules that apply:                                  |
| 3 |           |                       |                   |          | Schedule D, line   |
|   | Name      |                       |                   |          | Schedule E/F, line   |
|   | Number    | Street                |                   |          | Constant     Schedule G, line                                    |
|   |           |                       |                   |          |  |
|   | City      |                       | State             | ZIP Code |  |
| 3 |           |                       |                   |          | Schedule D, line   |
|   | Name      |                       |                   |          | Schedule E/F, line   |
|   | Number    |                       |                   |          | Schedule C/1, inte      Schedule G, line                         |
|   | Number    | Street                |                   |          |  |
|   | City      |                       | State             | ZIP Code |  |
| 3 |           |                       |                   |          |  |
|   | Name      |                       |                   |          | Schedule D, line   |
|   |           |                       |                   |          | Schedule E/F, line   |
|   | Number    | Street                |                   |          | Schedule G, line   |
|   | City      |                       | State             | ZIP Code |  |
| 2 | eny       |                       |                   | 2.1 0000 |  |
| 3 | Name      |                       |                   |          | Schedule D, line   |
|   | Humo      |                       |                   |          | □ Schedule E/F, line   |
|   | Number    | Street                |                   |          | Schedule G, line   |
|   |           |                       |                   |          |  |
| 3 | City      |                       | State             | ZIP Code |  |
| 0 |           |                       |                   |          | — Grhedule D, line   |
|   | Name      |                       |                   |          | Schedule E/F, line   |
|   | Number    | Street                |                   |          | Schedule G, line   |
|   |           |                       |                   |          |  |
|   | City      |                       | State             | ZIP Code |  |
| 3 |           |                       |                   |          | — Schedule D, line   |
|   | Name      |                       |                   |          | □ Schedule E/F, line   |
|   | Number    | Street                |                   |          | Schedule G, line   |
|   |           |                       |                   |          |  |
|   | City      |                       | State             | ZIP Code |  |
| 3 |           |                       |                   |          |  |
|   | Name      |                       |                   |          | <ul> <li>Schedule D, line</li> <li>Schedule E/F, line</li> </ul> |
|   | Number    |                       |                   |          | Schedule C/1, mile      Schedule G, line                         |
|   | Number    | Street                |                   |          |  |
|   | City      |                       | State             | ZIP Code |  |
| 3 |           |                       |                   |          |  |
|   | Name      |                       |                   |          | Schedule D, line   |
|   |           |                       |                   |          | Schedule E/F, line   |
|   | Number    | Street                |                   |          | Schedule G, line   |
|   | City      |                       | State             | ZIP Code |  |

| Fill in this in                 | formation to ide    | entify your case: |                    |  |
|---------------------------------|---------------------|-------------------|--------------------|--|
| Debtor 1                        | First Name          | Middle Name       | Last Name          |  |
| Debtor 2<br>(Spouse, if filing) | First Name          | Middle Name       | Last Name          |  |
| United States E                 | Bankruptcy Court fo | r the:            | District of(State) | -  |
| Case number<br>(If known)       |                     |                   |                    | Check if this is:  |
|                                 |                     |                   |                    | A supplement showing postpetition chapter income as of the following date: |
| Official Fo                     | orm 106l            |                   |                    | MM / DD / YYYY   |

### Official Form 1061 Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

| 1. | Fill in your employment<br>information.   |   | Debtor 1                          |         |                        | Debtor 2 or non-fi                              | ling spouse         |   |
|----|---|---|-----------------------------------|---------|------------------------|---|---------------------|---|
|    | If you have more than one job,<br>attach a separate page with<br>information about additional<br>employers. | Employment status   | Employed<br>Not employ            | ed      |                        | <ul><li>Employed</li><li>Not employed</li></ul> |                     |   |
|    | Include part-time, seasonal, or self-employed work.   |   |                                   |         |                        |   |                     |   |
|    | Occupation may include student or homemaker, if it applies.   | Occupation  |                                   |         |                        |   |                     | - |
|    |   | Employer's name   |                                   |         |                        |   |                     | - |
|    |   | Employer's address  |                                   |         |                        |   |                     | - |
|    |   |   | Number Street                     |         |                        | Number Street                                   |                     | _ |
|    |   |   |                                   |         |                        |   |                     | - |
|    |   |   |                                   |         |                        |   |                     | - |
|    |   |   | City                              | Stat    | e ZIP Code             | City  | State ZIP Code      |   |
|    |   | How long employed there                                   |                                   |         |                        |   |                     |   |
| F  | Part 2: Give Details About  | Monthly Income  |                                   |         |                        |   |                     |   |
|    | Estimate monthly income as of spouse unless you are separated.  | the date you file this form.                              | If you have nothing               | ng to   | report for any line, v | vrite \$0 in the space. Incl                    | ude your non-filing |   |
|    | If you or your non-filing spouse had below. If you need more space, at                                      | ave more than one employer,                               |                                   | ormatio | on for all employers   | for that person on the lin                      | 95                  |   |
|    |   |   |                                   |         | For Debtor 1           | For Debtor 2 or non-filing spouse               |                     |   |
| 2  | . List monthly gross wages, sala deductions). If not paid monthly,  | ary, and commissions (before calculate what the monthly w | ore all payroll<br>vage would be. | 2.      | \$                     | \$  |                     |   |
| 3  | . Estimate and list monthly over  | rtime pay.  |                                   | 3.      | +\$                    | + \$  |                     |   |
| 4  | . Calculate gross income. Add lin   | ne 2 + line 3.  |                                   | 4.      | \$                     | \$  |                     |   |

12/15

Middle Name

Last Name

|  |             | For Debtor 1 | For Debtor 2 or<br>non-filing spous |
|--|-------------|--------------|-------------------------------------|
| by line 4 here   | <b>→</b> 4. | \$           | \$                                  |
| all payroll deductions:  |             |              |                                     |
| Tax, Medicare, and Social Security deductions  | 5a.         | \$           | \$                                  |
| Mandatory contributions for retirement plans   | 5b.         | \$\$         |                                     |
| Voluntary contributions for retirement plans   | 5c.         | \$           |                                     |
| Required repayments of retirement fund loans   | 5d.         | \$\$         |                                     |
| nsurance   | 5e.         | \$\$         | \$                                  |
| Domestic support obligations   | 5f.         | \$\$         | \$                                  |
|  |             | \$<br>¢      | \$                                  |
| Inion dues   | 5g.         | Ψ            |                                     |
| Other deductions. Specify:   | 5h.         | +\$          | _ + \$                              |
| the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.  | 6.          | \$           | \$                                  |
| culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.          | \$           | \$                                  |
| Il other income regularly received:  |             |              |                                     |
| Net income from rental property and from operating a business, profession, or farm   |             |              |                                     |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |             |              |                                     |
| nonthly net income.  | 8a.         | \$           | \$                                  |
| terest and dividends   | 8b.         | \$           | \$                                  |
| Family support payments that you, a non-filing spouse, or a depende egularly receive   | ent         |              |                                     |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.         | \$           | \$                                  |
|  |             | ¢            | ¢                                   |
| nemployment compensation<br>ocial Security   | 8d.<br>8e.  | \$<br>\$     | \$                                  |
| •  | oe.         | ֆ            | \$                                  |
| <b>Other government assistance that you regularly receive</b><br>nclude cash assistance and the value (if known) of any non-cash assistar<br>hat you receive, such as food stamps (benefits under the Supplemental<br>Nutrition Assistance Program) or housing subsidies.  | nce         |              |                                     |
| Specify:   | 8f.         | \$           | \$                                  |
| nsion or retirement income   | 8g.         | \$           | \$                                  |
| ther monthly income. Specify:  | 8h.         | +\$          | _ +\$                               |
| <b>I all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.          | \$           | \$                                  |
| ulate monthly income. Add line 7 + line 9.<br>the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.         | \$           | + \$                                |
| te all other regular contributions to the expenses that you list in Sche   |             | l<br>I.      |                                     |
| Ide contributions from an unmarried partner, members of your household, your double and your household, your h |             |              | oommates, and other                 |
| not include any amounts already included in lines 2-10 or amounts that are   |             |              | enses listed in Schedule            |
| cify:  |             |              |                                     |
| d the amount in the last column of line 10 to the amount in line 11. The te that amount on the Summary of Your Assets and Liabilities and Certain S  |             |              | •                                   |
|  |             |              |                                     |
| ou expect an increase or decrease within the year after you file this  | ·           |              |                                     |

| Fill in this information to identify your case:                   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Debtor 1 First Name Middle Name Last Name                         |  |  |  |  |  |  |  |
| Debtor 2         First Name         Middle Name         Last Name |  |  |  |  |  |  |  |
| United States Bankruptcy Court for the: District of (State)       |  |  |  |  |  |  |  |
| Case number(State) (State) (State)                                |  |  |  |  |  |  |  |

# Official Form 106J

# **Schedule J: Your Expenses**

Check if this is:

- An amended filing
- A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:  | Describe Your Hous  | sehold   |   |     |                    |   |
|--|---|--|---|-----|--------------------|---|
| 1. Is this a   | joint case?   |  |   |     |                    |   |
|  | Go to line 2.<br>Does Debtor 2 live in a se                         | eparate household?   |   |     |                    |   |
|  | <ul><li>No</li><li>Yes. Debtor 2 must file</li></ul>                | e Official Form 106J-2, <i>Expenses for S</i>  | eparate Household of Debtor 2.                      |     |                    |   |
| Do not lis<br>Debtor 2   | have dependents?<br>st Debtor 1 and<br>tate the dependents'         | <ul> <li>No</li> <li>Yes. Fill out this information for each dependent</li> </ul>                                    | Dependent's relationship to<br>Debtor 1 or Debtor 2 |     | Dependent's<br>age | Does dependent live<br>with you?  |
| names.   |   |  |   | -   |                    | <ul> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> </ul> |
| expense  | expenses include<br>es of people other than<br>and your dependents? | No<br>Yes  |   |     |                    |   |
| Part 2:  | Estimate Your Ongoin  | ng Monthly Expenses  |   |     |                    |   |
| expenses a applicable  | as of a date after the ban<br>date.                                 | bankruptcy filing date unless you a<br>kruptcy is filed. If this is a suppleme<br>-cash government assistance if you | ental Schedule J, check the box                     |     | -                  |   |
|  | • •   | it on Schedule I: Your Income (Offi  |   |     | Your expe          | nses  |
| <ul> <li>4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.</li> <li>4.</li> </ul> |   |  |   |     |                    |   |
| lf not ir  | ncluded in line 4:  |  |   |     |                    |   |
| 4a. Re   | eal estate taxes  |  |   | 4a. |                    |   |
| 4b. Pr   | operty, homeowner's, or re  | enter's insurance  |   | 4b. |                    |   |
| 4c. Ho   | ome maintenance, repair, a  | and upkeep expenses  |   | 4c. |                    |   |
| 4d. Ho   | omeowner's association or   | condominium dues   |   | 4d. | \$                 |   |

| Debtor | 1 |
|--------|---|
|--------|---|

Middle Name

Last Name

|     |   |      | Your expenses |
|-----|---|------|---------------|
| 5.  | Additional mortgage payments for your residence, such as home equity loans                          | 5.   | \$            |
|     |   |      |               |
| 6.  | Utilities:  | 0-   | ¢             |
|     | 6a. Electricity, heat, natural gas  | 6a.  | \$            |
|     | 6b. Water, sewer, garbage collection  | 6b.  | \$            |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services                                  | 6c.  | \$            |
|     | 6d. Other. Specify:   | 6d.  | \$            |
| 7.  | Food and housekeeping supplies  | 7.   | \$            |
| 8.  | Childcare and children's education costs  | 8.   | \$            |
| 9.  | Clothing, laundry, and dry cleaning   | 9.   | \$            |
| 10. | Personal care products and services   | 10.  | \$            |
| 11. | Medical and dental expenses   | 11.  | \$            |
| 12. | Transportation. Include gas, maintenance, bus or train fare.  |      | \$            |
|     | Do not include car payments.  | 12.  | *             |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                  | 13.  | \$            |
| 14. | Charitable contributions and religious donations  | 14.  | \$            |
| 15. | <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.  |      |               |
|     | 15a. Life insurance   | 15a. | \$            |
|     | 15b. Health insurance   | 15b. | \$            |
|     | 15c. Vehicle insurance  | 15c. | \$            |
|     | 15d. Other insurance. Specify:  | 15d. | \$            |
| 16. | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: | 16.  | \$            |
| 17. | Installment or lease payments:  |      |               |
|     | 17a. Car payments for Vehicle 1   | 17a. | \$            |
|     | 17b. Car payments for Vehicle 2   | 17b. | \$            |
|     | 17c. Other. Specify:  | 17c. | \$            |
|     | 17d. Other. Specify:  | 17d. | \$            |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from         | nu.  | •             |
|     | your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).                            | 18.  | \$            |
| 19. | Other payments you make to support others who do not live with you.                                 |      |               |
|     | Specify:  | 19.  | \$            |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | ne.  |               |
|     | 20a. Mortgages on other property  | 20a. | \$            |
|     | 20b. Real estate taxes  | 20b. | \$            |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$            |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$            |
|     | 20e. Homeowner's association or condominium dues  |      | \$            |

| <ul> <li>21. Other. Specify:</li></ul>   |      |     |
|--|------|-----|
| <ul> <li>22a. Add lines 4 through 21.</li> <li>22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2</li> <li>22c. Add line 22a and 22b. The result is your monthly expenses.</li> <li>3. Calculate your monthly net income.</li> <li>23a. Copy line 12 (<i>your combined monthly income</i>) from <i>Schedule I</i>.</li> <li>23b. Copy your monthly expenses from line 22c above.</li> <li>23c. Subtract your monthly expenses from your monthly income.</li> </ul> | 21.  | +\$ |
| <ul> <li>22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2</li> <li>22c. Add line 22a and 22b. The result is your monthly expenses.</li> <li>3. Calculate your monthly net income.</li> <li>23a. Copy line 12 (<i>your combined monthly income</i>) from <i>Schedule I</i>.</li> <li>23b. Copy your monthly expenses from line 22c above.</li> <li>23c. Subtract your monthly expenses from your monthly income.</li> </ul>                                       |      |     |
| <ul> <li>22c. Add line 22a and 22b. The result is your monthly expenses.</li> <li>Calculate your monthly net income.</li> <li>23a. Copy line 12 (<i>your combined monthly income</i>) from <i>Schedule I</i>.</li> <li>23b. Copy your monthly expenses from line 22c above.</li> <li>23c. Subtract your monthly expenses from your monthly income.</li> </ul>  | 22a. | \$  |
| <ul> <li>Calculate your monthly net income.</li> <li>23a. Copy line 12 (<i>your combined monthly income</i>) from <i>Schedule I</i>.</li> <li>23b. Copy your monthly expenses from line 22c above.</li> <li>23c. Subtract your monthly expenses from your monthly income.</li> </ul>   | 22b. | \$  |
| <ul> <li>23a. Copy line 12 (<i>your combined monthly income</i>) from <i>Schedule I</i>.</li> <li>23b. Copy your monthly expenses from line 22c above.</li> <li>23c. Subtract your monthly expenses from your monthly income.</li> </ul>   | 22c. | \$  |
| <ul> <li>23a. Copy line 12 (<i>your combined monthly income</i>) from <i>Schedule I</i>.</li> <li>23b. Copy your monthly expenses from line 22c above.</li> <li>23c. Subtract your monthly expenses from your monthly income.</li> </ul>   |      |     |
| 23c. Subtract your monthly expenses from your monthly income.  | 23a. | \$  |
|  | 23b. | -\$ |
|  | 23c. | \$  |
| Do you expect an increase or decrease in your expenses within the year after you file this for<br>For example, do you expect to finish paying for your car loan within the year or do you expect your<br>mortgage payment to increase or decrease because of a modification to the terms of your mortgag   | r    |     |
| No. Yes. Explain here:   |      |     |
|  |      |     |

| Fill in this in                         | formation to ide | entify your case: |                        |
|---|------------------|-------------------|------------------------|
| Debtor 1                                | First Name       | Middle Name       | Last Name              |
| Debtor 2<br>(Spouse, if filing)         | First Name       | Middle Name       | Last Name              |
| United States Bankruptcy Court for the: |                  |                   | District of<br>(State) |
| Case number<br>(If known)               |                  |                   |                        |

# Official Form 106J-2

# Schedule J-2: Expenses for Separate Household of Debtor 2 12/15

Use this form for Debtor 2's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. *If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form.* Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J. Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

|    | Part 1: Describe Your Hou   | sehold  |  |                        |                                  |
|----|---|---|--|------------------------|----------------------------------|
| 1. | <ul> <li>Do you and Debtor 1 maintain set</li> <li>No. Do not complete this for</li> <li>Yes</li> </ul>   |   |  |                        |                                  |
| 2. | <ul> <li>Do you have dependents?</li> <li>Do not list Debtor 1 but list all<br/>other dependents of Debtor 2<br/>regardless of whether listed as a<br/>dependent of Debtor 1 on<br/>Schedule J.</li> <li>Do not state the dependents'<br/>names.</li> </ul> | <ul> <li>No</li> <li>Yes. Fill out this information for each dependent</li> </ul> | Dependent's relationship to<br>Debtor 2: | Dependent's<br>age<br> | Does dependent live<br>with you? |
| 3. | Do your expenses include<br>expenses of people other than<br>yourself, your dependents, and<br>Debtor 1?  | No<br>Yes   |  |                        |                                  |
| P  | art 2: Estimate Your Ongoin   | ng Monthly Expenses   |  |                        |                                  |

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed.

|    |       | expenses paid for with non-cash government assistance if you know the value of sistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) |     | Your expenses |
|----|-------|--|-----|---------------|
| 4. |       | rental or home ownership expenses for your residence. Include first mortgage payments and rent for the ground or lot.  | \$  |               |
|    | lf no | ot included in line 4:   |     |               |
|    | 4a.   | Real estate taxes  | 4a. | \$            |
|    | 4b.   | Property, homeowner's, or renter's insurance   | 4b. | \$            |
|    | 4c.   | Home maintenance, repair, and upkeep expenses  | 4c. | \$            |
|    | 4d.   | Homeowner's association or condominium dues  | 4d. | \$            |

| Debtor | 1 |  |
|--------|---|--|
|--------|---|--|

Middle Name

Last Name

|     |   |      | Your expenses |
|-----|---|------|---------------|
| 5   | Additional mortgage payments for your residence, such as home equity loans                          | 5.   | \$            |
|     |   | 0.   |               |
| 6.  | Utilities:  |      | •             |
|     | 6a. Electricity, heat, natural gas  | 6a.  | \$            |
|     | 6b. Water, sewer, garbage collection  | 6b.  | \$            |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services                                  | 6c.  | \$            |
|     | 6d. Other. Specify:   | 6d.  | \$            |
| 7.  | Food and housekeeping supplies  | 7.   | \$            |
| 8.  | Childcare and children's education costs  | 8.   | \$            |
| 9.  | Clothing, laundry, and dry cleaning   | 9.   | \$            |
| 10. | Personal care products and services   | 10.  | \$            |
| 11. | Medical and dental expenses   | 11.  | \$            |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments. | 12.  | \$            |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                  | 13.  | \$            |
| 14. | Charitable contributions and religious donations  | 14.  | \$            |
| 15. | <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.  |      |               |
|     | 15a. Life insurance   | 15a. | \$            |
|     | 15b. Health insurance   | 15b. | \$            |
|     | 15c. Vehicle insurance  | 15c. | \$\$          |
|     | 15d. Other insurance. Specify:  | 15d. | \$\$          |
|     |   | rou. | Ψ             |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         Specify:   | 16.  | \$            |
| 17. | Installment or lease payments:  |      |               |
|     | 17a. Car payments for Vehicle 1   | 17a. | \$            |
|     | 17b. Car payments for Vehicle 2   | 17b. | \$            |
|     | 17c. Other. Specify:  | 17c. | \$            |
|     | 17d. Other. Specify:  | 17d. | \$            |
| 18  | Your payments of alimony, maintenance, and support that you did not report as deducted from         |      |               |
| 10. | your pay on line 5, Schedule I, Your Income (Official Form 106I).                                   | 18.  | \$            |
| 19. | Other payments you make to support others who do not live with you.                                 |      |               |
|     | Specify:  | 19.  | \$            |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e.   |               |
|     | 20a. Mortgages on other property  | 20a. | \$            |
|     | 20b. Real estate taxes  | 20b. | \$            |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$            |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$            |
|     | 20e. Homeowner's association or condominium dues  | 20e. | •             |

| Debtor 1 |            |                |                    |                                  | Case number (if known)                |     |     |  |  |
|----------|------------|----------------|--------------------|----------------------------------|---------------------------------------|-----|-----|--|--|
|          |            | First Name     | Middle Name        | Last Name                        |                                       |     |     |  |  |
|          |            |                |                    |                                  |                                       |     |     |  |  |
| 21.      | Other. S   | pecify:        |                    |                                  |                                       | 21. | +\$ |  |  |
|          |            |                |                    |                                  |                                       |     | *   |  |  |
| 22.      | Your mo    | onthly expen   | ses. Add lines 5   | through 21.                      |                                       |     |     |  |  |
|          | The resu   | It is the mont | hly expenses of I  | Debtor 2. Copy the result to lir | ne 22b of Schedule J to calculate the |     |     |  |  |
|          | total expe | enses for Del  | otor 1 and Debtor  | 2.                               |                                       | 22. | \$  |  |  |
|          |            |                |                    |                                  |                                       |     |     |  |  |
| 23.      | Line not u | sed on this fo | orm.               |                                  |                                       |     |     |  |  |
|          |            |                |                    |                                  |                                       |     |     |  |  |
|          |            |                |                    |                                  |                                       |     |     |  |  |
|          |            |                |                    |                                  |                                       |     |     |  |  |
|          |            |                |                    |                                  |                                       |     |     |  |  |
|          |            |                |                    |                                  |                                       |     |     |  |  |
| 24.      | Do you e   | xpect an inc   | rease or decrea    | se in your expenses within t     | he year after you file this form?     |     |     |  |  |
|          | For exam   | ple, do you e  | xpect to finish pa | ying for your car loan within th | e year or do you expect your          |     |     |  |  |
|          | mortgage   | payment to i   | ncrease or decre   | ase because of a modification    | to the terms of your mortgage?        |     |     |  |  |
|          | 🔲 No.      |                |                    |                                  |                                       |     |     |  |  |
|          | Yes.       | Explain he     | ere.               |                                  |                                       |     |     |  |  |
|          |            |                |                    |                                  |                                       |     |     |  |  |
|          |            |                |                    |                                  |                                       |     |     |  |  |
|          |            |                |                    |                                  |                                       |     |     |  |  |
|          |            |                |                    |                                  |                                       |     |     |  |  |
|          |            |                |                    |                                  |                                       |     |     |  |  |
| Fill in this information to identify your case:  |                             |             |               |  |  |
|--|-----------------------------|-------------|---------------|--|--|
| Debtor 1   | First Name                  | Middle Name | Last Name     |  |  |
| Debtor 2<br>(Spouse, if filing)  | First Name                  | Middle Name | Last Name     |  |  |
| United States E  | 3ankruptcy Court for the: _ |             | _ District of |  |  |
| Case number<br>(If known)  |                             |             | ()            |  |  |
| Debtor 2<br>(Spouse, if filing) First Name<br>United States Bankruptcy Court for the:<br>Case number |                             |             |               |  |  |

Check if this is an amended filing

# Official Form 106Dec Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

|   | n attorney to help you fill out bankruptcy forms?                |
|---|--|
|   | attorney to help you fill out bankruptcy forms?                  |
|   |  |
|   |  |
| S. Name of person                                 | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
|   | Signature (Official Form 119).                                   |
|   |  |
|   |  |
|   |  |
| penalty of perjury, I declare that I have read th | ne summary and schedules filed with this declaration and         |
| ey are true and correct.                          |  |
|   |  |
|   |  |
|   | ×  |
| ture of Debtor 1                                  | Signature of Debtor 2  |
|   | Date   |
| MM / DD / YYYY                                    | MM / DD / YYYY   |

| Fill in this information to identify your case: |                           |             |           |  |  |  |
|---|---------------------------|-------------|-----------|--|--|--|
| Debtor 1  | First Name                | Middle Name | Last Name |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 | First Name                | Middle Name | Last Name |  |  |  |
| United States E                                 | Bankruptcy Court for the: | District of |           |  |  |  |
| Case number<br>(If known)                       |                           |             |           |  |  |  |

| Check if this is an |
|---------------------|
| amended filing      |

04/19

# Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1:  | 1: Give Details About Your Marital Status and Where You Lived Before |   |                            |  |   |  |  |  |
|----|--------|--|---|----------------------------|--|---|--|--|--|
| 1. | 🗖 Ма   | <b>is your current marit</b><br>arried<br>bt married                 | al status?  |                            |  |   |  |  |  |
| 2. |        | 0  | <b>ve you lived anywhere c</b><br>s you lived in the last 3 ye                              | -                          |  |   |  |  |  |
|    | 6      | Debtor 1:  |   | Dates Debtor 1 lived there | Debtor 2:  |   | Dates Debtor 2<br>lived there                                  |  |  |
|    |        | Number Street  |   | From<br>To                 | Same as Debtor 1           Number         Street |   | <ul> <li>Same as Debtor 1</li> <li>From</li> <li>To</li> </ul> |  |  |
|    |        | City   | State ZIP Code  |                            | City   | State ZIP Code  | Same as Debtor 1   |  |  |
|    | -      | Number Street  |   | From<br>To                 | Number Street                                    |   | From<br>To   |  |  |
|    |        | City   | State ZIP Code  |                            | City   | State ZIP Code  |  |  |  |
| 3. | states | and territories include  | <b>d you ever live with a sp</b><br>e Arizona, California, Idah<br>out Schedule H: Your Coo | o, Louisiana, Neva         | da, New Mexico, Puerto Rico                      | perty state or territory? (C<br>o, Texas, Washington, and V | ommunity property<br>Visconsin.)                               |  |  |
| Pa | rt 2:  | Explain the Source   | ces of Your Income  |                            |  |   |  |  |  |

| Debtor | 1 |
|--------|---|
|--------|---|

\_

Middle Name

Did you have any income from employment or from operating a business during this year or the two previous calendar years?
 Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

| No   |      |    |     |       |     |
|------|------|----|-----|-------|-----|
| Yes. | Fill | in | the | detai | ls. |

First Name

|   | Debtor 1  |   | Debtor 2  |   |  |
|---|---|---|---|---|--|
|   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) |  |
| From January 1 of current year until the date you filed for bankruptcy: | <ul> <li>Wages, commissions, bonuses, tips</li> <li>Operating a business</li> </ul> | \$  | <ul> <li>Wages, commissions, bonuses, tips</li> <li>Operating a business</li> </ul> | \$  |  |
| For last calendar year:<br>(January 1 to December 31,)                  | <ul> <li>Wages, commissions, bonuses, tips</li> <li>Operating a business</li> </ul> | \$  | <ul> <li>Wages, commissions, bonuses, tips</li> <li>Operating a business</li> </ul> | \$  |  |
| For the calendar year before that:<br>(January 1 to December 31,)       | <ul> <li>Wages, commissions, bonuses, tips</li> <li>Operating a business</li> </ul> | \$  | <ul> <li>Wages, commissions, bonuses, tips</li> <li>Operating a business</li> </ul> | \$  |  |

#### 5. Did you receive any other income during this year or the two previous calendar years?

Last Name

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

#### 🛛 No

Yes. Fill in the details.

|   | Debtor 1                             |   | Debtor 2                             |   |  |
|---|--------------------------------------|---|--------------------------------------|---|--|
|   | Sources of income<br>Describe below. | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below. | Gross income from<br>each source<br>(before deductions and<br>exclusions) |  |
| From January 1 of current year until the date you filed for bankruptcy: |                                      | \$<br>\$<br>\$  |                                      | \$<br>\$<br>\$  |  |
| For last calendar year:<br>(January 1 to December 31,)                  |                                      | \$ ·<br>\$ ·<br>\$ ·  |                                      | \$<br>\$<br>\$  |  |
| For the calendar year before that:<br>(January 1 to December 31,)       |                                      | \$<br>\$<br>\$  |                                      | \$<br>\$<br>\$  |  |

| ebtor 1    | First Name Middle Name Last Name  |                                       | Case  | number (if known)                                 |   |
|------------|---|---------------------------------------|---|---|---|
|            |   |                                       |   |   |   |
| Part 3:    | List Certain Payments You Made Before   | re You Filed                          | for Bankruptcy                                      |   |   |
|            |   |                                       |   |   |   |
| 5. Are eit | ther Debtor 1's or Debtor 2's debts primarily c   | onsumer debt                          | s?  |   |   |
| 🛛 No       | Neither Debtor 1 nor Debtor 2 has primarily<br>"incurred by an individual primarily for a person  |                                       |   | re defined in 11 U.S.C. § 101                     | (8) as  |
|            | During the 90 days before you filed for bankru  | ptcy, did you pa                      | ay any creditor a total of                          | f \$6,825* or more?                               |   |
|            | No. Go to line 7.   |                                       |   |   |   |
|            | Yes. List below each creditor to whom you total amount you paid that creditor. D child support and alimony. Also, do not support to adjustment on 4/01/22 and every 3 | o not include payn<br>ot include payn | ayments for domestic su<br>nents to an attorney for | upport obligations, such as this bankruptcy case. |   |
|            |   | •                                     |   |   |   |
|            | es. Debtor 1 or Debtor 2 or both have primarily<br>During the 90 days before you filed for bankrup  |                                       |   | \$600 or more?                                    |   |
|            | <ul> <li>No. Go to line 7.</li> </ul>   | stoj, ala jou po                      |   |   |   |
|            |   |                                       |   |   |   |
|            | Yes. List below each creditor to whom you<br>creditor. Do not include payments for<br>alimony. Also, do not include payment   | domestic supp                         | ort obligations, such as                            | child support and                                 |   |
|            |   | Dates of payment                      | Total amount paid                                   | Amount you still owe                              | Was this payment for                                    |
|            |   |                                       | \$  | \$  | Mortgage  |
|            | Creditor's Name   |                                       |   |   | Car   |
|            | Number Street   |                                       |   |   | Credit card   |
|            |   |                                       |   |   | Loan repayment  |
|            |   |                                       |   |   | Suppliers or vendors                                    |
|            | City State ZIP Code   |                                       |   |   | • Other   |
|            |   |                                       | •   | •   |   |
|            | Creditor's Name   |                                       | \$  | \$  | Mortgage  |
|            |   |                                       |   |   | Car<br>Credit card                                      |
|            | Number Street   |                                       |   |   | Credit card Loan repayment                              |
|            |   |                                       |   |   | Suppliers or vendors                                    |
|            |   |                                       |   |   | Other   |
|            | City State ZIP Code   |                                       |   |   |   |
|            |   | ~                                     | •   | •   |   |
|            | Creditor's Name   |                                       | \$  | \$  | Mortgage  |
|            |   |                                       |   |   | Car   |
|            |   |                                       |   |   | <ul> <li>Credit card</li> <li>Loan repayment</li> </ul> |
|            | Number Street   |                                       |   |   | L oan renavment   |
|            | Number Street   |                                       |   |   |   |
|            | Number Street   |                                       |   |   | Suppliers or vendors Other                              |

| Debtor <sup>·</sup> | 1 |
|---------------------|---|
|---------------------|---|

Middle Name

Last Name

Case number (if known)\_

| 7. | Insia<br>corp<br>ager | orations of which you are ar          | any gener<br>n officer, d<br>ess you o | al partners; rel<br>director, persor | atives of any g<br>n in control, or | eneral partners; pa<br>owner of 20% or m | artnerships of which<br>hore of their voting | <b>/ho was an insider?</b><br>n you are a general partner;<br>securities; and any managing<br>domestic support obligations, |
|----|-----------------------|---------------------------------------|--|--------------------------------------|-------------------------------------|--|--|---|
|    |                       | ۹o                                    |  |                                      |                                     |  |  |   |
|    | <b>ا</b> ا            | es. List all payments to an           | insider.                               |                                      |                                     |  |  |   |
|    |                       |                                       |  |                                      | Dates of<br>payment                 | Total amount<br>paid                     | Amount you still owe                         | Reason for this payment   |
|    |                       |                                       |  |                                      |                                     | •  | •  |   |
|    |                       | Insider's Name                        |  |                                      |                                     | \$                                       | \$   |   |
|    |                       |                                       |  |                                      |                                     |  |  |   |
|    |                       | Number Street                         |  |                                      |                                     |  |  |   |
|    |                       | City                                  | State                                  | ZIP Code                             |                                     |  |  |   |
|    | _                     |                                       | olalo                                  | 2.1. 0000                            |                                     |  |  |   |
|    |                       |                                       |  |                                      |                                     | \$                                       | \$   |   |
|    |                       | Insider's Name                        |  |                                      |                                     |  |  |   |
|    |                       | Number Street                         |  |                                      |                                     |  |  |   |
|    |                       |                                       |  |                                      |                                     |  |  |   |
|    |                       |                                       |  |                                      |                                     |  |  |   |
|    |                       |                                       |  |                                      |                                     |  |  |   |
|    |                       | City                                  | State                                  | ZIP Code                             |                                     |  |  |   |
| 8. | an ir<br>Inclu        | nsider?<br>Ide payments on debts guar | ranteed o                              | r cosigned by a                      |                                     | ayments or transf                        | er any property o                            | n account of a debt that benefited  |
|    |                       |                                       |  |                                      | Dates of<br>payment                 | Total amount<br>paid                     | Amount you still owe                         | Reason for this payment<br>Include creditor's name  |
|    |                       |                                       |  |                                      |                                     | \$                                       | \$   |   |
|    |                       | Insider's Name                        |  |                                      |                                     |  |  |   |
|    |                       | Number Street                         |  |                                      |                                     |  |  |   |
|    |                       |                                       |  |                                      |                                     |  |  |   |
|    |                       | City                                  | State                                  | ZIP Code                             |                                     |  |  |   |
|    | _                     |                                       | olaio                                  | 2.1 0000                             |                                     |  |  |   |
|    |                       |                                       |  |                                      |                                     | \$                                       | \$   |   |
|    |                       | Insider's Name                        |  |                                      |                                     | •  | ¥  |   |
|    |                       |                                       |  |                                      |                                     |  |  |   |
|    |                       | Number Street                         |  |                                      |                                     |  |  |   |
|    |                       |                                       |  |                                      |                                     |  |  |   |
|    |                       |                                       |  |                                      |                                     |  |  |   |
|    |                       |                                       |  |                                      |                                     |  |  |   |
|    |                       | City                                  | State                                  | ZIP Code                             |                                     |  |  |   |

| Debtor 1 |
|----------|
|----------|

First Name Middle Name

Last Name

Case number (if known)\_

| 4: Identify Legal Actions,<br>ithin 1 year before you filed for b  | •           | -   | wsuit. court action. or  | administrative procee  | edina?  |
|--|-------------|---|--|------------------------|---|
| st all such matters, including person  |             |   |  | -                      | -   |
| id contract disputes.  |             |   |  |                        |   |
| Yes. Fill in the details.  |             |   |  |                        |   |
|  | Nature      | of the case   | Court or agency  |                        | Status of the case                            |
|  |             |   |  |                        |   |
| Case title   |             |   | Court Name   |                        | Dending                                       |
|  |             |   |  |                        | On appeal                                     |
|  |             |   | Number Street  |                        | Concluded                                     |
| Case number  |             |   |  |                        |   |
|  |             |   | City   | State ZIP Code         |   |
|  |             |   |  |                        | D Pending                                     |
| Case title   |             |   | Court Name   |                        | Pending     On appeal                         |
|  |             |   | Number Official  |                        | Concluded                                     |
|  |             |   | Number Street  |                        |   |
| Case number  |             |   | City   | State ZIP Code         |   |
|  |             |   |  |                        |   |
| No. Go to line 11.<br>Yes. Fill in the information below.  | ails below. | any of your property  | repossessed, foreclos  | ed, garnished, attache | ed, seized, or levied?                        |
| neck all that apply and fill in the det<br>No. Go to line 11.  | ails below. | any of your property<br>Describe the propert  |  | ed, garnished, attache |   |
| neck all that apply and fill in the det<br>No. Go to line 11.  | ails below. |   |  |                        | Value of the property                         |
| neck all that apply and fill in the det<br>No. Go to line 11.  | ails below. |   |  |                        |   |
| neck all that apply and fill in the det<br>No. Go to line 11.<br>Yes. Fill in the information below.   | ails below. |   | y  |                        | Value of the property                         |
| neck all that apply and fill in the det<br>No. Go to line 11.<br>Yes. Fill in the information below.   | ails below. | Describe the propert  | ey<br>ned  |                        | Value of the property                         |
| neck all that apply and fill in the det<br>No. Go to line 11.<br>Yes. Fill in the information below.   | ails below. | Describe the propert         Explain what happer         Property was r         Property was f  | ned<br>epossessed.<br>oreclosed.   |                        | Value of the property                         |
| No. Go to line 11.<br>Yes. Fill in the information below.<br>Creditor's Name<br>Number Street  | ails below. | Describe the propert         Explain what happer         Property was f         Property was f         Property was f   | ned<br>repossessed.<br>oreclosed.<br>garnished.                                    | Date                   | Value of the property                         |
| Number Street  | ails below. | Describe the propert         Explain what happer         Property was r         Property was f         Property was g         Property was a  | ned<br>repossessed.<br>oreclosed.<br>garnished.<br>attached, seized, or levi       | ed.                    | Value of the property                         |
| No. Go to line 11.<br>Yes. Fill in the information below.<br>Creditor's Name<br>Number Street  | ails below. | Describe the propert         Explain what happer         Property was f         Property was f         Property was f   | ned<br>repossessed.<br>oreclosed.<br>garnished.<br>attached, seized, or levi       | Date                   | Value of the property                         |
| No. Go to line 11.<br>Yes. Fill in the information below.<br>Creditor's Name<br>Number Street  | ails below. | Describe the propert         Explain what happer         Property was r         Property was f         Property was g         Property was a  | ned<br>repossessed.<br>oreclosed.<br>garnished.<br>attached, seized, or levi       | ed.                    | Value of the property\$ Value of the property |
| No. Go to line 11.<br>Yes. Fill in the information below.<br>Creditor's Name<br>Number Street  | ails below. | Describe the propert         Explain what happer         Property was r         Property was f         Property was g         Property was a  | ned<br>repossessed.<br>oreclosed.<br>garnished.<br>attached, seized, or levi       | ed.                    | Value of the property                         |
| neck all that apply and fill in the det         No. Go to line 11.         Yes. Fill in the information below.         Creditor's Name         Number       Street         City       Sta         Creditor's Name         City       Sta | ails below. | Describe the propert         Explain what happer         Property was r         Property was f         Property was g         Property was a  | ned<br>repossessed.<br>oreclosed.<br>garnished.<br>attached, seized, or levi       | ed.                    | Value of the property\$ Value of the property |
| neck all that apply and fill in the det         No. Go to line 11.         Yes. Fill in the information below.         Creditor's Name         Number         Street         City  | ails below. | Describe the propert         Explain what happer         Property was r         Property was f         Property was g         Property was a  | ned<br>repossessed.<br>oreclosed.<br>garnished.<br>attached, seized, or levi       | ed.                    | Value of the property\$ Value of the property |
| neck all that apply and fill in the det         No. Go to line 11.         Yes. Fill in the information below.         Creditor's Name         Number       Street         City       Sta         Creditor's Name         City       Sta | ails below. | Describe the propert<br>Explain what happer<br>Property was f<br>Property was g<br>Property was a<br>Describe the propert   | ned<br>repossessed.<br>oreclosed.<br>garnished.<br>attached, seized, or levi       | ed.                    | Value of the property\$ Value of the property |
| neck all that apply and fill in the det         No. Go to line 11.         Yes. Fill in the information below.         Creditor's Name         Number       Street         City       Sta         Creditor's Name         City       Sta | ails below. | Describe the propert<br>Explain what happer<br>Property was f<br>Property was f<br>Property was a<br>Describe the propert<br>Explain what happer  | ned<br>repossessed.<br>oreclosed.<br>garnished.<br>attached, seized, or levi<br>ty | ed.                    | Value of the property\$ Value of the property |
| neck all that apply and fill in the det         No. Go to line 11.         Yes. Fill in the information below.         Creditor's Name         Number       Street         City       Sta         Creditor's Name         City       Sta | ails below. | Describe the propert         Explain what happer         Property was r         Property was g         Property was a         Describe the propert         Explain what happer         Property was a         Describe the propert         Explain what happer         Property was a | hed<br>epossessed.<br>oreclosed.<br>garnished.<br>attached, seized, or levi<br>by  | ed.                    | Value of the property\$ Value of the property |

| Debtor 1 |   | Case number (if known)   |                          |                 |
|----------|---|--|--------------------------|-----------------|
|          | First Name Middle Name Last Na                            | ame  |                          |                 |
|          |   |  |                          |                 |
| 11. With | in 90 days before you filed for bankrup                   | tcy, did any creditor, including a bank or financial institution | on, set off any am       | ounts from your |
|          | ounts or refuse to make a payment beca                    |  | , <b>,,</b>              | <b>,</b>        |
|          |   | -  |                          |                 |
|          | es. Fill in the details.                                  |  |                          |                 |
|          |   |  |                          |                 |
|          |   | Describe the action the creditor took                            | Date action<br>was taken | Amount          |
| c        | Creditor's Name   |  | wastaken                 |                 |
|          |   |  |                          |                 |
| Ā        | lumber Street   |  |                          | 5               |
|          |   |  |                          |                 |
| -        |   |  |                          |                 |
|          |   |  | 1                        |                 |
| ō        | City State ZIP Code                                       | Last 4 digits of account number: XXXX                            |                          |                 |
|          |   |  |                          |                 |
| 12. With | in 1 year before you filed for bankruptc                  | y, was any of your property in the possession of an assign       | nee for the benefit      | of              |
|          | itors, a court-appointed receiver, a cus                  |  |                          |                 |
|          | No.   |  |                          |                 |
|          |   |  |                          |                 |
|          | _   |  |                          |                 |
| Part 5:  | List Certain Gifts and Contribut                          | ions   |                          |                 |
|          |   |  |                          |                 |
| 13. With | in 2 years before you filed for bankrupt                  | cy, did you give any gifts with a total value of more than \$6   | 600 per person?          |                 |
|          |   |  |                          |                 |
|          | es. Fill in the details for each gift.                    |  |                          |                 |
|          | co. This in the details for each gift.                    |  |                          |                 |
|          | Gifts with a total value of more than \$600               | Describe the gifts   | Dates you gave           | Value           |
|          | per person  |  | the gifts                |                 |
|          |   |  | T                        |                 |
|          |   |  |                          | \$              |
| F        | Person to Whom You Gave the Gift                          |  |                          | Ψ               |
|          |   |  |                          | •               |
| -        |   |  |                          | \$              |
| _        |   |  |                          |                 |
| N        | lumber Street   |  |                          |                 |
|          |   |  |                          |                 |
| c        | City State ZIP Code                                       |  |                          |                 |
| -        | Person's relationship to you                              |  |                          |                 |
| F        |   |  |                          |                 |
| -        | Lifte with a total value of more than \$600               | Describe the gifts   | Dates you gave           | Value           |
|          | Sifts with a total value of more than \$600<br>per person | Describe the gifts   | the gifts                | Value           |
|          |   |  |                          |                 |
|          |   |  |                          | \$              |
| P        | Person to Whom You Gave the Gift                          |  |                          | ₩               |
|          |   |  |                          | ¢               |
| -        |   |  |                          | Ф               |
|          |   |  |                          |                 |
| Ī        | lumber Street   |  |                          |                 |
|          |   |  |                          |                 |
| -        | Dity State ZIP Code                                       |  |                          |                 |
| C        | City State ZIP Code                                       |  |                          |                 |
| F        | Person's relationship to you                              |  |                          |                 |
|          |   |  |                          |                 |

| 1   | Case number (if known)  |                                 |                         |
|---|---|---------------------------------|-------------------------|
| First Name Middle Name                                      | Last Name   |                                 |                         |
|   |   |                                 |                         |
| ithin 2 years before you filed for bank                     | ruptcy, did you give any gifts or contributions with a total valu   | e of more than \$6              | 00 to any charit        |
| No  |   |                                 |                         |
| Yes. Fill in the details for each gift or c                 | contribution.   |                                 |                         |
| Gifts or contributions to charities                         | Describe what you contributed   | Date you                        | Value                   |
| that total more than \$600                                  |   | contributed                     |                         |
|   |   | T                               |                         |
|   |   |                                 | \$                      |
| Charity's Name  |   |                                 | Ψ                       |
|   |   |                                 | \$                      |
|   |   |                                 | +                       |
|   |   |                                 |                         |
| Number Street   |   |                                 |                         |
|   |   |                                 |                         |
| City State ZIP Code   |   |                                 |                         |
|   |   |                                 |                         |
|   |   |                                 |                         |
| 6: List Certain Losses                                      |   |                                 |                         |
| Describe the property you lost and<br>how the loss occurred | Describe any insurance coverage for the loss<br>Include the amount that insurance has paid. List pending insurance<br>claims on line 33 of <i>Schedule A/B: Property.</i> | Date of your<br>loss            | Value of proper<br>lost |
|   |   | T                               |                         |
|   |   |                                 | \$                      |
|   |   |                                 |                         |
|   |   |                                 |                         |
| 7: List Certain Payments or Tr                              | ansfers   |                                 |                         |
|   | uptcy, did you or anyone else acting on your behalf pay or tra  | nsfer any property              | to anyone               |
|   | cy or preparing a bankruptcy petition?  |                                 |                         |
|   | preparers, or credit counseling agencies for services required in y   | our bankruptcy.                 |                         |
|   |   |                                 |                         |
| Yes. Fill in the details.                                   |   |                                 |                         |
|   | Description and value of any property transferred   | Date payment or<br>transfer was | Amount of pay           |
| Person Who Was Paid   | -   | made                            |                         |
|   |   |                                 |                         |
| Number Street   | -   |                                 | \$                      |
|   |   |                                 |                         |
|   |   |                                 | \$                      |
| City State ZIP Code   | -   |                                 |                         |
|   |   |                                 |                         |
| Email or website address                                    | -   |                                 |                         |
| Person Who Made the Payment, if Not You                     | _   |                                 |                         |
|   |   |                                 |                         |

|  | Description and value of any property   | transferred           | Date payment or<br>transfer was made    | Amount o payment |
|--|---|-----------------------|---|------------------|
|  |   |                       |   | payment          |
| Person Who Was Paid  |   |                       |   | \$               |
| Number Street  |   |                       |   | ·                |
|  |   |                       |   | \$               |
|  |   |                       |   |                  |
| City State ZIP Code  |   |                       |   |                  |
| Email or website address   |   |                       |   |                  |
|  |   |                       |   |                  |
| Person Who Made the Payment, if Not You  |   |                       |   |                  |
| No<br>Yes. Fill in the details.  |   | transformed           |   | Amount of        |
|  | Description and value of any property   | transferred           | Date payment or<br>transfer was<br>made | Amount of p      |
| Person Who Was Paid  |   |                       | inddo                                   |                  |
|  |   |                       |   |                  |
| Number Street  |   |                       |   | \$               |
| Number Street  |   |                       |   | \$<br>\$         |
| City State ZIP Code  |   |                       |   | \$<br>\$         |
| City State ZIP Code<br>ithin 2 years before you filed for bank<br>insferred in the ordinary course of you  | cruptcy, did you sell, trade, or otherwise<br>our business or financial affairs?<br>ars made as security (such as the granting  |                       |   |                  |
| City State ZIP Code<br>ithin 2 years before you filed for bank<br>insferred in the ordinary course of you<br>clude both outright transfers and transfers<br>on ot include gifts and transfers that you<br>No   | cruptcy, did you sell, trade, or otherwise<br>our business or financial affairs?<br>ars made as security (such as the granting  | of a security interes | st or mortgage on your pro              | perty).          |
| City State ZIP Code<br>ithin 2 years before you filed for bank<br>insferred in the ordinary course of you<br>clude both outright transfers and transfers<br>on ot include gifts and transfers that you<br>No   | cruptcy, did you sell, trade, or otherwise<br>our business or financial affairs?<br>For made as security (such as the granting<br>have already listed on this statement.  | of a security interes | st or mortgage on your pro              | perty).          |
| City State ZIP Code<br>ithin 2 years before you filed for bank<br>unsferred in the ordinary course of you<br>clude both outright transfers and transfers<br>o not include gifts and transfers that you<br>No<br>Yes. Fill in the details.  | cruptcy, did you sell, trade, or otherwise<br>our business or financial affairs?<br>For made as security (such as the granting<br>have already listed on this statement.  | of a security interes | st or mortgage on your pro              | perty).          |
| City       State       ZIP Code         ithin 2 years before you filed for bank         insferred in the ordinary course of yo         clude both outright transfers and transfe         o not include gifts and transfers that you         No         Yes. Fill in the details.         Person Who Received Transfer         Number       Street  | cruptcy, did you sell, trade, or otherwise<br>our business or financial affairs?<br>Pars made as security (such as the granting<br>have already listed on this statement. | of a security interes | st or mortgage on your pro              | perty).          |
| City       State       ZIP Code         ithin 2 years before you filed for bank         insferred in the ordinary course of yo         clude both outright transfers and transfer         onot include gifts and transfers that you         No         Yes. Fill in the details.         Person Who Received Transfer         Number       Street         City       State       ZIP Code  | cruptcy, did you sell, trade, or otherwise<br>our business or financial affairs?<br>Pars made as security (such as the granting<br>have already listed on this statement. | of a security interes | st or mortgage on your pro              | perty).          |
| City       State       ZIP Code         ithin 2 years before you filed for bank         insferred in the ordinary course of yo         clude both outright transfers and transfe         o not include gifts and transfers that you         No         Yes. Fill in the details.         Person Who Received Transfer         Number       Street  | cruptcy, did you sell, trade, or otherwise<br>our business or financial affairs?<br>Pars made as security (such as the granting<br>have already listed on this statement. | of a security interes | st or mortgage on your pro              | perty).          |
| City       State       ZIP Code         ithin 2 years before you filed for bank         insferred in the ordinary course of yo         clude both outright transfers and transfer         onot include gifts and transfers that you         No         Yes. Fill in the details.         Person Who Received Transfer         Number       Street         City       State       ZIP Code  | cruptcy, did you sell, trade, or otherwise<br>our business or financial affairs?<br>Pars made as security (such as the granting<br>have already listed on this statement. | of a security interes | st or mortgage on your pro              | perty).          |
| City       State       ZIP Code         ithin 2 years before you filed for bank         insferred in the ordinary course of you         clude both outright transfers and transfers         onot include gifts and transfers that you         No         Yes. Fill in the details.         Person Who Received Transfer         Number       Street         City       State       ZIP Code         Person's relationship to you | cruptcy, did you sell, trade, or otherwise<br>our business or financial affairs?<br>Pars made as security (such as the granting<br>have already listed on this statement. | of a security interes | st or mortgage on your pro              | perty).          |

| Debtor 1 First Name Middle Name Last N  | ame   | Case number (if know   | n)   |   |
|---|---|--|--|---|
| <ul> <li>19. Within 10 years before you filed for bankrup are a beneficiary? (These are often called as</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>   |   | ty to a self-settled trust   | or similar device of w                                     | hich you                                |
|   | Description and value of the prope                                      | rty transferred  |  | Date transfer<br>was made               |
| Name of trust   |   |  |  |   |
| <ul> <li>Part 8: List Certain Financial Accounts</li> <li>20. Within 1 year before you filed for bankruptor closed, sold, moved, or transferred? Include checking, savings, money market, or brokerage houses, pension funds, cooperation of No</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> | cy, were any financial accounts o<br>or other financial accounts; certi | r instruments held in y<br>ficates of deposit; shar                                    | our name, or for your                                      |   |
|   | Last 4 digits of account number   | Type of account or<br>instrument   | Date account was<br>closed, sold, moved,<br>or transferred | Last balance before closing or transfer |
| Name of Financial Institution Number Street   | xxxx  | <ul> <li>Checking</li> <li>Savings</li> <li>Money market</li> <li>Brokerage</li> </ul> |  | \$                                      |
| City State ZIP Code   | xxxx  | Other Checking Savings   |  | \$                                      |
| Number Street   |   | Money market Brokerage Other   |  |   |
| <ul> <li>21. Do you now have, or did you have within 1 securities, cash, or other valuables?</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>  | year before you filed for bankrup                                       | ntcy, any safe deposit b   | ox or other depository                                     | / for                                   |
|   | Who else had access to it?  | Describe the   | contents   | Do you still have it?                   |
| Name of Financial Institution   | Name  |  |  | No Yes                                  |
| Number Street   | Number Street   |  |  |   |
| City State ZIP Code   | City State ZIP Code   |  |  |   |

|   | Middle Name La  | st Name  | Case number (if kno  | wn)  |                                 |
|---|---|--|--|--|---------------------------------|
| First Name  |   | st name  |  |  |                                 |
|   | erty in a storage unit  | or place other than your home v  | vithin 1 year before you   | filed for bankruptcy   | ?                               |
|   | - 11 -  |  |  |  |                                 |
| Yes. Fill in the deta   | ails.   | Who else has or had access to it   | ? Describe th  | e contents   | Do you stil                     |
|   |   |  |  | e contents   | have it?                        |
|   |   |  |  |  |                                 |
| Name of Storage Faci  | lity  | Name   |  |  | 🛛 Yes                           |
| Number Street   |   | Number Street  |  |  |                                 |
|   |   |  |  |  |                                 |
|   |   | City State ZIP Code  |  |  |                                 |
| City  | State ZIP Code  |  |  |  |                                 |
|   |   |  |  |  |                                 |
| rt 9: Identify P  | roperty You Hold  | or Control for Someone Else  | <del>)</del>   |  |                                 |
| Do you hold or contro   | ol any property that  | someone else owns? Include any   | y property you borrowed  | l from, are storing f  | or,                             |
| or hold in trust for so   | omeone.   |  |  |  |                                 |
| 🗖 No  |   |  |  |  |                                 |
| Yes. Fill in the det  | tails.  |  |  |  |                                 |
|   |   | Where is the property?   | Describe th  | e property   | Value                           |
|   |   |  |  |  |                                 |
| Owner's Name  |   |  |  |  | \$                              |
| Number Street   |   | Number Street  |  |  |                                 |
|   |   |  |  |  |                                 |
|   |   |  |  |  |                                 |
|   |   | City State   | ZIP Code   |  |                                 |
| City  | State ZIP Code  | City State   | ZIP Code   |  |                                 |
| City  |   | City State   | ZIP Code   |  |                                 |
| City<br>Int 10: Give Deta   | ils About Environ   | mental Information   | ZIP Code   |  |                                 |
| City<br><b>rt 10: Give Deta</b><br>r the purpose of Part 1  | <b>ills About Environ</b><br>10, the following def  | mental Information   |  |  |                                 |
| City<br><b>rt 10: Give Deta</b><br>r the purpose of Part 1<br><i>Environmental law</i> m  | ills About Environ<br>10, the following def<br>eans any federal, sta  | mental Information<br>initions apply:<br>ate, or local statute or regulation   | concerning pollution, co   |  |                                 |
| city<br><b>rt 10: Give Deta</b><br>r the purpose of Part 1<br><i>Environmental law</i> m<br>hazardous or toxic su   | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o  | mental Information   | concerning pollution, co<br>surface water, groundw   | ater, or other medi  |                                 |
| City<br><b>Give Deta</b><br><b>Give Deta</b><br><b>The purpose of Part f</b><br><i>Environmental law</i> m<br>hazardous or toxic su<br>including statutes or  | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll  | mental Information<br>initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan  | concerning pollution, co<br>surface water, groundw<br>ices, wastes, or material  | vater, or other medi   | um,                             |
| City<br>Tt 10: Give Deta<br>The purpose of Part f<br>Environmental law m<br>hazardous or toxic su<br>including statutes or<br>Site means any locati   | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope   | mental Information<br>initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,  | concerning pollution, co<br>surface water, groundw<br>ices, wastes, or material  | vater, or other medi   | um,                             |
| City<br><b>rt 10: Give Deta</b><br>r the purpose of Part of<br><i>Environmental law</i> m<br>hazardous or toxic su<br>including statutes or<br><i>Site</i> means any locati<br>utilize it or used to ov   | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz   | mental Information<br>initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan  | concerning pollution, co<br>surface water, groundw<br>ices, wastes, or material<br>imental law, whether you  | vater, or other medi<br>u now own, operate   | um,<br>., or                    |
| City<br>rt 10: Give Deta<br>r the purpose of Part of<br><i>Environmental law</i> m<br>hazardous or toxic su<br>including statutes or<br><i>Site</i> means any locati<br>utilize it or used to ov<br><i>Hazardous material</i> m   | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz<br>neans anything an e  | mental Information<br>initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan<br>erty as defined under any enviror<br>e it, including disposal sites.  | concerning pollution, co<br>surface water, groundw<br>ices, wastes, or material<br>imental law, whether you  | vater, or other medi<br>u now own, operate   | um,<br>., or                    |
| City<br>rt 10: Give Deta<br>r the purpose of Part 7<br>Environmental law m<br>hazardous or toxic su<br>including statutes or<br>Site means any locati<br>utilize it or used to ou<br>Hazardous material m<br>substance, hazardous   | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz<br>neans anything an e<br>s material, pollutant   | mental Information<br>initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan<br>erty as defined under any enviror<br>e it, including disposal sites.<br>nvironmental law defines as a ha  | concerning pollution, ca<br>surface water, groundw<br>ices, wastes, or material<br>imental law, whether you<br>izardous waste, hazardo   | vater, or other medi<br>l.<br>u now own, operate<br>ous substance, toxic                                     | um,<br>., or                    |
| City<br>rt 10: Give Deta<br>r the purpose of Part f<br>Environmental law m<br>hazardous or toxic su<br>including statutes or<br>Site means any locati<br>utilize it or used to ov<br>Hazardous material m<br>substance, hazardous<br>port all notices, releas   | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz<br>neans anything an e<br>s material, pollutant<br>ses, and proceeding                            | mental Information<br>initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan<br>erty as defined under any enviror<br>e it, including disposal sites.<br>nvironmental law defines as a ha<br>, contaminant, or similar term.<br>s that you know about, regardles   | concerning pollution, ca<br>surface water, groundw<br>ices, wastes, or material<br>imental law, whether you<br>izardous waste, hazardo   | vater, or other medi<br>l.<br>u now own, operate<br>ous substance, toxic<br>d.                               | um,<br>., or<br>:               |
| City<br>rt 10: Give Deta<br>r the purpose of Part f<br>Environmental law m<br>hazardous or toxic su<br>including statutes or<br>Site means any locati<br>utilize it or used to ov<br>Hazardous material m<br>substance, hazardous<br>port all notices, releas   | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz<br>neans anything an e<br>s material, pollutant<br>ses, and proceeding                            | mental Information<br>initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan<br>erty as defined under any enviror<br>e it, including disposal sites.<br>nvironmental law defines as a ha<br>, contaminant, or similar term.   | concerning pollution, ca<br>surface water, groundw<br>ices, wastes, or material<br>imental law, whether you<br>izardous waste, hazardo   | vater, or other medi<br>l.<br>u now own, operate<br>ous substance, toxic<br>d.                               | um,<br>., or<br>:               |
| City<br>rt 10: Give Deta<br>r the purpose of Part f<br>Environmental law m<br>hazardous or toxic su<br>including statutes or<br>Site means any locati<br>utilize it or used to ov<br>Hazardous material m<br>substance, hazardous<br>port all notices, releas   | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz<br>neans anything an e<br>s material, pollutant<br>ses, and proceeding                            | mental Information<br>initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan<br>erty as defined under any enviror<br>e it, including disposal sites.<br>nvironmental law defines as a ha<br>, contaminant, or similar term.<br>s that you know about, regardles   | concerning pollution, ca<br>surface water, groundw<br>ices, wastes, or material<br>imental law, whether you<br>izardous waste, hazardo   | vater, or other medi<br>l.<br>u now own, operate<br>ous substance, toxic<br>d.                               | um,<br>., or<br>:               |
| City<br>rt 10: Give Deta<br>r the purpose of Part f<br>Environmental law m<br>hazardous or toxic su<br>including statutes or<br>Site means any locati<br>utilize it or used to ov<br>Hazardous material m<br>substance, hazardous<br>port all notices, release<br>Has any governmenta                               | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz<br>neans anything an e<br>s material, pollutant<br>ses, and proceeding<br>al unit notified you th | mental Information<br>initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan<br>erty as defined under any enviror<br>e it, including disposal sites.<br>nvironmental law defines as a ha<br>, contaminant, or similar term.<br>s that you know about, regardles   | concerning pollution, ca<br>surface water, groundw<br>ices, wastes, or material<br>imental law, whether you<br>izardous waste, hazardo   | vater, or other medi<br>l.<br>u now own, operate<br>ous substance, toxic<br>d.                               | um,<br>., or<br>:               |
| City<br>rt 10: Give Deta<br>r the purpose of Part of<br><i>Environmental law</i> m<br>hazardous or toxic su<br>including statutes or<br><i>Site</i> means any locati<br>utilize it or used to ov<br><i>Hazardous material</i> m<br>substance, hazardous<br>port all notices, release<br>Has any governmenta         | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz<br>neans anything an e<br>s material, pollutant<br>ses, and proceeding<br>al unit notified you th | mental Information<br>initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan<br>erty as defined under any enviror<br>e it, including disposal sites.<br>nvironmental law defines as a ha<br>, contaminant, or similar term.<br>s that you know about, regardles   | concerning pollution, ca<br>surface water, groundw<br>ices, wastes, or material<br>imental law, whether you<br>izardous waste, hazardo   | vater, or other medi<br>l.<br>u now own, operate<br>ous substance, toxic<br>d.<br>d.<br>ation of an environr | um,<br>., or<br>:               |
| City<br>rt 10: Give Deta<br>r the purpose of Part of<br><i>Environmental law</i> m<br>hazardous or toxic su<br>including statutes or<br><i>Site</i> means any locati<br>utilize it or used to ov<br><i>Hazardous material</i> m<br>substance, hazardous<br>port all notices, release<br>Has any governmenta         | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz<br>neans anything an e<br>s material, pollutant<br>ses, and proceeding<br>al unit notified you th | mental Information<br>initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan<br>erty as defined under any enviror<br>e it, including disposal sites.<br>nvironmental law defines as a ha<br>, contaminant, or similar term.<br>s that you know about, regardles<br>nat you may be liable or potential   | concerning pollution, ca<br>surface water, groundw<br>ices, wastes, or material<br>mental law, whether you<br>izardous waste, hazardo<br>is of when they occurred<br>ly liable under or in viola | vater, or other medi<br>l.<br>u now own, operate<br>ous substance, toxic<br>d.<br>d.<br>ation of an environr | um,<br>, or<br>:<br>nental law? |
| City<br>rt 10: Give Deta<br>r the purpose of Part of<br><i>Environmental law</i> m<br>hazardous or toxic su<br>including statutes or<br><i>Site</i> means any locati<br>utilize it or used to ov<br><i>Hazardous material</i> m<br>substance, hazardous<br>port all notices, release<br>Has any governmenta         | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz<br>neans anything an e<br>s material, pollutant<br>ses, and proceeding<br>al unit notified you th | mental Information<br>initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan<br>erty as defined under any enviror<br>e it, including disposal sites.<br>nvironmental law defines as a ha<br>, contaminant, or similar term.<br>s that you know about, regardles<br>nat you may be liable or potential   | concerning pollution, ca<br>surface water, groundw<br>ices, wastes, or material<br>mental law, whether you<br>izardous waste, hazardo<br>is of when they occurred<br>ly liable under or in viola | vater, or other medi<br>l.<br>u now own, operate<br>ous substance, toxic<br>d.<br>d.<br>ation of an environr | um,<br>, or<br>:<br>nental law? |
| City<br>rt 10: Give Deta<br>r the purpose of Part of<br><i>Environmental law</i> m<br>hazardous or toxic su<br>including statutes or<br><i>Site</i> means any locati<br>utilize it or used to ov<br><i>Hazardous material</i> m<br>substance, hazardous<br>port all notices, release<br>Has any governmenta         | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz<br>neans anything an e<br>s material, pollutant<br>ses, and proceeding<br>al unit notified you th | mental Information<br>initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan<br>erty as defined under any enviror<br>e it, including disposal sites.<br>nvironmental law defines as a ha<br>, contaminant, or similar term.<br>s that you know about, regardles<br>nat you may be liable or potential   | concerning pollution, ca<br>surface water, groundw<br>ices, wastes, or material<br>mental law, whether you<br>izardous waste, hazardo<br>is of when they occurred<br>ly liable under or in viola | vater, or other medi<br>l.<br>u now own, operate<br>ous substance, toxic<br>d.<br>d.<br>ation of an environr | um,<br>, or<br>:<br>nental law? |
| City<br>rt 10: Give Deta<br>r the purpose of Part f<br>Environmental law m<br>hazardous or toxic su<br>including statutes or<br>Site means any locati<br>utilize it or used to ou<br>Hazardous material m<br>substance, hazardous<br>port all notices, releas<br>Has any governmenta<br>No<br>Yes. Fill in the deta | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz<br>neans anything an e<br>s material, pollutant<br>ses, and proceeding<br>al unit notified you th | initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan<br>erty as defined under any environ<br>e it, including disposal sites.<br>nvironmental law defines as a ha<br>, contaminant, or similar term.<br>s that you know about, regardles<br>hat you may be liable or potential<br>Governmental unit  | concerning pollution, ca<br>surface water, groundw<br>ices, wastes, or material<br>mental law, whether you<br>izardous waste, hazardo<br>is of when they occurred<br>ly liable under or in viola | vater, or other medi<br>l.<br>u now own, operate<br>ous substance, toxic<br>d.<br>d.<br>ation of an environr | um,<br>, or<br>:<br>nental law? |
| City Tt 10: Give Deta T the purpose of Part f Environmental law m hazardous or toxic su including statutes or Site means any locati utilize it or used to ou Hazardous material m substance, hazardous port all notices, releas Has any governmenta No No Name of site Name of site                                 | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz<br>neans anything an e<br>s material, pollutant<br>ses, and proceeding<br>al unit notified you th | initions apply:         ate, or local statute or regulation         or material into the air, land, soil,         ing the cleanup of these substance         erty as defined under any environ         e it, including disposal sites.         nvironmental law defines as a har,         , contaminant, or similar term.         s that you know about, regardles         hat you may be liable or potential         Governmental unit         Governmental unit         Number | concerning pollution, ca<br>surface water, groundw<br>ices, wastes, or material<br>mental law, whether you<br>izardous waste, hazardo<br>is of when they occurred<br>ly liable under or in viola | vater, or other medi<br>l.<br>u now own, operate<br>ous substance, toxic<br>d.<br>d.<br>ation of an environr | um,<br>, or<br>:<br>nental law? |
| City Tt 10: Give Deta T the purpose of Part f Environmental law m hazardous or toxic su including statutes or Site means any locati utilize it or used to ou Hazardous material m substance, hazardous port all notices, releas Has any governmenta No No Name of site Name of site                                 | ills About Environ<br>10, the following def<br>eans any federal, sta<br>ubstances, wastes, o<br>regulations controll<br>ion, facility, or prope<br>wn, operate, or utiliz<br>neans anything an e<br>s material, pollutant<br>ses, and proceeding<br>al unit notified you th | initions apply:<br>ate, or local statute or regulation<br>or material into the air, land, soil,<br>ing the cleanup of these substan<br>erty as defined under any environ<br>e it, including disposal sites.<br>nvironmental law defines as a ha<br>, contaminant, or similar term.<br>s that you know about, regardles<br>hat you may be liable or potential<br>Governmental unit  | concerning pollution, ca<br>surface water, groundw<br>ices, wastes, or material<br>mental law, whether you<br>izardous waste, hazardo<br>is of when they occurred<br>ly liable under or in viola | vater, or other medi<br>l.<br>u now own, operate<br>ous substance, toxic<br>d.<br>d.<br>ation of an environr | um,<br>, or<br>:<br>nental law? |

| ebtor 1                                     |                                       | Case number (if known)                 |                               |
|---|---------------------------------------|--|-------------------------------|
| First Name Middle Name L                    | .ast Name                             |  |                               |
|   |                                       |  |                               |
| 5. Have you notified any governmental unit  | t of any release of hazardous mate    | rial?                                  |                               |
|   | · · · · · · · · · · · · · · · · · · · |  |                               |
|   |                                       |  |                               |
| Yes. Fill in the details.                   |                                       |  |                               |
|   | Governmental unit                     | Environmental law, if you know it      | Date of notice                |
|   |                                       |  |                               |
|   |                                       | _                                      |                               |
| Name of site                                | Governmental unit                     |  |                               |
| Number Street                               |                                       |  |                               |
| Number Street                               | Number Street                         |  |                               |
|   |                                       |  |                               |
|   | City State ZIP Code                   |  |                               |
| City State ZIP Code                         |                                       |  |                               |
|   |                                       |  |                               |
| 6. Have you been a party in any judicial or | administrative proceeding under a     | nv environmental law? Include settle   | ments and orders.             |
| □ No  |                                       | -                                      |                               |
|   |                                       |  |                               |
| Yes. Fill in the details.                   |                                       |  | Otation of the                |
|   | Court or agency                       | Nature of the case                     | Status of the<br>case         |
|   |                                       |  |                               |
| Case title                                  | Court Name                            |  | Pending                       |
|   | Court Name                            |  | On appeal                     |
|   | Number Street                         |  |                               |
|   | Number Street                         |  |                               |
| Case number                                 |                                       |  |                               |
| Case number                                 | City State ZIP C                      | ode                                    |                               |
|   |                                       |  |                               |
| Part 11: Give Details About Your B          | Business or Connections to An         | y Business                             |                               |
| 7. Within 4 years before you filed for bank | ruptcy, did you own a business or l   | have any of the following connection   | s to any business?            |
| A sole proprietor or self-employe           | ed in a trade, profession, or other a | ctivity, either full-time or part-time | -                             |
| A member of a limited liability co          | mpany (LLC) or limited liability par  | tnership (LLP)                         |                               |
| A partner in a partnership                  |                                       |  |                               |
| An officer, director, or managing           | executive of a corporation            |  |                               |
| An owner of at least 5% of the vo           | -                                     | ration                                 |                               |
|   |                                       |  |                               |
| No. None of the above applies. Go to        | o Part 12.                            |  |                               |
| Yes. Check all that apply above and         | fill in the details below for each bu | siness.                                |                               |
|   | Describe the nature of the busine     | ess Employer Identific                 | ation number                  |
| Business Name                               |                                       | Do not include So                      | cial Security number or ITIN. |
|   |                                       |  |                               |
|   |                                       | EIN:                                   |                               |
| Number Street                               | News                                  |  |                               |
|   | Name of accountant or bookkeep        | Dates business ex                      | listed                        |
|   | —                                     | <b>-</b>                               | Te                            |
|   |                                       | From                                   | 10                            |
| City State ZIP Code                         |                                       |  |                               |
|   | Describe the nature of the busine     |  |                               |
| Business Name                               |                                       | Do not include So                      | cial Security number or ITIN. |
|   |                                       | EIN!-                                  |                               |
| Number Street                               |                                       | EIN:                                   |                               |
| Number Street                               | Name of accountant or bookkeep        | er Dates business ex                   | risted                        |
|   |                                       |  |                               |
|   |                                       | <b>P2</b>                              | Та                            |
|   |                                       | From                                   | 10                            |
| City State ZIP Code                         |                                       |  |                               |

|  | st Name   | se number (if known)  |
|--|---|---|
|  |   |   |
|  | Describe the nature of the business   | Employer Identification number  |
| Business Name  | -   | Do not include Social Security number or ITIN   |
|  |   | EIN:  |
| Number Street  | Name of accountant or bookkeeper  | Dates business existed  |
|  | _   |   |
| City State ZIP Code  | _   | From To   |
|  |   |   |
|  |   |   |
| ithin 2 years before you filed for bankri<br>stitutions, creditors, or other parties.  | uptcy, did you give a financial statement to a  | nyone about your business? Include all financial  |
|  |   |   |
| No<br>Yes. Fill in the details below.  |   |   |
| res. Fin in the details below.   |   |   |
|  | Date issued   |   |
|  |   |   |
| Name   | MM / DD / YYYY  |   |
|  | _   |   |
| Number Street  |   |   |
|  | _   |   |
|  |   |   |
|  |   |   |
| City State ZIP Code  | _   |   |
| City State ZIP Code  | _   |   |
| City State ZIP Code  | _   |   |
|  | _   |   |
|  | _   |   |
| 12: Sign Below have read the answers on this Stateme   |   | and I declare under penalty of perjury that the   |
| <b>12:</b> Sign Below<br>have read the answers on this <i>Stateme</i><br>nswers are true and correct. I understa<br>n connection with a bankruptcy case c  |   | g property, or obtaining money or property by frau                                      |
| <b>12:</b> Sign Below<br>have read the answers on this <i>Statem</i> enswers are true and correct. I understa  | and that making a false statement, concealin  | g property, or obtaining money or property by frau                                      |
| <b>12:</b> Sign Below<br>have read the answers on this <i>Stateme</i><br>nswers are true and correct. I understa<br>n connection with a bankruptcy case c  | and that making a false statement, concealin  | g property, or obtaining money or property by frau                                      |
| <b>12:</b> Sign Below<br>have read the answers on this <i>Stateme</i><br>nswers are true and correct. I understan<br>connection with a bankruptcy case c<br>8 U.S.C. §§ 152, 1341, 1519, and 3571.   | and that making a false statement, concealin  | g property, or obtaining money or property by frau                                      |
| <b>12:</b> Sign Below<br>have read the answers on this <i>Stateme</i><br>nswers are true and correct. I understa<br>n connection with a bankruptcy case c  | and that making a false statement, concealin<br>an result in fines up to \$250,000, or imprison   | g property, or obtaining money or property by frau                                      |
| 12: Sign Below<br>have read the answers on this <i>Statem</i><br>nswers are true and correct. I understan<br>connection with a bankruptcy case c<br>8 U.S.C. §§ 152, 1341, 1519, and 3571.   | and that making a false statement, concealin<br>an result in fines up to \$250,000, or imprison   | g property, or obtaining money or property by frau                                      |
| 12: Sign Below         have read the answers on this Statements         nswers are true and correct. I understance         n connection with a bankruptcy case c         8 U.S.C. §§ 152, 1341, 1519, and 3571.         X         Signature of Debtor 1         Date   | and that making a false statement, concealin<br>an result in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison | g property, or obtaining money or property by frau<br>ment for up to 20 years, or both. |
| 12: Sign Below         have read the answers on this Statements         nswers are true and correct. I understance         n connection with a bankruptcy case c         8 U.S.C. §§ 152, 1341, 1519, and 3571.         X         Signature of Debtor 1         Date   | and that making a false statement, concealin<br>an result in fines up to \$250,000, or imprison<br>Signature of Debtor 2  | g property, or obtaining money or property by frau<br>ment for up to 20 years, or both. |
| 12: Sign Below         have read the answers on this Statements         nswers are true and correct. I understance         n connection with a bankruptcy case c         8 U.S.C. §§ 152, 1341, 1519, and 3571.         X         Signature of Debtor 1         Date   | and that making a false statement, concealin<br>an result in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison | g property, or obtaining money or property by frau<br>ment for up to 20 years, or both. |
| 12:       Sign Below         have read the answers on this Statemenswers are true and correct. I understand connection with a bankruptcy case of 8 U.S.C. §§ 152, 1341, 1519, and 3571.         X         Signature of Debtor 1         Date         Date         Date   | and that making a false statement, concealin<br>an result in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison | g property, or obtaining money or property by frau<br>ment for up to 20 years, or both. |
| 12:       Sign Below         have read the answers on this Statements         nswers are true and correct. I understance         n connection with a bankruptcy case c         8 U.S.C. §§ 152, 1341, 1519, and 3571.         X         Signature of Debtor 1         Date         Date         Did you attach additional pages to Your         No   | and that making a false statement, concealin<br>an result in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison | g property, or obtaining money or property by frau<br>ment for up to 20 years, or both. |
| 12:       Sign Below         have read the answers on this Statements         nswers are true and correct. I understance         n connection with a bankruptcy case c         8 U.S.C. §§ 152, 1341, 1519, and 3571.         X         Signature of Debtor 1         Date         Date         Did you attach additional pages to Your         No         Yes         Vid you pay or agree to pay someone w | and that making a false statement, concealin<br>an result in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison           Image: statement in fines up to \$250,000, or imprison | g property, or obtaining money or property by frau<br>ment for up to 20 years, or both. |
| 12:       Sign Below         have read the answers on this Statements of connection with a bankruptcy case of a U.S.C. §§ 152, 1341, 1519, and 3571.         X         Signature of Debtor 1         Date         Did you attach additional pages to Your         No         Yes         No         No         No         No         No         No         No  | and that making a false statement, concealin<br>an result in fines up to \$250,000, or imprison<br>Signature of Debtor 2<br>Date<br><i>Statement of Financial Affairs for Individual</i><br>ho is not an attorney to help you fill out bank   | g property, or obtaining money or property by frau<br>ment for up to 20 years, or both. |

# Chapter 13 Statement of Your Current Monthly Income, Calculation of Commitment Period and Chapter 13 Calculation of Your Disposable Income

(Official Forms 122C-1 and 122C-2)

If you are filing under chapter 7, 11, or 12, do not fill out this form.

Official Forms 122C—1 and 122C—2 determine the commitment period for your payments to creditors, how the amount you may be required to pay to creditors is established, and, in some situations, how much you must pay.

You must file the *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C–1) if you are an individual and you are filing under chapter 13. This form will report your current monthly income and determine whether your income is at or below the median income for households of the same size in your state. If your income is equal to or less than the median, you will not have to fill out the second form. Form 122C-1 also will determine your applicable *commitment period*—the time period for making payments to your creditors, unless the court orders otherwise.

If your income is above the median, you must file the second form, *Chapter13 Calculation of Your Disposable Income* (Official Form 122C–2). The calculations on this form—sometimes called the *Means Test*—reduce your income by living expenses and payment of certain debts, resulting in an amount available to pay unsecured debts. Your chapter 13 plan may be required to provide for payment of this amount toward unsecured debts.

Read each question carefully. You may not be required to answer every question on this form. The instructions will alert you if you may skip questions.

Some of the questions require you to go to other sources for information. In those cases, the form has instructions for where to find the information you need.

Generally, if you and your spouse are filing together, you should file one statement together.

# Information for completing the forms

To fill out several lines of the forms, you must look up information provided on websites or from other sources. For information:

- (1) to complete line 16c of Form 122C-1 and lines 6-15, 30, and 36 of Form 122C-2; or
- (2) if you are a servicemember, veteran, or the family member of a veteran, and are looking for a list of the types of benefits that the United States
   Department of Justice confirms need not be reported on lines 9 or 10 of Form 122C-1 on account of the veteran's death or disability under the

Chapter 13 Statement of Current Monthly Income, Calculation of Commitment Period and Chapter 13 Calculation of Your Disposable Income (Official Forms 122C-1, 122C-2) "Helping American Veterans in Extreme Need Act of 2019" (HAVEN Act);

go to:

https://www.justice.gov/ust/means-testing

If your case is filed in Alabama or North Carolina, the administrative expense multiplier mentioned at line 36 can be found at: www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy Resources/AdministrativeExpensesMultiplier.aspx

If you do not have a computer with internet access, you may be able to use a public computer at the bankruptcy clerk's office or at a public library.

| Fill in this information to identify your case: |   |             |           |  |  |  |  |  |  |
|---|---|-------------|-----------|--|--|--|--|--|--|
| Debtor 1  |   |             |           |  |  |  |  |  |  |
|   | First Name  | Middle Name | Last Name |  |  |  |  |  |  |
| Debtor 2  |   |             |           |  |  |  |  |  |  |
| (Spouse, if filing)                             | First Name  | Middle Name | Last Name |  |  |  |  |  |  |
| United States E                                 | United States Bankruptcy Court for the: District of |             |           |  |  |  |  |  |  |
| Case number<br>(If known)                       |   |             |           |  |  |  |  |  |  |
|   |   |             |           |  |  |  |  |  |  |

| Check as directed in lines 17 and 21:                                  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| According to the calculations required by this Statement:              |  |  |  |  |  |  |  |
| □ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |  |  |
| 2. Disposable income is determined<br>under 11 U.S.C. § 1325(b)(3).    |  |  |  |  |  |  |  |
| □ 3. The commitment period is 3 years.                                 |  |  |  |  |  |  |  |
| $\Box$ 4 The commitment period is 5 years                              |  |  |  |  |  |  |  |

Check if this is an amended filing

# Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Pá | art 1: Calculate Your Average Monthly Income  | )   |  |                                     |  |  |
|----|---|---|--|-------------------------------------|--|--|
| 1. | What is your marital and filing status? Check one only.<br>Not married. Fill out Column A, lines 2-11.  |   |  |                                     |  |  |
|    | A married. Fill out both Columns A and B, lines 2-11.   |   |  |                                     |  |  |
|    | Fill in the average monthly income that you received for<br>bankruptcy case. 11 U.S.C. § 101(10A). For example, if you<br>August 31. If the amount of your monthly income varied due<br>the result. Do not include any income amount more than or<br>from that property in one column only. If you have nothing the | ou are filing o<br>ring the 6 mc<br>ice. For exar | on Septembe<br>onths, add the<br>nple, if both s | er 15, the<br>e income<br>spouses o | 6-month period woul<br>for all 6 months and<br>own the same rental | d be March 1 through<br>divide the total by 6. Fill in |
|    |   |   |  |                                     | Column A<br>Debtor 1   | <i>Column B</i><br>Debtor 2 or<br>non-filing spouse    |
| 2. | Your gross wages, salary, tips, bonuses, overtime, and payroll deductions).   | commissio   | ns (before all                                   | l                                   | \$   | \$   |
| 3. | Alimony and maintenance payments. Do not include pay  | ments from  | a spouse.  |                                     | \$   | \$   |
| 4. | All amounts from any source which are regularly paid for<br>you or your dependents, including child support. Include<br>an unmarried partner, members of your household, your de<br>roommates. Do not include payments from a spouse. Do not<br>listed on line 3.   | le regular co<br>pendents, pa                     | ntributions fro<br>arents, and                   |                                     | \$   | \$   |
| 5. | Net income from operating a business, profession, or farm   | Debtor 1  | Debtor 2   |                                     |  |  |
|    | Gross receipts (before all deductions)  | \$  | \$   |                                     |  |  |
|    | Ordinary and necessary operating expenses   | - \$  | - \$   |                                     |  |  |
|    | Net monthly income from a business, profession, or farm   | \$  | \$   | Copy<br>here➔                       | \$   | \$   |
| 6. | Net income from rental and other real property  | Debtor 1  | Debtor 2   |                                     |  |  |
|    | Gross receipts (before all deductions)  | \$  | \$   |                                     |  |  |
|    | Ordinary and necessary operating expenses   | - \$  | - \$   |                                     |  |  |
|    | Net monthly income from rental or other real property   | \$  | \$   | Copy<br>here➔                       | \$   | \$   |

| First Name Middle Name Last Name   |   | Case number (if   | known)  |               |
|--|---|---|---|---------------|
|  |   |   |   |               |
|  |   | Column A<br>Debtor 1  | Column B<br>Debtor 2 or<br>non-filing spouse                |               |
| 7. Interest, dividends, and royalties  |   | \$  | \$  |               |
| 8. Unemployment compensation   |   | \$  | \$  |               |
| Do not enter the amount if you contend that the amo<br>the Social Security Act. Instead, list it here:   | -   |   |   |               |
| For you  | \$  |   |   |               |
| For your spouse  | \$  |   |   |               |
| 9. Pension or retirement income. Do not include any benefit under the Social Security Act. Also, except as not include any compensation, pension, pay, annuity States Government in connection with a disability, cc death of a member of the uniformed services. If you under chapter 61 of title 10, then include that pay on exceed the amount of retired pay to which you would under any provision of title 10 other than chapter 61  | s stated in the next sentence, do<br>v, or allowance paid by the United<br>pmbat-related injury or disability, or<br>received any retired pay paid<br>ly to the extent that it does not<br>d otherwise be entitled if retired | \$  | \$  |               |
| 10. Income from all other sources not listed above. S<br>Do not include any benefits received under the Socia<br>as a victim of a war crime, a crime against humanity,<br>terrorism; or compensation, pension, pay, annuity, ou<br>States Government in connection with a disability, co<br>or death of a member of the uniformed services. If no<br>separate page and put the total below.  | al Security Act; payments received<br>, or international or domestic<br>r allowance paid by the United<br>pmbat-related injury or disability,   |   |   |               |
|  |   | \$  | \$  |               |
|  |   | \$  | \$  |               |
| Total amounts from separate pages, if any.   |   | + \$  | <b>+</b> \$   |               |
| 11. Calculate your total average monthly income. Ad column. Then add the total for Column A to the total   |   | \$  | +   | =             |
|  |   |   |   | Total average |
|  |   |   |   | monthly incom |
| Part 2: Determine How to Measure Your D  | eductions from Income   |   |   |               |
|  |   |   |   |               |
| 12. Copy your total average monthly income from lin  |   |   |   | monthly incom |
| 12. Copy your total average monthly income from lin  |   |   |   | monthly incom |
| 12. Copy your total average monthly income from lin<br>13. Calculate the marital adjustment. Check one:  | <b>e 11.</b>  |   |   | monthly incom |
| <ul> <li>12. Copy your total average monthly income from lin</li> <li>13. Calculate the marital adjustment. Check one:</li> <li>You are not married. Fill in 0 below.</li> <li>You are married and your spouse is filing with your</li> </ul>  | e 11<br>ou. Fill in 0 below.<br>h you.<br>Column B, that was NOT regularly  | paid for the hous   | sehold expenses of  | monthly incom |
| <ul> <li>12. Copy your total average monthly income from lin</li> <li>13. Calculate the marital adjustment. Check one: <ul> <li>You are not married. Fill in 0 below.</li> <li>You are married and your spouse is filing with you</li> <li>You are married and your spouse is not filing with Fill in the amount of the income listed in line 11, you or your dependents, such as payment of the</li> </ul></li></ul>  | e 11<br>ou. Fill in 0 below.<br>h you.<br>Column B, that was NOT regularly<br>e spouse's tax liability or the spouse  | paid for the hous<br>s's support of sor                                     | sehold expenses of neone other than                         | monthly incom |
| <ul> <li>12. Copy your total average monthly income from lin</li> <li>13. Calculate the marital adjustment. Check one: <ul> <li>You are not married. Fill in 0 below.</li> <li>You are married and your spouse is filing with you</li> <li>You are married and your spouse is not filing with Fill in the amount of the income listed in line 11, you or your dependents, such as payment of the you or your dependents.</li> <li>Below, specify the basis for excluding this income</li> </ul></li></ul>  | e 11<br>bu. Fill in 0 below.<br>h you.<br>Column B, that was NOT regularly<br>e spouse's tax liability or the spouse<br>he and the amount of income devot   | paid for the hous<br>s's support of sor                                     | sehold expenses of neone other than                         | monthly incom |
| <ul> <li>12. Copy your total average monthly income from lin</li> <li>13. Calculate the marital adjustment. Check one: <ul> <li>You are not married. Fill in 0 below.</li> <li>You are married and your spouse is filing with you</li> <li>You are married and your spouse is not filing with Fill in the amount of the income listed in line 11, you or your dependents, such as payment of the you or your dependents.</li> <li>Below, specify the basis for excluding this income list additional adjustments on a separate page.</li> </ul> </li> </ul>  | e 11<br>bu. Fill in 0 below.<br>h you.<br>Column B, that was NOT regularly<br>e spouse's tax liability or the spouse<br>he and the amount of income devot   | paid for the hous<br>s's support of sor                                     | sehold expenses of neone other than                         | monthly incom |
| <ul> <li>12. Copy your total average monthly income from lin</li> <li>13. Calculate the marital adjustment. Check one: <ul> <li>You are not married. Fill in 0 below.</li> <li>You are married and your spouse is filing with you</li> <li>You are married and your spouse is not filing with Fill in the amount of the income listed in line 11, you or your dependents, such as payment of the you or your dependents.</li> <li>Below, specify the basis for excluding this income list additional adjustments on a separate page.</li> <li>If this adjustment does not apply, enter 0 below.</li> </ul> </li> </ul> | e 11<br>bu. Fill in 0 below.<br>h you.<br>Column B, that was NOT regularly<br>e spouse's tax liability or the spouse<br>he and the amount of income devot   | paid for the hous<br>s's support of sor                                     | sehold expenses of neone other than                         | monthly incom |
| <ul> <li>12. Copy your total average monthly income from lin</li> <li>13. Calculate the marital adjustment. Check one: <ul> <li>You are not married. Fill in 0 below.</li> <li>You are married and your spouse is filing with you</li> <li>You are married and your spouse is not filing with Fill in the amount of the income listed in line 11, you or your dependents, such as payment of the you or your dependents.</li> <li>Below, specify the basis for excluding this incom list additional adjustments on a separate page.</li> <li>If this adjustment does not apply, enter 0 below.</li> </ul> </li> </ul>  | e 11<br>bu. Fill in 0 below.<br>h you.<br>Column B, that was NOT regularly<br>e spouse's tax liability or the spouse<br>he and the amount of income devot   | paid for the hous<br>s's support of sor                                     | sehold expenses of neone other than                         | monthly incom |
| <ul> <li>12. Copy your total average monthly income from lin</li> <li>13. Calculate the marital adjustment. Check one: <ul> <li>You are not married. Fill in 0 below.</li> <li>You are married and your spouse is filing with you</li> <li>You are married and your spouse is not filing with Fill in the amount of the income listed in line 11, you or your dependents, such as payment of the you or your dependents.</li> <li>Below, specify the basis for excluding this income list additional adjustments on a separate page.</li> <li>If this adjustment does not apply, enter 0 below.</li> </ul> </li> </ul> | e 11<br>bu. Fill in 0 below.<br>h you.<br>Column B, that was NOT regularly<br>e spouse's tax liability or the spouse<br>ne and the amount of income devot   | paid for the house's support of sor<br>ed to each purpo<br>\$<br>\$<br>+ \$ | sehold expenses of neone other than                         | monthly incom |
| <ul> <li>12. Copy your total average monthly income from lin</li> <li>13. Calculate the marital adjustment. Check one: <ul> <li>You are not married. Fill in 0 below.</li> <li>You are married and your spouse is filing with you</li> <li>You are married and your spouse is not filing with Fill in the amount of the income listed in line 11, you or your dependents, such as payment of the you or your dependents.</li> <li>Below, specify the basis for excluding this income list additional adjustments on a separate page.</li> <li>If this adjustment does not apply, enter 0 below.</li> </ul> </li> </ul> | e 11<br>bu. Fill in 0 below.<br>h you.<br>Column B, that was NOT regularly<br>e spouse's tax liability or the spouse<br>ne and the amount of income devot   | paid for the house's support of sor<br>ed to each purpo<br>\$<br>\$<br>+ \$ | sehold expenses of<br>neone other than<br>se. If necessary, | monthly incom |

Middle Name Last Name

Case number (if known)\_

| 15. | 5. Calculate your current monthly income for the year. Follow these steps:   |             |
|-----|--|-------------|
|     | 15a. Copy line 14 here 🗲   | \$          |
|     | Multiply line 15a by 12 (the number of months in a year).  | <b>x</b> 12 |
|     | 15b. The result is your current monthly income for the year for this part of the form.   | \$          |
| 16. | 6. Calculate the median family income that applies to you. Follow these steps:   |             |
|     | 16a. Fill in the state in which you live.  |             |
|     | 16b. Fill in the number of people in your household.   |             |
|     | 16c. Fill in the median family income for your state and size of household.<br>To find a list of applicable median income amounts, go online using the link specified in the separate<br>instructions for this form. This list may also be available at the bankruptcy clerk's office.   | \$          |
| 17. | 7. How do the lines compare?   |             |
|     | 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable incon<br>11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form  |             |
|     | 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is detern</i><br>11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form<br>On line 39 of that form, copy your current monthly income from line 14 above.   |             |
| Pa  | art 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)   |             |
| 18. | 3. Copy your total average monthly income from line 11.  | ····· \$    |
| 19. | <ul> <li>Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, the amount from line 13.</li> <li>19a. If the marital adjustment does not apply, fill in 0 on line 19a.</li> </ul> | , сору      |
|     |  | — \$        |
|     | 19b. Subtract line 19a from line 18.   | \$          |
| 20. | b. Calculate your current monthly income for the year. Follow these steps:   |             |
|     | 20a. Copy line 19b   |             |
|     | Multiply by 12 (the number of months in a year).   | \$<br>x 12  |
|     | 20b. The result is your current monthly income for the year for this part of the form.   | \$          |
|     | 20c. Copy the median family income for your state and size of household from line 16c  |             |
|     |  |             |
| 21. | . How do the lines compare?  |             |
|     | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check be <i>The commitment period is 3 years</i> . Go to Part 4.   | эх 3,       |
|     | Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this for check box 4, <i>The commitment period is 5 years</i> . Go to Part 4.   | orm,        |

Middle Name Last Name

Case number (if known)\_

| Part 4: | Sign Below  |  |
|---------|---|--|
|         | By signing here, under penalty of perjury I declare | e that the information on this statement and in any attachments is true and correct.             |
|         | ×   | ×  |
|         | Signature of Debtor 1                               | Signature of Debtor 2  |
|         | Date  | Date   |
|         | MM / DD / YYYY                                      | MM / DD / YYYY   |
|         | If you checked 17a, do NOT fill out or file Form 12 | 22C–2.   |
|         | If you checked 17b, fill out Form 122C-2 and file   | it with this form. On line 39 of that form, copy your current monthly income from line 14 above. |

| Fill in this information to identify your case: |                           |             |           |  |
|---|---------------------------|-------------|-----------|--|
| Debtor 1  | -                         |             |           |  |
|   | First Name                | Middle Name | Last Name |  |
| Debtor 2<br>(Spouse, if filing)                 | First Name                | Middle Name | Last Name |  |
| United States I                                 | Bankruptcy Court for the: | District of |           |  |
| Case number<br>(If known)                       |                           |             |           |  |

Check if this is an amended filing

# Official Form 122C-2

# **Chapter 13 Calculation of Your Disposable Income**

04/19

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C–1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Deductions from Your Income

| The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts<br>to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate<br>instructions for this form. This information may also be available at the bankruptcy clerk's office.  |
|--|
| Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.   |
| If your expenses differ from month to month, enter the average expense.  |
| Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.   |
| 5. The number of people used in determining your deductions from income<br>Fill in the number of people who could be claimed as exemptions on your federal income tax<br>return, plus the number of any additional dependents whom you support. This number may<br>be different from the number of people in your household.   |
| National<br>StandardsYou must use the IRS National Standards to answer the questions in lines 6-7.   |
| <ol> <li>Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National<br/>Standards, fill in the dollar amount for food, clothing, and other items.</li> </ol>   |
| 7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22. |

|   |  |  | wa umda   | 65 voars   | of age   |  |  |  |   |         |   |          |
|---|--|--|---|--|--|--|--|--|---|---------|---|----------|
| Р   | eople  | e who a  | are unde  | oo years   | J  |  |  |  |   |         |   |          |
| 7   | ′a. Ou   | ut-of-po   | cket hea  | th care all  | owance per p   | erson \$   |  |  |   |         |   |          |
| 7   | ′b. Nu   | umber o  | of people   | who are u  | nder 65  | x  |  | _  |   |         |   |          |
| 7   | ′c. Su   | ubtotal.   | Multiply I  | ne 7a by l   | line 7b.   | \$   |  | Copy<br>here➔  | \$  |         |   |          |
|   | Peopl  | le who   | are 65 y  | ears of ag   | ge or older  |  |  |  |   |         |   |          |
| 7   | ′d. Ou   | ut-of-po   | cket hea  | th care all  | owance per p   | erson \$   |  |  |   |         |   |          |
| 7   | ′e. Nu   | umber o  | of people   | who are 6  | 5 or older   | X  |  |  |   |         |   |          |
| 7   | ′f. Su   | ubtotal.   | Multiply I  | ne 7d by l   | line 7e.   | \$   |  | Copy<br>here➔  | + \$                                      |         | _   |          |
| 7g. <b>T</b> e  | otal. A  | Add line   | es 7c and   | 7f   |  |  |  |  | . \$                                      |         | Copy here ➔   | \$       |
| .ocal<br>Standa   | rds  | You r  | nust use  | the IRS Lo   | ocal Standard  | s to answer the  | questions  | in lines 8-  | 15.                                       |         |   |          |
|   |  |  |   |  | e U.S. Truste  | ee Program has   | divided t  | he IRS Lo  | ocal Standard                             | l for h | ousing for  |          |
|   | • •  | -  | es into tw  | •  | nd operating   | 0×200200   |  |  |   |         |   |          |
|   | -  |  |   |  | nd operating<br>r rent expens  | -  |  |  |   |         |   |          |
|   |  |  |   |  |  |  |  |  |   |         |   |          |
|   |  |  |   |  |  | Trustee Progra   |  |  |   |         |   |          |
|   |  |  |   |  |  | Trustee Progra<br>. This chart ma  |  |  |   |         |   |          |
| ecified<br>Housi  | d in th<br>ing ar  | he sepa<br>nd utili  | arate ins<br>ties – Ins   | urance a   | for this form  |  | <b>y also be</b> and the num   | available  | at the bankru                             | uptcy   | clerk's office.   | \$       |
| Housi<br>in the   | d in th<br>ing an<br>e dollar  | he sepa<br>nd utili<br>ar amou   | arate ins<br>ties – Ins<br>nt listed f  | ructions<br>urance a<br>or your co   | for this form  | . This chart ma<br>expenses: Usinance and operat   | <b>y also be</b> and the num   | available  | at the bankru                             | uptcy   | clerk's office.   | \$       |
| ecified<br>Housi<br>in the<br>Housi   | <b>d in th</b><br>ing an<br>dollar<br>ing an<br>Đa. Usi  | he sepa<br>nd utili<br>ar amou<br>nd utili   | arate ins<br>ties – Ins<br>nt listed f<br>ties – Mo<br>number o   | ructions<br>urance a<br>or your co<br>rtgage or  | for this form<br>nd operating<br>unty for insura<br>r rent expens  | . This chart ma<br>expenses: Usin<br>ance and operat<br>ses:<br>h line 5, fill in the  | y also be and the num ing expension  | available<br>aber of pe<br>ses.  | at the bankru                             | uptcy   | clerk's office.   | \$       |
| Housi<br>in the<br>Housi  | d in th<br>ing an<br>dollar<br>ing an<br>Ja. Usi<br>listo<br>Jb. Tota                              | he sepa<br>nd utili<br>ar amou<br>nd utili<br>sing the<br>ted for  | arate ins<br>ties – Ins<br>nt listed f<br>ties – Mo<br>number o<br>your cour<br>age mon   | ructions<br>urance a<br>or your co<br>rtgage or<br>f people y<br>ty for mor  | for this form<br>nd operating<br>unty for insura<br>r rent expens<br>you entered in<br>tgage or rent   | . This chart ma<br>expenses: Usin<br>ance and operat<br>ses:<br>h line 5, fill in the  | y also be and the num ing the num ing expense dollar amo   | available<br>ober of pe<br>ses.<br>punt  | at the bankro                             | uptcy   | clerk's office.   | \$       |
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| ecified<br>Housi<br>in the<br>Housi   | d in th<br>ing an<br>dollar<br>ing an<br>Ja. Usi<br>list<br>Jb. Tot<br>you<br>To<br>cor            | he sepa<br>nd utili<br>ar amou<br>nd utili<br>sing the<br>ted for<br>tal aver<br>but home<br>o calcula<br>ontractus<br>r bankru  | arate ins<br>ties – Ins<br>nt listed f<br>ties – Mo<br>number o<br>your cour<br>age mon<br>e.<br>ate the to<br>ally due t   | ructions<br>urance a<br>or your co<br>rtgage or<br>f people y<br>ty for mor<br>hly payme<br>al average<br>b each sed<br>t divide b   | for this form<br>nd operating<br>unty for insura<br>r rent expens<br>you entered in<br>tgage or rent<br>ent for all mor<br>e monthly pay<br>cured creditor   | . This chart ma<br>expenses: Usin<br>ance and operat<br>ess:<br>h line 5, fill in the<br>expenses.<br>tgages and othe<br>yment, add all ar<br>in the 60 month  | y also be an<br>ong the num<br>ing expense<br>dollar amount<br>r debts second<br>nounts that<br>s after you  | available<br>aber of pe<br>ses.<br>bunt<br>cured by<br>t are   | at the bankro                             | uptcy   | clerk's office.   | \$       |
| Housi<br>in the<br>Housi  | d in th<br>ing an<br>dollar<br>ing an<br>Ja. Usi<br>list<br>Jb. Tot<br>you<br>To<br>cor            | he sepa<br>nd utili<br>ar amou<br>nd utili<br>sing the<br>ted for<br>tal aver<br>but home<br>o calcula<br>ontractus<br>r bankru  | arate ins<br>ties – Ins<br>nt listed f<br>ties – Mo<br>number o<br>your cour<br>age mon<br>e.<br>ate the to<br>ally due t<br>uptcy. Ne  | ructions<br>urance a<br>or your co<br>rtgage or<br>f people y<br>ty for mor<br>hly payme<br>al average<br>b each sed<br>t divide b   | for this form<br>nd operating<br>unty for insura<br>r rent expens<br>you entered in<br>tgage or rent<br>ent for all mor<br>e monthly pay<br>cured creditor   | . This chart ma<br>expenses: Usin<br>ance and operat<br>ees:<br>I line 5, fill in the<br>expenses.<br>tgages and othe<br>ment, add all ar<br>in the 60 month   | y also be an<br>ong the num<br>ing expense<br>dollar amount<br>r debts second<br>nounts that<br>s after you  | available<br>aber of pe<br>ses.<br>bunt<br>cured by<br>t are   | at the bankro                             | uptcy   | clerk's office.   | \$       |
| Housi<br>in the<br>Housi  | d in th<br>ing an<br>dollar<br>ing an<br>Ja. Usi<br>list<br>Jb. Tot<br>you<br>To<br>cor            | he sepa<br>nd utili<br>ar amou<br>nd utili<br>sing the<br>ted for<br>tal aver<br>but home<br>o calcula<br>ontractus<br>r bankru  | arate ins<br>ties – Ins<br>nt listed f<br>ties – Mo<br>number o<br>your cour<br>age mon<br>e.<br>ate the to<br>ally due t<br>uptcy. Ne  | ructions<br>urance a<br>or your co<br>rtgage or<br>f people y<br>ty for mor<br>hly payme<br>al average<br>b each sed<br>t divide b   | for this form<br>nd operating<br>unty for insura<br>r rent expens<br>you entered in<br>tgage or rent<br>ent for all mor<br>e monthly pay<br>cured creditor   | . This chart ma<br>expenses: Usin<br>ance and operat<br>ees:<br>I line 5, fill in the<br>expenses.<br>tgages and othe<br>ment, add all ar<br>in the 60 month   | y also be an<br>ong the num<br>ing expense<br>dollar amount<br>r debts second<br>nounts that<br>s after you  | available<br>aber of pe<br>ses.<br>bunt<br>cured by<br>t are   | at the bankro                             | uptcy   | clerk's office.   | \$       |
| Housi<br>in the<br>Housi  | d in th<br>ing an<br>dollar<br>ing an<br>Ja. Usi<br>list<br>Jb. Tot<br>you<br>To<br>cor            | he sepa<br>nd utili<br>ar amou<br>nd utili<br>sing the<br>ted for<br>tal aver<br>but home<br>o calcula<br>ontractus<br>r bankru  | arate ins<br>ties – Ins<br>nt listed f<br>ties – Mo<br>number o<br>your cour<br>age mon<br>e.<br>ate the to<br>ally due t<br>uptcy. Ne  | ructions<br>urance a<br>or your co<br>rtgage or<br>f people y<br>ty for mor<br>hly payme<br>al average<br>b each sed<br>t divide b   | for this form<br>nd operating<br>unty for insura<br>r rent expens<br>you entered in<br>tgage or rent<br>ent for all mor<br>e monthly pay<br>cured creditor   | . This chart ma<br>expenses: Usin<br>ance and operat<br>ees:<br>I line 5, fill in the<br>expenses.<br>tgages and othe<br>ment, add all ar<br>in the 60 month   | y also be an<br>ong the num<br>ing expense<br>dollar amount<br>r debts second<br>nounts that<br>s after you  | available<br>aber of pe<br>ses.<br>bunt<br>cured by<br>t are   | at the bankro                             | uptcy   | clerk's office.   | \$       |
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| Housi<br>in the<br>Housi<br>9<br>9  | d in th<br>ing an<br>e dollar<br>ing an<br>Da. Usi<br>listr<br>Db. Tot.<br>you<br>To<br>cor<br>for | he sepa<br>nd utili<br>ar amou<br>nd utili<br>sing the<br>ted for<br>ted for<br>tal aver<br>our home<br>calcula<br>ontractuar<br>r bankru<br>Name<br>et mortga<br>btract li  | arate ins<br>ties – Ins<br>nt listed f<br>ties – Mo<br>number of<br>your cour<br>age mon<br>e.<br>ate the to<br>ally due t<br>uptcy. Ne<br>of the cro<br>9b. Tota<br>age or re<br>ne 9b ( <i>to</i>                             | ructions<br>urance a<br>or your co<br>rtgage or<br>f people y<br>ty for mor<br>hly payme<br>al average<br>ceach sec<br>t divide b<br>ditor<br>average<br>average<br>at expense<br>al average                       | for this form<br>nd operating<br>unty for insura<br>r rent expens<br>you entered in<br>tgage or rent<br>ent for all mor<br>e monthly pays<br>cured creditor<br>y 60.<br>monthly payn<br>e.   | This chart mains of expenses: Using ance and operation operations of the series of the | y also be and the numing the numing expense dollar amounts that is after your the monthly  | available<br>aber of pe<br>ses.<br>bunt<br>cured by<br>t are<br>i file<br>Copy<br>here→                      | at the bankro                             | uptcy   | clerk's office.<br>line 5, fill<br>Repeat this amount                 | \$       |
| Pecified<br>Housi<br>in the<br>Housi<br>9<br>9<br>9<br>9<br>9<br>0<br>. If you<br>the c | d in the<br>ing an<br>e dollar<br>ing an<br>Da. Usi<br>list<br>Db. Tot<br>you<br>To<br>cor<br>for  | he sepa<br>nd utili<br>ar amou<br>nd utili<br>sing the<br>ted for y<br>tal aver<br>but a ver<br>but a ve | arate ins<br>ties – Ins<br>nt listed f<br>ties – Mo<br>number of<br>your cour<br>rage mon<br>e.<br>ate the to<br>ally due t<br>uptcy. Ne<br>of the cro<br>9b. Tota<br>age or re<br>ne 9b ( <i>to</i><br>rse). If th<br>the U.S. | ructions<br>urance a<br>or your co<br>rtgage or<br>f people y<br>ty for mor<br>hly payme<br>al average<br>ceach see<br>t divide b<br>ditor<br>ditor<br>average<br>a average<br>at expense<br>a average<br>s number | for this form<br>nd operating<br>unty for insura<br>r rent expens<br>you entered in<br>tgage or rent<br>ent for all mor<br>e monthly pay<br>cured creditor<br>y 60.<br>monthly paym<br>e.<br>e monthly paym<br>e.<br>e monthly paym<br>e.<br>erogram's div | This chart mains of expenses: Using ance and operation operations of the series of the | y also be and the numing the numing expense dollar amounts that is after your and the monthly at | available<br>aber of pe<br>ses.<br>bunt<br>cured by<br>t are<br>file<br>Copy<br>here→<br>age or<br>andard fo | at the bankru<br>ople you enter<br>\$<br> | red in  | clerk's office.<br>line 5, fill<br>Repeat this amount<br>on line 33a. | \$<br>\$ |

Middle Name Last Name

| expenses, fil | ration expense: Using the IRS Loca<br>I in the Operating Costs that apply for  |                             |                           |                                       |                                    | \$ |
|---------------|--|-----------------------------|---------------------------|---------------------------------------|------------------------------------|----|
| each vehicle  | ership or lease expense: Using the below. You may not claim the expense for more may not claim the expense for more  | nse if you do not make a    |                           |                                       |                                    |    |
| Vehicle 1     | Describe Vehicle 1:  |                             |                           | · · · · · · · · · · · · · · · · · · · |                                    |    |
| 3a. Owners    | ship or leasing costs using IRS Loca   | I Standard                  |                           | \$                                    |                                    |    |
| -             | e monthly payment for all debts sec<br>include costs for leased vehicles.  | ured by Vehicle 1.          |                           |                                       |                                    |    |
| add all       | ulate the average monthly payment<br>amounts that are contractually due t<br>r in the 60 months after you file for b | to each secured             |                           |                                       |                                    |    |
| Name          | of each creditor for Vehicle 1   | Average monthly payment     |                           |                                       |                                    |    |
|               |  | \$<br>+ s                   |                           |                                       |                                    |    |
|               | Total average monthly paymen   |                             | Copy<br>here →            | \$                                    | Repeat this amount on line 33b.    |    |
|               | hicle 1 ownership or lease expense<br>ct line 13b from line 13a. If this numb  | per is less than \$0, enter | \$0                       | \$                                    | Copy net Vehicle<br>1 expense here | \$ |
| Vehicle 2     | Describe Vehicle 2:  |                             |                           |                                       |                                    |    |
| 13d. Owners   | ship or leasing costs using IRS Loca   | Standard                    |                           | \$                                    |                                    |    |
| 0             | e monthly payment for all debts secu<br>include costs for leased vehicles.   | ured by Vehicle 2.          |                           | ·                                     |                                    |    |
| Name          | of each creditor for Vehicle 2   | Average monthly payment     |                           |                                       |                                    |    |
|               |  | \$<br>+ \$                  |                           |                                       |                                    |    |
|               | Total average monthly payme  | nt                          | Copy<br>here <del>→</del> | - \$                                  | Repeat this amount on line 33c.    |    |
|               | hicle 2 ownership or lease expense   |                             |                           | \$                                    | Copy net Vehicle<br>2 expense here | ¢  |

| Debtor | 1                                   |  |  |   |   | Case number (if )  | known)   |      |
|--------|-------------------------------------|--|--|---|---|--|--|------|
|        | Other N<br>Expens                   | First Name   | In addition to following IRS   |   | eductions listed  | above, you are allowed your mon  | thly expenses for the                                    |      |
|        | Taxes<br>self-e<br>from y<br>refund | s: The total m<br>mployment ta<br>your pay for th<br>d by 12 and s       | ionthly amount th<br>ixes, social secur<br>nese taxes. Howe                    | at you actually<br>ity taxes, and N<br>ever, if you expo<br>per from the tota | Aedicare taxes. Yect to receive a t                           | state and local taxes, such as inc<br>fou may include the monthly amo<br>ax refund, you must divide the ex<br>nt that is withheld to pay for taxes                             | ount withheld<br>spected                                 | \$   |
| 17.    |                                     | u <b>ntary dedu</b><br>dues, and ur                                      |  | monthly payroll   | l deductions that   | your job requires, such as retirer   | nent contributions,                                      |      |
|        | Do no                               | ot include amo   | ounts that are not   | required by yo  | our job, such as v  | oluntary 401(k) contributions or p   | bayroll savings.   | \$   |
| 18.    | togeth                              | ner, include p   | ayments that you   | make for your   | spouse's term li  |  |  |      |
|        |                                     | ot include prei<br>surance othei   |  | arance on your  | dependents, for   | a non-filing spouse's life insurand  | ce, or for any form of                                   | \$   |
| 19.    |                                     |  | yments: The tota<br>bousal or child su   |   |   | as required by the order of a cour   | rt or administrative                                     | \$   |
|        | Do no                               | ot include pay   | ments on past du   | e obligations fo  | or spousal or chi   | d support. You will list these oblig   | gations in line 35.                                      |      |
| 20.    | ∎ as                                | a condition fo   | r your job, or   | , , ,   |   | at is either required:   |  | \$   |
|        | ■ for                               | your physical  | ly or mentally cha   | allenged depen  | dent child if no p  | ublic education is available for si  | milar services.  |      |
| 21.    |                                     |  | al monthly amour<br>ments for any ele  |   |   | ch as babysitting, daycare, nurse<br>ducation.   | ry, and preschool.                                       | \$   |
| 22.    | requir                              | ed for the he  | alth and welfare of  | of you or your d  | ependents and t   | he monthly amount that you pay<br>hat is not reimbursed by insurand<br>I entered in line 7.  |  |      |
|        |                                     | -  | •  |   |   | e listed only in line 25.  |  | \$   |
| 23.    | for yo<br>phone<br>incom<br>Do no   | u and your de<br>e service, to t<br>ne, if it is not r<br>ot include pay | ependents, such a<br>he extent necess<br>eimbursed by you<br>ments for basic h | as pagers, call<br>ary for your hea<br>ur employer.<br>ome telephone          | waiting, caller id<br>alth and welfare<br>e, internet or cell | amount that you pay for telecommentification, special long distance<br>or that of your dependents or for<br>phone service. Do not include se<br>amount you previously deducted | , or business cell<br>the production of<br>lf-employment | + \$ |
| 24.    |                                     | all of the exp<br>nes 6 through  | enses allowed u<br>n 23.   | inder the IRS e   | expense allowa  | nces.  |  | \$   |
|        | dditio<br>educt                     | nal Expense<br>ions  |  |   |   | l by the Means Test.<br>ances listed in lines 6-24.  |  |      |
| 25.    | insura                              |  |  |   |   | ount expenses. The monthly exp<br>e reasonably necessary for yours   |  |      |
|        | Healt                               | h insurance  |  | \$  | 5   |  |  |      |
|        | Disat                               | oility insuranc  | e  | \$  |   |  |  |      |
|        |                                     | h savings aco  |  | + \$  | <br>5   |  |  |      |
|        | Total                               | -  |  | \$  |   | Copy total here →  |  | \$   |
|        | Do yo                               | ou actually sp   | end this total amo   | unt?  |   |  |  |      |
|        | -                                   |  | do you actually s  | pend?   |   |  |  |      |
|        |                                     |  | , , -  | \$  |   |  |  |      |
| 26.    | contir<br>your l                    | nue to pay for<br>household or   | the reasonable a member of your i  | and necessary of mmediate fami  | care and suppor<br>ly who is unable                           | embers. The actual monthly exp<br>of an elderly, chronically ill, or di<br>to pay for such expenses. These<br>6 U.S.C. § 529A(b).  | sabled member of   | \$   |
| 27.    | you a                               | nd your famil  |  | ly Violence Pre   | vention and Ser   | onthly expenses that you incur to<br>vices Act or other federal laws tha<br>ial.   |  | \$   |

Last Name

| 28. | If you I<br>then fil<br>You m            | ional home energy costs. Your home energy<br>believe that you have home energy costs t<br>Il in the excess amount of home energy co<br>ust give your case trustee documentation<br>d is reasonable and necessary.   | hat are more than the hor<br>sts.   | ne energy costs   | included in expense                       | es on line 8,   | \$   |
|-----|--|---|---|---|---|-----------------|------|
| 29. | than \$<br>private<br>You m              | ation expenses for dependent children v<br>170.83* per child) that you pay for your de<br>or public elementary or secondary school<br>ust give your case trustee documentation<br>d is reasonable and necessary and not alr                                   | pendent children who are<br>of your actual expenses, a  | younger than 1  | 8 years old to attend                     |                 | \$   |
|     |  | ject to adjustment on 4/01/22, and every 3  | 2   |   | ter the date of adjus                     | tment.          |      |
| 30. | than th<br>than 5<br>To find<br>instruct | <b>ional food and clothing expense.</b> The material food and clothing allowances % of the food and clothing allowances in the a chart showing the maximum additional tions for this form. This chart may also be ust show that the additional amount claimed | in the IRS National Stand<br>the IRS National Standards<br>allowance, go online using<br>available at the bankrupto | ards. That amo<br>s.<br>g the link specifi<br>y clerk's office. | unt cannot be more<br>ied in the separate | es are higher   | \$   |
| 31. | instrun                                  | nuing charitable contributions. The amo<br>nents to a religious or charitable organizati<br>t include any amount more than 15% of yo  | on. 11 U.S.C. § 548(d)(3)   |   | the form of cash or                       | financial       | + \$ |
| 32. |  | Il of the additional expense deductions nes 25 through 31.  |   |   |   |                 | \$   |
| D   | eductio                                  | ons for Debt Payment  |   |   |   |                 |      |
| 33. | loans.<br>To cale                        | ebts that are secured by an interest in p<br>, and other secured debt, fill in lines 33<br>culate the total average monthly payment,<br>h secured creditor in the 60 months after y   | a through 33e.<br>add all amounts that are o  | contractually du  | e   | 9               |      |
|     |  | jages on your home  |   |   | Average monthly payment                   |                 |      |
|     | -  | Copy line 9b here   |   | <b>→</b>  | \$  |                 |      |
|     |  | s on your first two vehicles  |   |   |   |                 |      |
|     |  | Copy line 13b here  |   | →   | \$  |                 |      |
|     | 33c. (                                   | Copy line 13e here.   |   | →   | \$  |                 |      |
|     | 33d.                                     | List other secured debts:   |   |   |   |                 |      |
|     |  | Name of each creditor for other secured debt  | Identify property that secures the debt   | Does<br>payment<br>include taxes<br>or insurance?               |   |                 |      |
|     |  |   |   | No<br>Yes   | \$  |                 |      |
|     |  |   |   | No<br>Ves   | \$  |                 |      |
|     |  |   |   | No<br>Ves   | + \$                                      |                 |      |
|     | 33e. <sup>-</sup>                        | Total average monthly payment. Add lines  | 33a through 33d   |   | \$  | Copy total here | \$   |

| 34  | Are any     | debts that you listed in line 3  | 3 secured by your prin  | narv residence.                          | a vehicle, c                   | or other property nece                       | ssarv                   |    |
|-----|-------------|--|---|--|--------------------------------|--|-------------------------|----|
|     |             | support or the support of you  |   |  | a temere, e                    |  | ,ooui y                 |    |
|     | D No. (     | Go to line 35.   |   |  |                                |  |                         |    |
|     | Yes. S      | State any amount that you mus<br>possession of your property (ca   | t pay to a creditor, in add<br>lled the <i>cure amount</i> ). N | dition to the payn<br>lext, divide by 60 | nents listed<br>and fill in th | in line 33, to keep<br>ne information below. |                         |    |
|     |             | Name of the creditor   | Identify property that secures the debt                         | Total cure<br>amount                     |                                | Monthly cure amount                          |                         |    |
|     |             |  |   | \$                                       | ÷ 60 =                         | \$   |                         |    |
|     |             |  |   | \$                                       | ÷ 60 =                         | \$   |                         |    |
|     |             |  |   | \$                                       | ÷ 60 = ·                       | + \$   |                         |    |
|     |             |  |   |  | Total                          | \$   | Copy<br>total<br>here➔  | \$ |
|     | the filing  | we any priority claims—such<br>date of your bankruptcy cas<br>Go to line 36.<br>Fill in the total amount of all of t | e? 11 U.S.C. § 507.   | not include curre                        | -                              | at are past due as of                        | -                       |    |
|     | (           | ongoing priority claims, such as<br>Total amount of all past-due pr  | •   |  |                                | \$   | ÷ 60                    | \$ |
|     |             |  |   |  |                                |  |                         |    |
| 36. | Projected   | I monthly Chapter 13 plan pa   | yment   |  |                                | \$   |                         |    |
|     | Office of t | ultiplier for your district as state<br>he United States Courts (for dis<br>tive Office for United States Tr         | stricts in Alabama and N  | orth Carolina) or                        | by                             |  |                         |    |
|     | specified   | ist of district multipliers that inc<br>in the separate instructions for<br>y clerk's office.                        |   |  | k                              | x  | _                       |    |
|     | Average r   | nonthly administrative expense   |   |  |                                | \$   | Copy<br>total<br>here   | \$ |
| 37. | Add all o   | f the deductions for debt pay  | ment. Add lines 33e thro  | ough 36.                                 |                                |  | [                       | \$ |
|     |             |  |   |  |                                |  | -                       |    |
| Т   | otal Dedu   | ctions from Income   |   |  |                                |  |                         |    |
| 38. | Add all o   | f the allowed deductions.  |   |  |                                |  |                         |    |
|     | Copy line   | 24, All of the expenses allowed  | l under IRS expense allo  | owances                                  |                                | \$   |                         |    |
|     | Copy line   | 32, All of the additional expens   | e deductions  |  |                                | \$   |                         |    |
|     | Copy line   | 37, All of the deductions for de   | bt payment  |  |                                | + \$   |                         |    |
|     | Total dedu  | uctions  |   |  |                                | \$   | Copy<br>total<br>here ➔ | \$ |
|     |             |  |   |  |                                |  |                         |    |

| Deb | otor 1                                   | First Name  | Middle Name                                 | Last Name  |   | Case number                                 | (if known)                      |        |      |
|-----|--|---|---|--|---|---|---------------------------------|--------|------|
|     |  | First Name  | Middle Name                                 | Last Name  |   |   |                                 |        |      |
| Pa  | rt 2:                                    | Determine   | e Your Disposal                             | ble Income Under   | 11 U.S.C. § 1325  | (b)(2)                                      |                                 |        |      |
| 39. | Copy you<br>Statemer                     | ur total curre<br>nt of Your Cu                         | ent monthly incon<br>urrent Monthly Inc     | ne from line 14 of Fo<br>come and Calculatio   | orm 122C-1, Chapter<br>on of Commitment Pe  | 13<br>eriod.                                |                                 |        | \$   |
| 40. | children.<br>disability<br>received i    | The monthly payments for<br>in accordance               | average of any ch<br>a dependent child      | ild support payments<br>, reported in Part I of<br>onbankruptcy law to t                             | upport for dependen<br>, foster care payments<br>Form 122C-1, that yo<br>he extent reasonably       | s, or                                       |                                 |        |      |
| 41. | employer specified                       | withheld fron in 11 U.S.C.                              | n wages as contrib                          | utions for qualified real<br>I required repayments   | of all amounts that yo<br>tirement plans, as<br>s of loans from retirem                             | ¢   |                                 |        |      |
| 42. | Total of a                               | all deduction   | s allowed under                             | 11 U.S.C. § 707(b)(2)  | (A). Copy line 38 here  | e   |                                 |        |      |
| 43. | expenses and their                       | and you hav<br>expenses. Yo                             | e no reasonable a<br>ou must give your o    | If special circumstance<br>Iternative, describe th<br>case trustee a detailed<br>n for the expenses. | e special circumstanc   | es  |                                 |        |      |
|     | Describe                                 | the special ci  | rcumstances                                 |  | Amount of expense   |   |                                 |        |      |
|     |  |   |   |  | \$  |   |                                 |        |      |
|     |  |   |   |  | \$  |   |                                 |        |      |
|     |  |   |   | Total  | + \$<br>\$  | Copy here                                   |                                 |        |      |
| 44. | Total adj                                | ustments. Ad  | dd lines 40 through                         | 1 43   |   |   | Сору                            | here 🗲 | - \$ |
| 45. | Calculate                                | e your month  | nly disposable inc                          | come under § 1325(b  | <b>)(2).</b> Subtract line 44   | from line 39.                               |                                 |        | \$   |
| Ра  | rt 3:                                    | Change ii   | n Income or Ex                              | penses   |   |   |                                 |        |      |
| 46. | or are virt<br>open, fill i<br>122C-1 ir | tually certain t<br>in the informa<br>in the first colu | to change after the<br>ition below. For exa | e date you filed your b<br>ample, if the wages re<br>the second column, e                            | -1 or the expenses yo<br>ankruptcy petition and<br>eported increased after<br>explain why the wages | d during the time yer you filed your p      | our case will be etition, check |        |      |
|     | Form                                     | Line  | Reason for chang                            | je   | Date of change  | Increase or decrease?                       | Amount of char                  | nge    |      |
|     | <ul><li>122C-</li><li>122C-</li></ul>    |   |   |  |   | Increase                                    | \$                              | _      |      |
|     | <ul><li>122C-</li><li>122C-</li></ul>    |   |   |  |   | <ul><li>Increase</li><li>Decrease</li></ul> | \$                              | _      |      |
|     | <ul><li>122C-</li><li>122C-</li></ul>    |   |   |  |   | <ul><li>Increase</li><li>Decrease</li></ul> | \$                              | -      |      |
|     | <ul><li>122C-</li><li>122C-</li></ul>    |   |   |  |   | <ul><li>Increase</li><li>Decrease</li></ul> | \$                              | _      |      |
| L   |  |   |   |  |   |   |                                 |        |      |

| Debtor 1      |               |                  |                         | Case number (if known)  |
|---------------|---------------|------------------|-------------------------|---|
|               | First Name    | Middle Name      | Last Name               |   |
| Part 4:       | Sign Belo     | w                |                         |   |
|               |               |                  |                         |   |
| By signing he | ere, under pe | nalty of perjury | you declare that the in | formation on this statement and in any attachments is true and correct. |
|               |               |                  |                         |   |
| X             |               |                  |                         | ×   |
| Signature o   | of Debtor 1   |                  |                         | Signature of Debtor 2   |
|               |               |                  |                         |   |
| Date          |               |                  |                         | Date  |
|               | DD / YYY      | Y                |                         | Date  |

# U.S. Bankruptcy Court Southern District of California 325 West F Street San Diego, CA 92101

# **GUIDELINES FOR USING MANDATORY CHAPTER 13 PLAN**

# 1. <u>GENERAL PRINCIPLES</u>

# A. Purpose of Guidelines

The Southern District of California Bankruptcy Court has adopted a form chapter 13 plan to reduce debtors' legal expenses and to provide creditors the clearest possible explanation of how their claims will be treated in accordance with the law. These goals should at all times guide debtors in completing the plan. Use of the plan is required, and any questions about the plan can be raised with the Chapter 13 trustee.

These guidelines are offered to assist parties and counsel in completing the required form plan and do not have the force of law. Based upon the circumstances of a particular case, the Court may interpret the legal requirements of a given plan provision differently from what is stated in the guidelines.

# B. Do Not Include Unnecessary Provisions

The plan uses as its platform the proposed National Plan, Official Form 113. The plan is a fillable document that contains many instructions, blanks, and choices for different provisions. All required information must be included, all necessary choices must be made, and optional provisions must be clearly designated.

# C. Secured Creditor Identification Must Include Last Four Digits of Account Number

The plan must list each secured creditor by name and the last four digits of the account number, which should match debtors' schedules. The plan must also state with specificity what each creditor will or is likely to receive on its claim – how often payments will be made, when payments will start, how many payments will be made, and the amount of each payment.

# D. Alteration of Standard-Form Language Prohibited

A major advantage of any standard form is that parties and the Court will become familiar with its language and will learn to find quickly and easily the information they seek. This advantage is lost, and creditors and the Court can be misled, if a party alters the plan's language or does not alert creditors and the Court to changes made. Thus the plan includes Part 9, which requires all non-standard provisions to be identified there.

# Any failure to list a material alteration in the standard-form language could lead to negative consequences for the debtors.

# 2. HOW TO DOWNLOAD THE PLAN

The plan is available as a Microsoft Word Document (.doc) and may be downloaded from the Southern District of California Bankruptcy Court's website at: www.casb.uscourts.gov, click on Forms and on All Court Forms.

After downloading the plan, open the document in your word processing application.

Debtors should not change the font type or font size of the plan. The body text should be in 11-point Arial font.

# 3. NAMING THE PLAN

Caption. Insert the full name of each debtor exactly as it appears on the petition.

**Case Number.** Insert the full 7-digit case number followed by the initials of the judge assigned to the case and the number 13, for example, 12-34567-JJ13.

Date. The plan must be dated.

Page Number. The footer should contain a page number on each page.

# 4. <u>GUIDELINES FOR SPECIFIC PARTS OF THE PLAN</u>

# A. Part 1: Notices

This part provides information on procedures for objecting to a plan and also apply to supplemental motions that must be brought for certain plan provisions.

Do not forget to check any box that might apply to:

- limiting the amount of a secured claim; or
- inclusion of a nonstandard provision

These sections also assist your clients in further notifying their creditors that the creditors' rights may be modified in the proposed plan.

# B. Part 2: Plan Payments and Length of Plan

The plan must state the monthly payments proposed to be made to the trustee. Debtors must also affirm the applicable commitment period as being either 36 or 60 months in section 2.1. In the case of a below-median income earner, plan payments may exceed 36 months if necessary to perform the plan.

Section 2.2 allows debtors to propose step-ups for certain periods of time (e.g., plan payment step-up after repayment of a 401k loan or a vehicle loan that was paid outside the plan). All plan payment adjustments should be stated in section 2.2 and not in the "non-standard" provision section at the end of the plan.

Section 2.3 provides that debtors can opt to make payments either directly or through an

employment or payroll deduction order, which would be issued by the Court. Debtors' selection on how payments will be made does not preclude the trustee from asking the Court to issue an Employer Withholding Order if debtors miss plan payments.

Section 2.4 expands on additional payments coming from income tax refunds or whether debtors will retain such refunds. Committing future tax refunds as additional plan payments may create feasibility risks for the plan and should be carefully considered. The second option in Section 2.4 provides that debtors "will timely pay all post-confirmation tax liabilities directly to the appropriate taxing authority as they become due." This clause is intended to clarify that debtors remain responsible for: (a) the correct withholding allowance for wage earners; and (b) making sufficient quarterly income tax payments to the Internal Revenue Service and to state taxing authorities. The filing of a post-petition claim by a taxing authority asserting liability under 11 U.S.C. § 1305(a) may be evidence of a plan breach and may also cause the plan to become infeasible. Debtors must pay these claims either through extra payments under the plan or by separate payments, as payment of this increase will not reduce the payment to the other unsecured creditors in the plan.

Section 2.5 allows debtors to propose additional periodic payments to the trustee beyond the monthly plan payment if necessary either to ensure: (a) that certain arrearage claims can be paid; or (b) payment of projected disposable income over the applicable commitment period. These irregular payments may come from commissions, bonuses, or sale of assets (e.g., real estate). Debtors may need to provide supporting documents to the trustee or to the Court if an objection is filed to the plan to validate these anticipated additional payments.

Section 2.6 requires debtors to calculate an aggregate sum of money anticipated to be paid to the trustee over the plan's life. This calculation will assist the Court in determining whether the plan is or will be feasible based on the estimated claims to be paid through the plan.

# C. Part 3: Treatment of Secured Claims

Part 3 contains five different options for treatment of secured claims. The purpose of providing standard language for alternate treatments is to streamline debtors' selection of those various treatments and to make it easier for creditors to understand how their claims are being treated. Whether the trustee or debtors will make the payment must also be identified in certain sections of Part 3.

A secured claim should appear in only one section of Part 3.

# Section 3.1

Section 3.1 is used when debtors intend to keep the property securing the claim, cure any pre-petition default over the plan term, and make all post-petition payments as they come due outside the bankruptcy, so that the loan is reinstated according to its original terms when the plan is completed. The trustee will only make the cure payments, but will not make either the ongoing payments to the creditor or adequate protection payments to them. The trustee will begin disbursements only after the plan is confirmed. Debtors should therefore continue to make both the regular payments and any required adequate protection payments immediately after the case is filed.

A common objection to confirmation arises when there is a discrepancy between the estimated arrears identified by debtors and the arrears in the creditor's filed proof of claim. The third sentence of section 3.1 makes clear that a timely filed proof of claim controls over the amounts listed in the plan with respect to the arrearage. If this discrepancy is significant, however, the monthly plan payment on the arrearage may have to increase accordingly. In that event, a plan modification would need to be sought so that debtors' monthly payments are sufficient to cure the entire arrearage by the end of the plan. Debtors and their counsel should monitor the proofs of claim as they are filed to ensure the plan can be performed in accordance with its original terms. They should also carefully consider the effect of a loan modification if the arrearage amount changes after the plan is confirmed.

# Section 3.2

Section 3.2 is used when the amount owed to the secured creditor exceeds the value of its collateral, and debtors intend to pay the amount equal to the value of creditor's collateral as an allowed secured claim according to the plan's terms. Any remaining amount greater than the collateral's value should be treated as an unsecured claim in Part 5. This provision is not available for claims secured solely by debtors' principal residence, unless the lien in question is entirely unsecured.

Note that a separate motion must be brought if the collateral is real estate, but not if the collateral is personal property. Make sure that the proper box is checked in the plan.

For personal property secured claims where the collateral is valued under the plan, the arrearage is not separately paid since debtors will only pay the value of the collateral regardless of the arrearage.

If a personal property lease is also a secured claim, it should be addressed in Section 6.1. Arrears should be paid separately and in addition to ongoing lease payments.

The trustee or debtors must make adequate protection payments to creditors listed under this section in accordance with general orders of the court. Note that debtors who fail to timely make either adequate protection payments or their regular payments to the trustee risk the creditors claiming a default and seeking to foreclose on their collateral.

# Section 3.3

Section 3.3 deals with secured claims excluded from 11 U.S.C. § 506 that will not be valued under the plan, although the interest rate and payment terms may be modified. These claims are specified in this section of the plan.

One example of such claims are those that may not by law be bifurcated into secured and unsecured portions under § 506(a), such as for claims secured by the debtors' principal residence where the value of the collateral is not less than the affected claim plus all senior liens.

Another example includes claims for which only the payment terms are restructured under the plan, such as by proposing a different interest rate than the contract rate for payment of the claim.

This section also applies to claims that debtors must pay in full (e.g., cars purchased less than 910 days before filing the petition or personal property purchased less than one year before the petition date) and that debtors seek to pay in full through the plan.

Finally, this section also applies to debts secured by debtors' residence that are fully due and payable.

A claim may be treated under Section 3.1 instead of Section 3.3 if no modifications of the terms are sought and only the arrearage is to be cured.

The trustee or debtors must make adequate protection payments under this section. Timely plan payments must be made to avoid default if trustee is designated to make the payments.

# Section 3.4

Section 3.4 allows debtors to surrender the collateral to the secured creditor. In that event, the automatic and co-debtor stays under 11 U.S.C. §§ 362(a) and 1301 both terminate with respect to the collateral surrendered. The trustee will not pay anything on these secured claims.

Surrender of the collateral may result in a deficiency claim filed once the creditor liquidates the collateral. Unless an objection is filed to the deficiency claim and is sustained, the trustee will treat the deficiency claim as an unsecured claim pursuant to Part 5 of the plan.

# Section 3.5

This section should be used to identify claims that debtors do not want the trustee to pay, but which will be paid or otherwise handled by debtors or third parties outside the bankruptcy case.

Secured claims that are not to be impaired under the plan can be identified here. This might be the case where the secured claim is current and fully secured. If a debtor is the co-signor on a secured claim that another party directly pays and is current, this may be the proper section to use.

# D. Part 4: Treatment of Priority Claims

This part provides for the treatment of administrative expenses such as trustee and attorney fees, as well as other claims entitled to priority status under 11 U.S.C. § 507 such as tax claims or employee wage claims.

Sections 4.1 and 4.2 provide that all allowed priority claims (other than those domestic support obligations treated in sections 4.4 and 4.5) will be paid in full, but without interest unless interest is required to be paid under law. Since the plan may be confirmed before the priority claims are filed, debtors and their counsel must monitor the filing of these claims to ensure that plan performance remains feasible.

Section 4.5 provides for unassigned domestic support obligations. The trustee will pay the priority claim identified by naming the creditor and the amount of the claim, although the

creditor's timely filed proof of claim will control if it states an amount different from what was estimated in the plan. Here as well, debtors and counsel must monitor these claims and either object to a wrongfully filed claim or file a claim for a domestic support obligation creditor to ensure all these claims are paid in full before the plan is completed. Unassigned domestic support obligations must be paid or debtors will not receive their discharge. And failure to pay may constitute a breach of the plan.

Section 4.6 addresses *assigned* domestic support obligations and provides that these claims are paid at the same level as general unsecured claims. The plan may propose to pay less than the full amount of a domestic support obligation that has been assigned to or owed to a governmental unit, but not less than the amount that claim would have received in a chapter 7 liquidation.

Section 4.7 requires a statement of the attorney fees to be paid under the plan and should match the "unpaid balance of fees" as noted on the Disclosure of Compensation plus any anticipated guideline fees such as a motion to extend the automatic stay or a motion to value.

Debtors may agree with their counsel to payment of attorney fees through specified installments, instead of from the first payments available. This should be considered to ensure adequate protection payments are made to a secured lender whose monthly adequate protection payments would be delayed due to a substantial amount owing to debtor's counsel (e.g., a \$3,000 balance in attorney fees would be paid over ten months if the installment payment amount is \$300).

Section 4.8 deals with other priority claims identified in 11 U.S.C. § 507, including unsecured priority tax claims. This section also treats the secured portion of tax claims. The trustee will pay any allowed pre-petition priority claim that is not explicitly excluded from the plan in section 3.5. Priority income tax claims that disclose "estimated liability" or "under audit" for specific years may be paid in the amounts stated in later amendments. This could create performance problems under the plan if the amended claims are higher than expected. In this event, debtors and counsel should monitor the claims filed and seek a plan modification or other relief if necessary. An amended tax claim that reduces the amount due and leads to a refund request by the trustee may also delay the closing of the case.

# E. Part 5: Non-Priority Unsecured Claims Not Separately Classified

Section 5.2 requires the trustee to adjust the payment percentage of the general unsecured creditors to account for claims that are filed in higher or lower amounts than scheduled. Regardless of whether the payment percentage changes, debtors must make the plan payments required for the entire applicable commitment period.

Debtors must calculate and state the amount that general unsecured creditors would receive if the case were hypothetically liquidated in a chapter 7 case. Generally stated, debtors must calculate the value of their property less secured claims, priority claims, exemption amounts, sales costs, and estimated chapter 7 costs of administration and pay the general unsecured creditors at least as much as the remaining balance.

If unsecured creditors would be paid in full in a Chapter 7 liquidation, or if debtors retain disposable income, then interest on both priority and general unsecured creditors may be required under 11 U.S.C. §§ 1325(a)(4) or (b)(1). Otherwise, unless debtors separately classify a non-priority unsecured creditor's claim, interest is generally not paid on general unsecured or priority claims.

Section 5.5 of the plan recognizes that debtors may separately classify and provide special treatment for certain non-priority unsecured claims, such as student loan claims, so long as they can provide evidence to meet the legal requirement that the plan does not unfairly discriminate against non-priority unsecured creditors.

# F. Part 6: Executory Contracts and Unexpired Leases

If debtors elect to assume an executory contract, including a car lease, this means they must maintain the ongoing payments outside of the plan and may cure any default under this Section. In that instance, debtors should check the box for Current Installment Payment to come from "Debtor." Debtors can also choose to have the trustee make the ongoing payments on the executory contract and pay the arrearage cure due under the contract or lease, but debtors will need to increase their plan payments to accommodate these payments to be made by the trustee.

Check the box "None" if no executory contracts are being assumed. If a contract or lease is not assumed, it will be rejected and not become part of the bankruptcy estate.

Note the arrears on a mortgage should not be listed in Part 6. Rather, debtors should use Section 3.1.

# G. Part 7: Order of Distribution of Trustee Payments

As stated in the plan, the trustee will have discretion to determine the order of distribution within the requirements of applicable law and whether to reserve payment to claims that are subject to a pending objection.

# H. Part 8: Vesting of Property of the Estate

This section provides that the estate property will remain in the estate and not revest in debtors until a chapter 13 discharge is granted or the case is dismissed or closed. For this reason, a motion must be filed for Court authorization if debtors seek to sell or refinance any material real or personal property before any of these events occur.

When the estate property revests in debtors, it is revested subject to all liens and encumbrances on that property at the time the case was filed, except for those liens avoided by Court order or extinguished by operation of law. Debtors must bring an appropriate motion or action to avoid liens that they seek to remove from their property.

If a motion to value property is granted but the case does not successfully close and is later dismissed, the affected lien remains on the property.

# I. Part 9: Nonstandard Plan Provisions

This part gives debtors the opportunity to propose provisions that are not otherwise in the plan, or deviate from it, if:

- 1. The nonstandard provision is set forth in this section;
- 2. The appropriate box in part 1 is checked; and
- 3. The nonstandard provision complies with applicable law.

# J. Part 10: Signatures

This part requires the signature of debtors' counsel (if they have an attorney), or of debtors themselves (if they do not have an attorney). It also contains the signers' certification that their plan is identical to the mandatory form, except for nonstandard provisions in part 9.

# <u>Practice Pointers that Aid Timely Plan Completion and</u> <u>Tools for Monitoring the Plan Post Confirmation</u>

# A. Review the Notice of Claims Filed and Intent to Pay Claims

This report issued after confirmation and after the governmental bar date will let you know at a glance if the case will perform as desired.

i. For the cases confirmed before the bar date, this report is a timely recheck of the plan. A review of the report will identify if any secured creditors have failed to file a claim; the claim amount will be listed as \$0.00.

ii. If a claim secured by personal property was not provided for in the plan, such as a furniture claim, it will be listed as excluded.

# B. Review the Trustee's Periodic Reports

The trustee also issues periodic reports to provide debtors with current information about their progress under the plan. Simple arithmetic will let you know if the plan is going to exceed 60 months. Debtors must review these reports to avoid surprises when the plan does not complete within the expected applicable commitment period. Excessive length may result from estimated claims based on unfiled tax returns, or from debtors not keeping their post-petition tax liabilities current.

# C. Unfiled Tax Returns

If debtors have one or more years of unfiled federal income tax returns, the Internal Revenue Service will typically file a Proof of Claim based on "Estimated Liability," often estimated at the highest end of the range. Debtors should consider whether it would be expeditious to mail a duplicate original of the return (i.e., a copy of the outstanding return signed and dated in blue ink) to the local Special Procedures Branch. The original return should be sent to the regularly designated Service Center. Following review, the Internal Revenue Service will often file an amended Proof of Claim reflecting the amount actually assessed and this is generally lower than the Estimated Liability. To avoid overpayment on the secured or priority portion of the tax claim, the Chapter 13 Trustee may elect to disburse on the tax claim at a lower distribution level to avoid the delay in administration that is required if an overpayment collection letter is required.

# D. Minimum Monthly Installment for Creditor and Caveat Concerning Interest

The recommended minimum monthly installment is \$25. This is based on the increased cost of postage and trustee's administrative overhead. Non-institutional creditors often take extra time to cash smaller checks and this delays case closing.

However, a small installment may be insufficient to fully amortize a claim entitled to interest under the plan or by statute. For example, the claim of a County Tax Collector in California will likely assert that interest must be paid at 18%. To ensure that the tax claim is fully amortized and timely paid, debtors should consider providing a specified installment payment on these claims if necessary.
### Cover Sheet for Mandatory Chapter 13 Plan (CSD 1300)

The official Mandatory Chapter 13 Plan (CSD 1300) is a Word document. The Chapter 13 Plan in this package is in a nonfillable PDF format. To access the CSD 1300 form in Word format to fill out online, access our court's website: www.casb.uscourts.gov, click on Forms and on All Court Forms. Download the CSD 1300 to your computer.

### United States Bankruptcy Court Southern District of California

Debtor(s):

Case Number:

Check if this is an amended plan, and list below the sections of the plan that have been changed.

Mandatory Chapter 13 Plan Dated:

Part 1: Notices

To All Parties in Interest:

The court has provided guidelines for use of this form that can be found in CSD 1300A.

This plan does not provide for avoidance of a lien which impairs an exemption. This must be sought by separate motion.

### To Debtors:

In some places this form provides you with options. You should carefully consider whether you need to elect among the options. If you do, you should carefully consider which option is appropriate.

In the following notice to creditors, you must check each box that applies.

### **To Creditors:**

## Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated.

You should read this plan carefully and discuss it with your attorney, if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation in accordance with Southern District of California Local Bankruptcy Rule 3015-5 within 7 days after the filing of the Notice of Meeting of Creditors Held and Concluded. Untimely objections may not be considered. Any such objections must be noticed for hearing at least 28 days after filing the objection. The Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015(f). In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance. Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.

|   | Included | Not included |
|---|----------|--------------|
| in a partial payment or no payment at all to the secured creditor |          |              |

1.2 Nonstandard provisions, set out in Part 9

Not included

Included

Case Number

### Part 2: Plan Payments and Length of Plan

### 2.1 Regular payments.

Debtor(s) will make regular payments to the trustee as follows:

Complete one.

- \$\_\_\_\_\_ per month for 36 months (Applicable commitment period for below median debtor(s))
- \$ \_\_\_\_\_ per month for 60 months (Applicable commitment period for above median debtor(s))

\$\_\_\_\_\_\_ per month \_\_\_\_\_\_ months (Despite applicable commitment period of 36 months, debtor(s) seek additional time to cure secured or priority arrearages or to make necessary payments to meet the liquidation test specified in § 5.2.2.)

### 2.2 Irregular payments.

Debtor(s) will change the payment amount at different time periods as follows:

| \$     per     from     to |  | \$ | pe | r | from | to |
|----------------------------|--|----|----|---|------|----|
|----------------------------|--|----|----|---|------|----|

Insert additional payments as needed.

### 2.3 Manner of payments.

Regular payments must be made directly to the trustee from future earnings unless the court issues an earnings withholding order. Any other manner of payment must be specified by checking the box below.

|  | nethod of payment): | Other (specify |
|--|---------------------|----------------|
|--|---------------------|----------------|

### 2.4 Income tax issues.

Check all that apply.

Debtor(s) will retain any federal or state tax refunds received during the plan term.

| Debtor(s) will supply the trustee with a copy of each federal and state tax return filed |
|--|
| during the plan term within 14 days of filing the return.                                |

Debtor(s) will turn over to the trustee all federal and state income tax refunds, other than earned income or child care tax credits, received during the plan term.

| Debtor(s) will supply the trustee with federal and state tax returns filed during the plan |
|--|
| term and will turn over to the trustee a portion of any federal and state income tax       |
| refunds received during the plan term as specified below.                                  |

Debtor(s) must not change their withholding exemptions during the plan term unless there is an appropriate change in circumstances and will timely pay all post-confirmation tax liabilities directly to the appropriate taxing authority as they become due.

### 2.5 Additional payments.

Check one. If neither box is checked, "None" applies.

**None.** If "None" is checked, the rest of § 2.5 need not be completed or reproduced.

Debtor(s) will make additional payment(s) to the trustee from other sources, as specified below. Describe the source, estimated amount, and date of each anticipated payment.

### 2.6 The total amount of estimated payments to the trustee provided for in §§ 2.1 through 2.5 is

\$\_\_\_\_\_.

### Part 3: Treatment of Secured Claims

### 3.1 Maintenance of payments and cure of any default.

Check one. If neither box is checked, "None" applies.

**None.** If "None" is checked, the rest of § 3.1 need not be completed or reproduced.

The debtor(s) will maintain the contractual installment payments on the claims listed below, with any changes required by the applicable contract, and cure any default in payments on the secured claims listed below. The allowed claim for any arrearage amount will be paid under the plan, with interest, if any, at the rate stated. Unless otherwise ordered by the court, the amounts listed on a proof of claim or amended proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) control over any contrary amounts listed below. A tardily filed proof of claim will be disallowed unless it is estimated below or unless the debtor(s) brings a motion to allow the claim. If relief from the automatic stay is ordered as to any item of collateral listed in this paragraph, then, unless otherwise ordered by the court, all payments under this paragraph as to that collateral will cease and all secured claims based on that collateral will no longer be treated by the plan. The final column includes only payments disbursed by the trustee rather than by the debtor.

| Name of creditor with last<br>4 digits of account number | Collateral | Amount of arrearage | Interest rate on<br>arrearage<br>(if applicable) | Monthly plan<br>payment on<br>arrearage | Estimated total<br>payments by<br>trustee |
|--|------------|---------------------|--|---|---|
|  |            | \$                  | %  | \$                                      | \$  |
|  |            | \$                  | %  | \$                                      | \$  |
|  |            | \$                  | %  | \$                                      | \$  |

### 3.2 Request for valuation of security and claim modification.

To determine the proper valuation of real estate secured claims, the debtor(s) must timely file a motion in accordance with Local Bankruptcy Rule 3015-8 in addition to including the creditor in this section of the plan. No such motion is necessary for valuation determinations for personal property secured claims.

The portion of any allowed claim that exceeds the amount of the secured claim will be treated as an unsecured claim under Part 5 of this plan unless the claim is entitled to priority status, in which case it will be provided in Part 4. If the amount of a creditor's secured claim is listed below as having no value, the creditor's allowed claim will be treated in its entirety as an unsecured claim under Part 5 of this plan. Unless otherwise ordered by the court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in this paragraph.

The holder of any claim listed below as having value in the column headed *Amount of secured claim* will retain the lien until the earlier of the following events as applicable to the particular secured creditor: 1) payment of the underlying debt determined under nonbankruptcy law; 2) discharge under 11 U.S.C. § 1328, or 3) completion of payments under the plan if the debtors(s) are not entitled to a discharge. After the date applicable to termination of the lien, it will be released by the creditor unless the claim is a nondischargeable claim owed to a governmental entity. See Local Bankruptcy Rule 3015-8.

Check one. If neither box is checked, "None" applies.

None. If "None" is checked, the rest of § 3.2 need not be completed or reproduced.

# The remainder of this paragraph will be effective only if the applicable box in Part 1 of this plan is checked.

The debtor(s) request that the court determine the value of the secured claims to be treated in the manner below. For each non-governmental secured claim listed below, the debtor(s) state that the value of the secured claim should be as stated below in the column headed *Amount of secured* claim. For secured claims of governmental units, unless otherwise ordered by the court pursuant to a claim objection, the amounts listed in proofs of claim filed in accordance with the Bankruptcy Rules control over any contrary amounts listed below. For each listed secured claim, the controlling amount of the claim will be paid in full under the plan with interest at the rate stated below.

### 3.2.1 Identify creditor and collateral.

| Name of creditor with last<br>4 digits of account<br>number | Estimated amount<br>of creditor's<br>allowed secured<br>claim | Collateral | Value of<br>collateral | Amount of claims<br>senior to creditor's<br>allowed secured<br>claim |
|---|---|------------|------------------------|--|
|   | \$  |            | \$                     | \$   |
|   | \$  |            | \$                     | \$   |
|   | \$  |            | \$                     | \$   |

### 3.2.2 Treatment of creditor.

| Name of creditor with last<br>4 digits of account<br>number | Amount of allowed secured claim | Interest rate as provided by law | Monthly payment<br>to creditor | Estimated total of monthly payments |
|---|---------------------------------|----------------------------------|--------------------------------|-------------------------------------|
|   | \$                              | %                                | \$                             | \$                                  |
|   | \$                              | %                                | \$                             | \$                                  |
|   | \$                              | %                                | \$                             | \$                                  |

Insert additional claims as needed.

### 3.3 Secured claims excluded from 11 U.S.C. § 506.

Check one. If neither box is checked, "None" applies.

None. If "None" is checked, the rest of § 3.3 need not be completed or reproduced.

The claims listed below were either:

- (1) secured by real estate and matured pre-petition;
- (2) secured by real estate and will mature during the term of the plan;
- (3) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s); or
- (4) incurred within 1 year of the petition date and secured by a purchase money security interest in any other property of value.

These claims will be paid in full under the plan with interest at the rate stated below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim or modification of a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. The final column includes only payments disbursed by the trustee rather than by the debtor.

| Name of creditor with last<br>4 digits of account<br>number | Collateral | Amount of claim | Interest<br>rate | Monthly<br>payment | Estimated<br>total<br>payments |
|---|------------|-----------------|------------------|--------------------|--------------------------------|
|   |            | \$              | %                | \$                 | \$                             |
|   |            | \$              | %                | \$                 | \$                             |
|   |            | \$              | %                | \$                 | \$                             |
|   |            | \$              | %                | \$                 | \$                             |

### 3.4 Surrender of collateral to secured creditors.

Check one. If neither box is checked, "None" applies.

**None.** If "None" is checked, the rest of § 3.4 need not be completed or reproduced.

The debtor(s) elect to surrender to each creditor listed below the collateral that secures the creditor's claim. The stays under 11 U.S.C. § 362(a) and § 1301 will terminate with respect to the surrendered property on the effective date of the plan without the requirement of any further order. The stays will otherwise remain in effect. Any allowed unsecured claim resulting from the disposition of the collateral will be treated in Part 5 below.

| Name of creditor with last 4 digits of account number | Collateral |
|---|------------|
|   |            |
|   |            |
|   |            |
|   |            |

### 3.5 Intentional exclusion of claim from treatment under the plan.

Secured and partially secured creditors who received proper notice but who do not timely file a proof of claim, and who are not provided for elsewhere in the plan, will be considered excluded creditors and treated in this section.

Check one. If neither box is checked, "None" applies.

None. If "None" is checked, the rest of § 3.5 need not be completed or reproduced.

The claims held by creditors listed below will not be provided for under the plan, and the plan will not affect any of the claimant's rights under applicable law.

Name of creditor and description of claim

**Description of claim** 

### Part 4: Treatment of Priority Claims

### 4.1 Treatment of priority claims.

All allowed priority claims other than those treated in §§ 4.5 and 4.6 of the plan will be paid in full without interest.

### 4.2 Interest exception.

If the plan provides interest to unsecured nonpriority creditors, that same rate of interest will be paid to all creditors for which interest is not otherwise specifically provided under this plan.

### 4.3 Trustee's fees.

The trustee will receive a fee, the percentage of which is set by the United States Trustee in accordance with applicable law. The trustee's fees are estimated to be \_\_\_\_\_% of plan payments; and during the plan term, they are estimated to total \$ \_\_\_\_\_.

### 4.4 Adequate protection payments.

The trustee will make pre-confirmation adequate protection payments to secured creditor, identified in General Order 175-F, from plan payments received from the debtor(s), as this order may be amended from time to time.

### 4.5 Domestic support obligations.

Check one. If neither box is checked, "None" applies.

**None.** If "None" is checked, the rest of § 4.5 need not be completed or reproduced.

The allowed priority claims listed below are based on a domestic support obligation owed to a spouse or a dependent as scheduled or in the amount set forth in a proof of claim, which will control in the event of a conflict.

| Name of creditor                    | Amount of claim to be paid by trustee |
|-------------------------------------|---------------------------------------|
|                                     | \$                                    |
|                                     | \$                                    |
|                                     | \$                                    |
| Insert additional claims as needed. |                                       |

# 4.6 Assigned domestic support obligations.

The allowed priority claims listed below are based on a domestic support obligation that has been assigned to or is owed to a governmental unit and will be paid less than the full amount of the claim under 11 U.S.C. § 1322(a)(4), but not less than the amount that would have been paid on such claim if the estate of the debtor(s) were to be liquidated under chapter 7. See 11 U.S.C. § 1325(a)(4).

| SD 1 | 300 (12/01/17)   | Debtor(s) | Case Number                           |
|------|------------------|-----------|---------------------------------------|
|      | Name of creditor |           | Amount of claim to be paid by trustee |
|      |                  |           | \$                                    |
|      |                  |           | \$                                    |
|      |                  |           | \$                                    |
|      |                  |           |                                       |

Even if a domestic support obligation claim is not listed here, debtor(s) must nevertheless pay it in full to receive a discharge.

Insert additional claims as needed.

### 4.7 Attorney's fees.

С

The total amount of attorney's fees to be paid under the plan is estimated to be <u>\$</u>. The balance of the fees awarded by court order to professionals for debtor(s) under 11 U.S.C. § 330 will be paid as follows:

Check one

on a *priority* basis before other priority claims other than trustee's fees and adequate protection payments.

in installment payments of \$\_\_\_\_\_.

### 4.8 Other priority claims and secured portion of federal and state tax claims.

All priority claims identified in 11 U.S.C. § 507, including unsecured priority tax claims, are included in this section of the plan. The secured portion of a federal or state tax claim is also included in this section unless specifically provided for elsewhere in this plan.

Check one. If neither box is checked, "None" applies.

None. If "None" is checked, the rest of § 4.8 need not be completed or reproduced.

The debtor(s) estimate the total amount of priority and secured tax claims to be paid under this section of the plan to be \$\_\_\_\_\_\_. This sum is a total of all of the payments listed below to be paid in accordance with this section. Priority claim payments are owed to the following creditors in the following amounts.

### Check all that apply.

Internal Revenue Service in the estimated amount of \$ \_\_\_\_\_.

Franchise Tax Board in the estimated amount of \$\_\_\_\_\_.

California Department of Tax and Fee Administration in the estimated amount of \$\_\_\_\_\_.

Employment Development Department in the estimated amount of \$\_\_\_\_\_.

County Property Tax Assessor (not real property taxes) in the estimated amount of \$\_\_\_\_\_.

Other in the estimated amount of \$\_\_\_\_\_.

### Part 5: Treatment of Nonpriority Unsecured Claims

### 5.1 General.

Nonpriority unsecured claims will be paid to the extent allowed as specified in this Part.

### 5.2 Nonpriority unsecured claims not separately classified.

Allowed nonpriority unsecured claims that are not separately classified in this plan will be paid, pro rata, all funds remaining after payment of all other creditors provided under the plan. Payments to unsecured creditors will be allowed to the extent paid if an allowed amended, late filed, or late added claim reduces the amount available to unsecured creditors under this section.

### 5.2.1 Projected payment to nonpriority unsecured creditors.

Based upon the total payments to the trustee listed in § 2.6 of the plan, minus the payments under the plan on the claims scheduled by the debtor(s) that are provided for in §§ 3.1 through 3.3, Part 4, §§ 5.3 through 5.5, and Part 6 of the plan, the estimated payment to allowed nonpriority unsecured claims not separately classified under the plan is \$\_\_\_\_\_\_. This amount will be shared on a pro-rata basis on these claims. This amount will not be reduced by claims arising under 11 U.S.C. § 1305 and §§ 507(a)(1)(A) and (B) that are not fully addressed in the plan, but may otherwise increase or decrease.

### 5.2.2 Required payment to nonpriority unsecured creditors under the liquidation test.

If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately \$\_\_\_\_\_\_. The total of the payments on allowed nonpriority unsecured claims will be made in at least this amount, and debtor(s) will be required to make payments in addition to those specified in Part 2 to prevent the plan from going into default.

### 5.3 Interest on allowed nonpriority unsecured claims not separately classified.

Check one. If neither box is checked, "None" applies.

None. If "None" is checked, the rest of § 5.3 need not be completed or reproduced.

Once nonpriority unsecured claims are paid 100% without interest, accrued simple interest at an annual percentage rate of \_\_\_\_\_% calculated as of the petition date will be paid to the extent of available funds.

# 5.4 Non-filing co-debtor claim treatment for maintenance of payments and cure of any default on nonpriority unsecured claims.

Check one. If neither box is checked, "None" applies.

None. If "None" is checked, the rest of § 5.4 need not be completed or reproduced.

The debtor(s) will maintain the contractual installment payments and cure any default in payments on the unsecured claims listed below on which the last payment is due after the final plan payment. The allowed claim for the arrearage amount will be paid under the plan. Filed proof of claim amounts will control over scheduled amounts of claims.

| CSD 1300 (12/01/17) Debtor(s)                            |                     | Case Number                   |
|--|---------------------|-------------------------------|
| Name of creditor<br>with last 4 digits of account number | Estimated arrearage | Interest rate<br>on arrearage |
|  | \$                  | %                             |
|  | \$                  | %                             |
|  | \$                  | %                             |

Insert additional claims as needed.

### 5.5 Other separately classified nonpriority unsecured claims.

Check one. If neither box is checked, "None" applies.

**None.** If "None" is checked, the rest of § 5.5 need not be completed or reproduced.

The **nonpriority** unsecured allowed claims listed below are separately classified and will be treated as follows:

| Name of creditor | Basis for separate<br>classification and treatment | Amount of claim to be paid over life of plan | <b>Interest rate</b><br>(if applicable) |
|------------------|--|--|---|
|                  |  | \$   | %                                       |
|                  |  | \$   | %                                       |
|                  |  | \$   | %                                       |

### Part 6: Executory Contracts and Unexpired Leases

The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected.

Check one. If neither box is checked, "None" applies.

**None.** If "None" is checked, the rest of § 6.1 need not be completed or reproduced.

**Assumed items.** The final column includes only payments disbursed by the trustee rather than by the debtor(s).

| Name of creditor | Property<br>description | <b>Treatment</b><br>(Refer to other plan section<br>if applicable) | Current installment<br>payment<br>(Disbursed by Debtor(s)) | Amount of<br>arrearage to be<br>paid by trustee |
|------------------|-------------------------|--|--|---|
|                  |                         |  | \$   | \$  |
|                  |                         |  | \$   | \$  |
|                  |                         |  | \$   | \$  |

Insert additional contracts or leases as needed.

### Part 7: Order of Distribution of Trustee Payments

Trustee will have discretion to determine the order of distribution within the requirements of applicable law and whether to reserve payment to claims that are subject to a pending objection.

### Part 8: Vesting of Property of the Estate

Property of the estate will not revest in the debtor(s) until a Chapter 13 discharge is granted or the case is dismissed or closed without a Chapter 13 discharge. Before then, the debtor(s) must seek approval of the court to purchase, sell, or refinance property of a material value, or to enter into loan modifications. Revestment will be subject to all liens and encumbrances in existence when the case was filed, except those liens avoided by court order or extinguished by operation of law. In the event the case is converted to a case under chapter 7, 11, or 12 of the Bankruptcy Code, the property of the estate will vest in accordance with applicable law.

### Part 9: Nonstandard Plan Provisions

Check "None" or List Nonstandard Plan Provisions

**None.** If "None" is checked, the rest of Part 9 need not be completed or reproduced.

Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.

The following plan provisions will be effective only if there is a check in the box "Included" in § 1.2.



### Signatures of Debtor(s) and Debtor(s)' Attorney

If the Debtor(s) do not have an attorney, the Debtor(s) must sign below; otherwise the Debtor(s)' signatures are optional. The attorney for the Debtor(s), if any, must sign below.

| x |                                     | ×                     |
|---|-------------------------------------|-----------------------|
|   | Signature of Debtor 1               | Signature of Debtor 2 |
|   | Executed on                         | Executed on           |
|   | MM / DD / YYYY                      | MM / DD / YYYY        |
|   |                                     |                       |
| x |                                     | Date                  |
|   | Signature of Attorney for Debtor(s) | MM / DD / YYYY        |

By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in CSD 1300, other than any nonstandard provisions included in Part 9.

| Fill in this information to identify the case:              |            |             |           |  |
|---|------------|-------------|-----------|--|
| Debtor 1  | First Name | Middle Name | Last Name |  |
| Debtor 2<br>(Spouse, if filing)                             | First Name | Middle Name | Last Name |  |
| United States Bankruptcy Court for the: District of (State) |            |             |           |  |
| Case number<br>(If known)                                   |            |             | Chapter   |  |

## Official Form 119

## Bankruptcy Petition Preparer's Notice, Declaration, and Signature

Bankruptcy petition preparers as defined in 11 U.S.C. § 110 must fill out this form every time they help prepare documents that are filed in the case. If more than one bankruptcy petition preparer helps with the documents, each must sign in Part 2. A bankruptcy petition preparer who does not comply with the provisions of title 11 of the United States Code and the Federal Rules of Bankruptcy Procedure may be fined, imprisoned, or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

| Part 1: | Notice to | Debtor |
|---------|-----------|--------|
|         |           |        |

Bankruptcy petition preparers must give the debtor a copy of this form and have the debtor sign it before they prepare any documents for filing or accept any compensation. A signed copy of this form must be filed with any document prepared.

Bankruptcy petition preparers are not attorneys and may not practice law or give you legal advice, including the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether filing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to keep your home, car, or other property after filing a case under the Bankruptcy Code;
- what tax consequences may arise because a case is filed under the Bankruptcy Code;
- whether any tax claims may be discharged;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement;
- how to characterize the nature of your interests in property or your debts; or
- what procedures and rights apply in a bankruptcy case.

|   | The bankruptcy petition preparer  | has notified me of      |
|---|---|-------------------------|
|   | any maximum allowable fee before preparing any document for filing or accepting any | fee.                    |
|   |   |                         |
| X | Signature of Debtor 1 acknowledging receipt of this notice                          | Date<br>MM / DD / YYYY  |
| X | Signature of Debtor 2 acknowledging receipt of this notice                          | Date<br>MM / DD _/ YYYY |

12/15

First Name Middle Name Last Name

#### Part 2: Declaration and Signature of the Bankruptcy Petition Preparer

Under penalty of perjury, I declare that:

- I am a bankruptcy petition preparer or the officer, principal, responsible person, or partner of a bankruptcy petition preparer;
- I or my firm prepared the documents listed below and gave the debtor a copy of them and the Notice to Debtor by Bankruptcy Petition Preparer as required by 11 U.S.C. §§ 110(b), 110(h), and 342(b); and
- if rules or guidelines are established according to 11 U.S.C. § 110(h) setting a maximum fee for services that bankruptcy petition preparers may charge, I or my firm notified the debtor of the maximum amount before preparing any document for filing or before accepting any fee from the debtor.

| Printed name  | Title, if any   |   | Firm name, if it applies  |  |   |
|---|---|---|---|--|---|
| Number Street   | State   | ZIP Code  | Contact phone   |  |   |
| l or my firm prepared the doc<br>(Check all that apply.)  | uments checke   | ed below and the o  | completed declaration is  | made a pa  | art of each document that I cheo  |
| <ul> <li>Voluntary Petition (Form 101)</li> <li>Statement About Your Social Set (Form 121)</li> <li>Summary of Your Assets and L Certain Statistical Information (f</li> <li>Schedule A/B (Form 106A/B)</li> <li>Schedule C (Form 106C)</li> <li>Schedule D (Form 106D)</li> <li>Schedule E/F (Form 106E/F)</li> <li>Schedule G (Form 106G)</li> <li>Schedule H (Form 106H)</li> <li>Bankruptcy petition preparers must to which this declaration applies,</li> </ul> | iabilities and<br>Form 106Sum)<br>st sign and give th | Schedules (Fo<br>Statement of F<br>Statement of Ir<br>Under Chapter<br>Chapter 7 Stat<br>Monthly Incom<br>Statement of E<br>of Abuse Unde<br>(Form 122A-13)<br>Chapter 7 Mea<br>(Form 122A-2) | orm 106J)<br>out an Individual Debtor's<br>rm 106Dec)<br>inancial Affairs (Form 107)<br>ntention for Individuals Filing<br>7 (Form 108)<br>ement of Your Current<br>e (Form 122A-1)<br>exemption from Presumption<br>r § 707(b)(2)<br>Supp)<br>ans Test Calculation | Incom<br>Chap<br>Incom<br>(Form<br>Chap<br>Incom<br>Applia<br>(Form<br>Applia<br>(Form<br>Applia<br>(Form<br>Applia<br>(Credu<br>A list<br>(credu<br>Other | ter 11 Statement of Your Current Mon-<br>ne (Form 122B)<br>ter 13 Statement of Your Current Mon-<br>ne and Calculation of Commitment Per<br>n 122C-1)<br>ter 13 Calculation of Your Disposable<br>ne (Form 122C-2)<br>cation to Pay Filing Fee in Installments<br>n 103A)<br>cation to Have Chapter 7 Filing Fee<br>ed (Form 103B)<br>of names and addresses of all creditor<br><i>itor or mailing matrix</i> )<br> |
| Signature of bankruptcy petition prepa<br>person, or partner  | rer or officer, princi                                | pal, responsible  | Social Security number of p   | erson who sig  | Date<br>gned MM / DD / YYYY   |
| Printed name<br>Signature of bankruptcy petition prepa<br>person, or partner  | rer or officer, princi                                | pal, responsible  | Social Security number of p   | erson who sig  | Date<br>gned MM / DD / YYYY   |

|       | UNITED STATES BANKRUPTCY COURT<br>SOUTHERN DISTRICT OF CALIFORNIA<br>325 West F Street, San Diego, California 92101-6991 |         |                |
|-------|--|---------|----------------|
| In Re |  |         | BANKRUPTCY NO. |
|       |  | Debtor. |                |

### **DISCLOSURE OF COMPENSATION OF BANKRUPTCY PETITION PREPARER**

[Must be filed with the petition if a bankruptcy petition preparer prepares the petition. 11 U.S.C. § 110(h)(2).]

1. Under 11 U.S.C. §110(h), I declare under penalty of perjury that I am not an attorney or employee of an attorney, that I prepared or caused to be prepared one or more documents for filing by the above-named debtor(s) in connection with this bankruptcy case, and that compensation paid to me within one year before the filing of the bankruptcy petition, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| For document preparation services, I have agreed to accept | \$ <u></u> |
|--|------------|
| Prior to the filing of this statement I have received      | ¢          |
|  | Φ          |
| Balance Due  | \$         |
|  |            |

2. I have prepared or caused to be prepared the following documents (itemize):

and provided the following services (itemize):

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



Other (specify)

4. The source of compensation to be paid to me is:

| 🗌 De | btor |
|------|------|
|------|------|

Other (specify)

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- 5. The foregoing is a complete statement of any agreement or arrangement for payment to me for preparation of the petition filed by the debtor(s) in this bankruptcy case.
- 6. To my knowledge no other person has prepared for compensation a document for filing in connection with this bankruptcy case except as listed below:

| NAME   | SOCIAL SECURITY NUMBER   |       |  |
|--|--|-------|--|
| X<br>Signature   | Social Security Number<br>of bankruptcy petition preparer<br>(If the bankruptcy petition preparer  | Date  |  |
| Printed name and title, if any, of Bankruptcy Petition<br>Preparer | <ul> <li>is not an individual, state the<br/>Social Security number of the<br/>officer, principal, responsible person<br/>or partner of the bankruptcy petition</li> </ul> |       |  |
| Address  | preparer.) (Required by 11 U.S.C. §  | 110.) |  |
|  | -  |       |  |

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

| Name, Address, Telephone No. & I.D. No.   |                |
|---|----------------|
| <b>UNITED STATES BANKRUPTCY COURT</b><br>SOUTHERN DISTRICT OF CALIFORNIA<br>325 West F Street, San Diego, California 92101-6991 |                |
| In Re   | BANKRUPTCY NO. |
| Debtor.   |                |

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Federal Rule of Bankruptcy Procedure 2016(b), I certify that I am the attorney for the above-named debtor(s) 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(s) in contemplation of or in connection with the bankruptcy case is as follows:

|    | For legal services, I have agreed to accept   |
|----|---|
|    | Prior to the filing of this statement I have received   |
|    | Balance Due   |
| 2. | The source of the compensation paid to me was:  |
|    | Debtor Other (specify)  |
|    |   |
| 3. | The source of compensation to be paid to me 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, statement 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. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

### 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.

DATED:

(Typed Name and Signature)

(Name of Law Firm)