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FINANCIAL INFORMATION PACKET

Thank you for contacting Eveland and Associates to guide you through the bankruptcy process. In order to proceed with the filing of your case there are a number of documents which must be prepared. You will need to complete this packet as accurately as possible. In addition you must provide the documentation listed on the checklist below and complete the pre-bankruptcy credit counseling from an approved agency as required by law. We recommend contacting the following approved agency:

Pioneer Credit Counseling

1-800-888-1596, option 3, then option 1 (You will receive your username and password)

Note: You can complete this requirement online or by telephone. You will need to know that you are filing your bankruptcy in the United States Bankruptcy Court, District of Utah. Alternate choices for approved agencies can be found at:

http://www.usdoj.gov/ust/eo/bapcpa/ccde/cc_approved.htm

Please remember that you are not protected under Bankruptcy until your case has been filed with the court! If all of the information requested is not provided it will delay the filing of your case.

Required Documentation Checklist

- Consumer Credit Counseling Education Certificate
- This Financial Information Packet
- Social Security Card(s) and Driver's License (or State issued ID)
- Past Four (4) years income tax returns (both State & Federal)
- Last Six (6) month's paystubs from ALL sources of income
- Proof of all other income received in the past six (6) months
- Last Three (3) month's bank statements from all banking institutions
- Proof of any Charitable Contributions during the past year
- Copy of most recent property tax notice for any land or house you own or are purchasing
- Copies of all bills received during the most recent billing cycle
- Copies of all three (3) credit reports
- Copy of divorce decree or support order, including all modifications
- Copies of all active garnishments, foreclosure notices or repossession orders
- Misc: _____
- Attorney's Fees in the amount of: \$ _____

Credit reports can be obtained from www.annualcreditreport.com or individually from the three credit reporting agencies (Equifax, Experian and TransUnion)

Petition Information

	Debtor	Co-Debtor
Full Name:	_____	_____
Street Address:	_____	_____
	_____	_____
	_____	_____
Mailing Address:	_____	_____
	_____	_____
	_____	_____
County of Residence	_____	_____
Home Phone:	_____	_____
Work Phone:	_____	_____
Other Phone:	_____	_____
Email Address:	_____	_____
	_____	_____
Other names you have used in the last six (6) years:	_____	_____
	_____	_____
	_____	_____
Social Security No.:	_____	_____
Other Tax ID No.:	_____	_____

Prior Bankruptcies: List all prior bankruptcies filed including cases that were not completed:

Case Number	State	Date Filed	Chapter	Completed (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all pending bankruptcies filed by any immediate family member or business partners:

Case Number	Name of Debtor	Date Filed	Relation to you	State	Judge
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Property Information

Real Estate (i.e. land, house, condo, townhome, etc)

Only amounts that are delinquent before the case is filed will be paid through the Chapter 13 plan. Your monthly payment will still be due on the normal due date, and in the regular amount, (discuss with your attorney in the instance of a pending mortgage work-out). If you do not make your ongoing payment, your home may not be protected by the bankruptcy. A mobile home should be listed as personal property on Page 7 of this packet, unless you are buying the land along with the mobile home.

Your Home

	Address	Name of Co-Owners (and their percentage of interest)	Market Value	
Principal residence in UT including home or mobile home and land not exceeding one acre	_____	1 _____	\$ _____	
	_____	2 _____	Property Serial # from tax notice:	
	_____	3 _____		
	_____	4 _____		
	Name of Lender: _____			Mortgage Balance _____
	1st: _____	Monthly Payment \$ _____	Amount in Default \$ _____	\$ _____
	2nd: _____	\$ _____	\$ _____	\$ _____
	3rd: _____	\$ _____	\$ _____	\$ _____
	How was the market value attained? (Circle One) Tax Notice (Year____) / Appraisal (Year:____) / Prior Listing Price / Market Analysis / Comparables in the neighborhood / Other: _____			
	Nature of Ownership interest: (Circle One) fee simple / life estate / residual interest / other: _____			

	Description & Address:	Name of Co-Owners	Market Value	
Other Real Estate	_____	1 _____	\$ _____	
	_____	2 _____	Property Serial # from tax notice:	
	_____	3 _____		
	_____	4 _____		
	Name of Lender: _____			Mortgage Balance _____
	1st: _____	Monthly Payment \$ _____	Amount in Default \$ _____	\$ _____
	2nd: _____	\$ _____	\$ _____	\$ _____
	3rd: _____	\$ _____	\$ _____	\$ _____
	How was the market value attained? (Circle One) Tax Notice (Year____) / Appraisal (Year:____) / Prior Listing Price / Market Analysis / Comparables in the neighborhood / Other: _____			
	Nature of Ownership interest: (Circle One) fee simple / life estate / residual interest / other: _____			

	Description & Address:	Market Value:		
Timeshare	_____	\$ _____		
	_____	Property Serial # from tax notice:		

	Name of Lender: (if any) _____		Monthly Payment \$ _____	Balance Owed _____
			\$ _____	\$ _____
Do you have a title to the timeshare property? (Circle One) Yes / No				
What amount of ownership do you hold to the property? _____% / _____ Weeks per year / Other: _____				

Personal Property

Type of Property	Owner 1=Debtor 2=Debtor 2 J=Joint Property	Replacement Value (What would you pay to purchase similar condition and quality items?)	If item is collateral for secured debt: Creditor Name <i>Otherwise: General description of items or other information</i>	Office Use Only	
Cash on hand		\$			1
Savings Account		\$	Bank: Account #		2
Checking Account		\$	Bank: Account #		2
Certificates of Deposit		\$	Bank: Certificate No.(s):		3
Security Deposits: -Public Utilities -Landlord/housing -Others		\$			3
Proceeds from disability or unemployment benefits		\$			3
Insurance proceeds for medical care, etc.		\$			3
Veteran's Benefit proceeds		\$			3
Food Storage / Provisions		\$			35
Microwave Oven		\$			4
Sewing Machine		\$			4
Washer		\$			4
Dryer		\$			4
Refrigerator		\$			4
Freezer		\$			4
Range/Stove Top		\$			4
Dishes/Silverware		\$			4
Carpets		\$			4
Beds/Bedding		\$			4
End Tables/Lamps		\$			4
Chairs		\$			4
Sofa/Loveseat		\$			4
Televisions		\$			4
DVD/VCR		\$			4
Radio		\$			4
Stereo		\$			4
Computer / Laptop / Printer		\$			4 / 26
Kitchen Table/Chairs		\$			4

Personal Property (continued)

Books		\$			5
Family Artwork		\$			5
Other Paintings / Art		\$			5
Coin, stamp or other collections		\$			5
Clothing		\$			6
Jewelry		\$			7
Piano		\$			8
Camera		\$			8
Bikes		\$			8
Sports Equipment		\$			8
Camcorder		\$			8
Video Game Systems / Games		\$			8
Firearms		\$			8
Insurance Policies		\$	Company Name: _____ Face Value: \$ _____ Surrender/Cash Value: \$ _____		9
Annuities / Pensions / etc.		\$			10
Education Savings Plan (provide copy of most recent statement)		\$			11
Retirement Plan (IRA, ERISA, Keogh, Roth, etc. (provide copy of most recent statement)		\$			12
Stocks		\$	Company Name: _____ # of shares / portion of interest _____ Value as of what date?: \$ _____		13
Bonds		\$			13
Partnership / Joint Venture Interests		\$	Name of entity: _____ Portion of Interest: _____		14
Accounts Receivable		\$	At face value what is the likelihood of recovery: High / Medium / Low Who owes the accounts receivable?		16
Alimony / Support / Maintenance owed to you		\$	Who owes the money?		17

Personal Property (continued)

Property settlement in divorce / domestic proceedings		\$			17
Tax Refunds (not yet received)		\$	What years(s)?		18
Wages earned but not yet paid to you		\$	Who owes you the wages? For what period of time?		18
Interests in probate estate or property of another (including life insurance policy or another, a trust, etc.)		\$			19 / 20
Claims you have against another person (lawsuits, personal injury claims, insurance claims, EEOC, small claims, counter claims, etc.)		\$	Person / Company involved: Nature of claim:		21
Patents, Copyrights, Intellectual Property Rights		\$			22
Licenses(s), Franchise(s) or other business rights		\$			23
Boats		\$			26
Aircraft		\$			27
Typewriter		\$			28
Fax Machine		\$			28
Other business equipment / supplies		\$			28
Inventory		\$			30
Animals		\$	Breed & Number:		31
Crops and other farming equipment / supplies		\$			32 / 33
Lawn equipment (mowers, weeders, tillers, etc.)		\$			35
Power tools (saws, drills, etc.)		\$			35
Hand tools		\$			35
Satellite Dish		\$			35
Burial plot		\$			35

Personal Property (continued)

Health aids (wheelchair, walker, crutches, etc.)		\$			35
Other:		\$			35
		\$			
		\$			
		\$			
		\$			
		\$			
Mobile home:		\$			25
Vehicle #1		\$			25
Vehicle #2		\$			25
Vehicle #3		\$			25
Vehicle #4		\$			25

Vehicle Information Requested By Trustee

Vehicle No. 1 (Include cars, trucks, boats, & trailers)

VIN (Vehicle Identification Number)			
Make		Passenger air bag	Driver air bag
Model		Automatic transmission	4 Wheel Drive
Special Package		Manual transmission	Custom wheels
Year		Air conditioning	Leather interior
Engine		Power Windows	Tilt Steering
Number of Doors		Power Locks	Sunroof
Mileage		Power Seats	Cruise Control
General Condition (Circle One) Excellent Good Fair Poor		CD Player	Other:
Describe condition of vehicle including all damage and other considerations that would affect the value of the vehicle:			

Vehicle No. 2 (Include cars, trucks, boats, & trailers)

VIN (Vehicle Identification Number)			
Make		Passenger air bag	Driver air bag
Model		Automatic transmission	4 Wheel Drive
Special Package		Manual transmission	Custom wheels
Year		Air conditioning	Leather interior
Engine		Power Windows	Tilt Steering
Number of Doors		Power Locks	Sunroof
Mileage		Power Seats	Cruise Control
General Condition (Circle One) Excellent Good Fair Poor		CD Player	Other:
Describe condition of vehicle including all damage and other considerations that would affect the value of the vehicle:			

Vehicle No. 3 (Include cars, trucks, boats, & trailers)

VIN (Vehicle Identification Number)			
Make		Passenger air bag	Driver air bag
Model		Automatic transmission	4 Wheel Drive
Special Package		Manual transmission	Custom wheels
Year		Air conditioning	Leather interior
Engine		Power Windows	Tilt Steering
Number of Doors		Power Locks	Sunroof
Mileage		Power Seats	Cruise Control
General Condition (Circle One) Excellent Good Fair Poor		CD Player	Other:
Describe condition of vehicle including all damage and other considerations that would affect the value of the vehicle:			

Income and Expenses

What is your marital status? (Circle one) Single Married Separated Divorced Widow / Widower

List the names, ages and relationship of each of your dependents that are currently living with you:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Age: _____	Age: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
How long employed: _____	How long employed: _____
City & State of employer: _____	City & State of employer: _____

Current Income

Note: You may have to discontinue or reduce payroll deductions for all voluntary contributions to a retirement or 401(k) plan to successfully reorganize under Chapter 13

	Your Income	Spouse's Income
Current monthly gross wages, salary & commissions	\$	\$
Estimated monthly overtime	\$	\$
Subtotal	\$	\$
Less payroll deductions	\$	\$
a. Payroll taxes and social security	\$	\$
b. Insurance	\$	\$
c. Union dues	\$	\$
d. Child support / alimony or other spousal support	\$	\$
e. Other	\$	\$
Specify: _____	\$	\$
Total net monthly take home pay	\$	\$
Regular income from operation of business (attach detailed statement)	\$	\$
Income from real property	\$	\$
Interest and dividends	\$	\$
Alimony, maintenance of support payments payable to debtor	\$	\$
Social Security or other government assistance	\$	\$
Specify: _____	\$	\$
Pension, retirement income, Veteran's Disability, etc.	\$	\$
Other monthly income	\$	\$
Specify: _____	\$	\$
Total Monthly Income	\$	\$

Current Expenses

	Expenditures
Rent or mortgage payment (include lot rented for mobile home) Are real estate taxes included in payment Yes / No Is property insurance included? Yes / No	\$
Utilities: Electricity and heating	\$
Water & Sewer	\$
Telephone	\$
Other (Circle) Cable / Internet / Satellite / Cell Phone	\$
Home maintenance (repairs and upkeep)	\$
Food	\$
Clothing	\$
Laundry & dry cleaning	\$
Medical and dental expenses	\$
Transportation (not including car payments)	\$
Recreation, clubs, entertainment, newspaper, magazines, etc.	\$
Charitable contributions	\$
Insurance: (not deducted from wages or included in mortgage payments)	
Homeowners or renters	\$
Life and health	\$
Auto	\$
Other (specify):	\$
Taxes (not deducted from wages or mortgage payments (specify):	\$
Installment payments: (In Chapter 13 cases do not list payments that are not included in the plan)	
Auto	\$
Payments on 401(k) or other loans on retirement accounts	\$
Contributions to an educational fund	\$
Other (specify):	\$
Alimony, maintenance and support paid to others	\$
Payments for support of additional dependents not living at home	\$
Regular expenses from operation of business or profess (attach detailed statement)	\$
Other (specify):	\$
Total Monthly Expenses	\$

Describe any increase or decrease in either **INCOME** or **EXPENSES** which are expected to occur within the next year:

Statement of Financial Affairs

Please read each of the following 17 questions and answer each question completely, including all subparts. If you do not understand a question please contact our office for clarification.

If you have conducted a business within the past 6 months, questions 18-25 will also need to be answered and are included in the Business Packet.

1. Income from regular employment or operation of a business.

List the total gross income as reported on your tax returns for the following years and list the source of the income.

	Amount for 2007 (Total Gross Amount)	Employer's Name	Amount for 2008 (Total Gross Amount)	Employer's Name	Amount for 2009 (Total Gross Amount Year-To-Date)	Employer's Name
Debtor 1	\$		\$		\$	
Debtor 2	\$		\$		\$	

2. Income other than from employment or a business.

List the total amount of all other income received during the following years. Provide the amount of income and the source (i.e. income tax refunds, social security, unemployment compensation, child support, alimony, 401(k) or pension disbursement, gambling winnings, proceeds from the sale of assets, monetary gifts from relatives, monetary assistance from religious sources, etc.)

[] NONE

Debtor 1

Amount for 2007 (Total Gross Amount)	Amount for 2008 (Total Gross Amount)	Amount for 2009 (Total Gross Amount Year-To-Date)
Source:	Source:	Source:
Amount \$	Amount \$	Amount \$

Debtor 2

Amount for 2007 (Total Gross Amount)	Amount for 2008 (Total Gross Amount)	Amount for 2009 (Total Gross Amount Year-To-Date)
Source:	Source:	Source:
Amount \$	Amount \$	Amount \$

3. Payments made during the last 90 DAYS.

- a. **Consumer Debts:** If you have made payments of more than \$600.00 on any debts that you owe within the last **90 DAYS**, complete the following information: (this includes items such as cars, housing, large balance credit cards, etc)

NONE

Creditor (Name and address)	Date of Payment(s)	Total Amount Paid	Amount Still Owing
		\$	\$
		\$	\$
		\$	\$
		\$	\$

- b. **Domestic Support Obligations:** If you have submitted payments on any debts that you owe pursuant to a Domestic Relations Court Order within the past **90 DAYS**, complete the following information: (this includes items such as child support, alimony/maintenance, etc.)

NONE

Person Paid (Name and address)	Relationship	Amount ordered to be paid	Total amount paid	Dates(s) of payments
		\$	\$	
		\$	\$	

- c. **Alternative Repayment Plan:** If you participated in an alternative repayment schedule or plan by an approved nonprofit budgeting and credit counseling agency within the past **90 DAYS**, complete the following information.

NONE

Nonprofit Agency (Name and address)	Amount of monthly repayment schedule	Date(s) of payments	Total paid (past 90 days & during entire program)
	\$		Past 90 days: \$ _____ During Entire Program: \$ _____

d. Preferential Payments: List all payments within the past **12 MONTHS**, made by either you or your spouse, to creditors who have the right to collect the obligation from a co-signor, relative, business associate or person other than yourself.

NONE

Name and address of creditor	Name and relationship of other party responsible on the debt	Date(s) of payments	Amount paid	Amount still owing
			\$	\$
			\$	\$
			\$	\$

4.

a. If you were a party to a lawsuit of any kind during the past **12 MONTHS** complete the following information for each lawsuit. (Including but not limited to: domestic dissolutions/divorces, custody battles, child support issues, criminal charges, small claims cases, personal injury claims, collection lawsuits, administrative cases such as worker's compensation, unemployment, etc.) This should include lawsuits that have been filed by you and against you.

NONE

Caption of lawsuit (Names of parties involved)	Case Number	Nature of Proceeding	Court and location	Status or disposition of case

b. List any property garnished, attached or seized during the last **12 MONTHS**.

NONE

Creditor (Name and address)	Date of seizure	Description of property	Value of property
			\$
			\$

5. List any repossessions, foreclosures, and returns during the last **12 MONTHS**.

NONE

Creditor (Name and address)	Date of repossession	Description of property	Value of property
			\$
			\$

6.

a. Describe any assignments of property for the benefit of creditors made within the last **120 days**.

NONE

Name and address of assignee	Date of assignment	Terms of assignment

b. List all property which has been in the hands of a custodian, receiver or court appointed official during the past **12 MONTHS**.

NONE

Name and address of custodian	Name and location of court	Case Number	Date of order	Description and value of property

7. List all gifts or charitable contributions made during the last **12 MONTHS** to family members totaling more than \$200 per family member and \$100 per charitable recipient (i.e. tithing, United Way, Big Brother / Big Sister, etc). Include gifts made on behalf of family members.

NONE

Recipient of gift (Name and address)	Relationship (if any)	Date of gift	Value of gift	Description of gift
			\$	
			\$	
			\$	

8. Losses from fire, theft, casualty or gambling during the past **12 MONTHS**.

NONE

Description of property	Value of property	Circumstances of loss	Covered by insurance? (Yes / No)	Date of loss
	\$			
	\$			

9. List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy during the last **12 MONTHS**.

NONE

Payee (Name and address)	Date of payments	Amount paid or value of property transferred
Jeremy Eveland, Esq.		\$
Pre-Bankruptcy Education Program Name: Address:		\$
Any other entity:		\$

10. List all other property, other than property transferred in the ordinary course of business or financial affairs of the debtor, transferred either absolutely or as security during the past **2 YEARS**. Including, but not limited to, sales of real property (home, land, etc.), transfers of assets to spouse or relative, granting of a security interest in any property (2nd mortgage, refinance, secured loan, pawned items, etc.)

NONE

Transferee (Name and address)	Relationship (if any)	Date of transfer	Describe property and value received	What was the money spent on?

11. List all financial accounts and instruments held by or for the benefit of the debtor which were closed, sold or otherwise transferred in the past **12 MONTHS**. Include checking, savings, or other financial accounts, CD's, shares and share accounts held in banks, credit unions, pension funds, brokerage houses, etc.

NONE

Institution (Name and address)	Account number and type of account	Amount of final balance	Date of closing
		\$	
		\$	
		\$	
		\$	
		\$	

12. List each safe deposit box or depository in which you have had valuables within the past **12 MONTHS**.

NONE

Institution (Name and address)	Who has access? (Name and address)	Description of contents	Date of transfer or surrender

13. List all setoffs made by creditor (including, but not limited to, a bank, taxing authority, or any other person or entity) against a debt or deposit of the debtor within the past **90 DAYS**. (A setoff is when a creditor applies your funds to satisfy a loan or debt.)

NONE

Creditor (Name and address)	Date of setoff	Amount of setoff
		\$
		\$

14. List all property **OWNED** by another person that the debtor holds or controls. This includes items such as a car that you are borrowing from another person, furniture that you are using or storing for someone else, etc. It also includes bank accounts that are held for the benefit of children.

NONE

Actual owner of the property (Name and address)	Description and value of property	Location of property	Why do you have possession?

15. If you have moved within the last **3 YEARS**, list all premises occupied and vacated during that period (current address need not be listed).

NONE

Names Used	Address	Dates of occupancy
		From: To:
		From: To:
		From: To:
		From: To:

16. Have you ever been a resident of Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin within the last **8 YEARS**? (Circle One) **YES / NO**

If yes, identify the name of your spouse and any former spouse who resided with you.

Names	Address	Dates of occupancy
		From: To:
		From: To:

17.

a. Have you ever received a notice of violation of an Environmental Law?

NONE

Site (Name and address)	Name and address of governmental unit	Dates of Notice / Environmental Law
		Date: Law:

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

NONE

Site (Name and address)	Name and address of governmental unit	Dates of Notice / Environmental Law
		Date: Law:

c. List all judicial or administrative proceedings, including settlements or orders, under an Environmental Law with respect to which you have been a party.

NONE

Name and address of governmental unit	Docket number	Status or disposition

Creditor Questions

The following space should be used to list your creditors (the people you owe money to). You must list **all of your debts** even though some debts may be non-dischargeable in your bankruptcy. Your attorney will explain which debts are not dischargeable. If you are not sure whether a person or business is a creditor, you should still list the person or business as a creditor. **It is very important that you list all debts owed. If a creditor is not listed in your bankruptcy they debt may not be discharged.**

Secured Creditors

Secured debts are car loans, home loans, home equity loans, second mortgages, past due property taxes or any other loan where, if you fail to make a payment, the creditor will seize something from you. All other types of debts are unsecured.

PLEASE FILL OUT ALL INFORMATION REQUESTED.

You must indicate your intention with regards to each of your secured debts. Your attorney will explain the options and consequences of each in detail as it applies to your case.

1. **Surrender:** If you want to return the purchased item(s) to the creditor, this is called a surrender.
2. **Reaffirm:** This option should be chosen if you want to keep possession of the items you have purchased from or pledged to the creditor. Basically this option creates a new contract between you and the creditor which will survive the bankruptcy discharge.
3. **Redeem:** This option allows you to keep the purchased or pledged items but requires you to pay the creditor the actual market value of the items, usually in a lump sum within a short period of time.

CREDITOR		Date Incurred		Name and address of Collector:
Acct. #		Default Amount	\$	
Address		(Circle One) 1 / 2 / Joint		
		Market Value	\$	
		Balance Owed	\$	
Cосigned? Y / N (If yes please complete page 24)		(Circle One) Surrender / Reaffirm / Redeem		
Description of collateral:				

CREDITOR		Date Incurred		Name and address of Collector:
Acct. #		Default Amount	\$	
Address		(Circle One) 1 / 2 / Joint		
		Market Value	\$	
		Balance Owed	\$	
Cосigned? Y / N (If yes, please complete page 24)		(Circle One) Surrender / Reaffirm / Redeem		
Description of collateral:				

CREDITOR		Date Incurred		Name and address of Collector:
Acct. #		Default Amount	\$	
Address		(Circle One) 1 / 2 / Joint		
		Market Value	\$	
		Balance Owed	\$	
Cосigned? Y / N (If yes, please complete page 24)		(Circle One) Surrender / Reaffirm / Redeem		
Description of collateral:				

CREDITOR		Date Incurred		Name and address of Collector:
Acct. #		Default Amount	\$	
Address		(Circle One) 1 / 2 / Joint		
		Market Value	\$	
		Balance Owed	\$	
Cosigned? Y / N (If yes, please complete page 24)		(Circle One) Surrender / Reaffirm / Redeem		
Description of collateral:				

CREDITOR		Date Incurred		Name and address of Collector:
Acct. #		Default Amount	\$	
Address		(Circle One) 1 / 2 / Joint		
		Market Value	\$	
		Balance Owed	\$	
Cosigned? Y / N (If yes, please complete page 24)		(Circle One) Surrender / Reaffirm / Redeem		
Description of collateral:				

CREDITOR		Date Incurred		Name and address of Collector:
Acct. #		Default Amount	\$	
Address		(Circle One) 1 / 2 / Joint		
		Market Value	\$	
		Balance Owed	\$	
Cosigned? Y / N (If yes, please complete page 24)		(Circle One) Surrender / Reaffirm / Redeem		
Description of collateral:				

CREDITOR		Date Incurred		Name and address of Collector:
Acct. #		Default Amount	\$	
Address		(Circle One) 1 / 2 / Joint		
		Market Value	\$	
		Balance Owed	\$	
Cosigned? Y / N (If yes, please complete page 24)		(Circle One) Surrender / Reaffirm / Redeem		
Description of collateral:				

CREDITOR		Date Incurred		Name and address of Collector:
Acct. #		Default Amount	\$	
Address		(Circle One) 1 / 2 / Joint		
		Market Value	\$	
		Balance Owed	\$	
Cosigned? Y / N (If yes, please complete page 24)		(Circle One) Surrender / Reaffirm / Redeem		
Description of collateral:				

Priority Creditors

Priority creditors include Domestic Support Obligations (alimony / child support), all state and federal tax debts, and debts associated with injuries caused by impaired driving.

Domestic Support Obligations Alimony / Child Support / Other Maintenance

Description of debt:				
Account #		Date incurred:		Name and address of any state agency or other attorney collecting on the account:
Ex-spouse or child's name				
Address		Balance Owed	\$	
		Default Amount	\$	

Tax Obligations

Account #		Tax year(s) and type of tax	Amount Due	Name and address of codebtor:
Creditor Name	Internal Revenue Service		\$	
Address	Special Procedures		\$	
	50 South 200 East Mail Stop 5021 Salt Lake City, UT 84111	Were the tax returns filed timely? Yes / No If not, when were they filed? Date: _____		

Account #		Tax year(s) and type of tax	Amount Due	Name and address of codebtor:
Creditor Name	Utah State Tax Commission		\$	
Address	Bankruptcy Unit		\$	
	210 North 1950 West Salt Lake City, UT 84134	Were the tax returns filed timely? Yes / No If not, when were they filed? Date: _____		

Other Priority Creditors

If you have any claims being asserted against you for death or personal injury while you were under the influence of drugs or alcohol, provide the details and persons involved. Likewise provide any court documents associated with the claim.

Leases or Contracts

If you are involved in a lease, rental agreement or contract then complete the information below.
 (Examples: apartment/house lease, cell phone contract, storage facility, spa or gym membership, mobile home lot, timeshares, etc.) Include leases or contracts for which you are the landlord.

Name of lease / contract holder		Description	
Address		Monthly Payment	\$
		Expiration Date:	
		Balance Remaining	\$

Name of lease / contract holder		Description	
Address		Monthly Payment	\$
		Expiration Date:	
		Balance Remaining	\$

Name of lease / contract holder		Description	
Address		Monthly Payment	\$
		Expiration Date:	
		Balance Remaining	\$

Has your landlord obtained a judgment against you? Yes / No / Not Applicable

Do you still reside at the landlord's property? Yes / No / Not Applicable

Unsecured Creditors

Unsecured debts are charge cards, medical bills, returned checks, postdated check loans, student loans, signature loans, etc. They are creditors that do not have a lien or security attached to the loan. If an obligation has been referred to a collection agency and/or attorney, complete the collector information to the right.

PLEASE FILL OUT ALL INFORMATION REQUESTED

Creditor		Description of debt:		Name and address of collector:
Account #				
Address		Date incurred:		
		Balance owed:	\$	
		(Circle one) 1 / 2 / Joint		
Cosigned? Y / N (If Yes, please complete page 24)				

Creditor		Description of debt:		Name and address of collector:
Account #				
Address		Date incurred:		
		Balance owed:	\$	
		(Circle one) 1 / 2 / Joint		
Cosigned? Y / N (If Yes, please complete page 24)				

Creditor		Description of debt:		Name and address of collector:
Account #				
Address		Date incurred:		
		Balance owed:	\$	
		(Circle one) 1 / 2 / Joint		
Cosigned? Y / N (If Yes, please complete page 24)				

Creditor		Description of debt:		Name and address of collector:
Account #				
Address		Date incurred:		
		Balance owed:	\$	
		(Circle one) 1 / 2 / Joint		
Cosigned? Y / N (If Yes, please complete page 24)				

Creditor		Description of debt:		Name and address of collector:
Account #				
Address		Date incurred:		
		Balance owed:	\$	
		(Circle one) 1 / 2 / Joint		
Cosigned? Y / N (If Yes, please complete page 24)				

Creditor		Description of debt:		Name and address of collector:
Account #				
Address		Date incurred:		
		Balance owed:	\$	
		(Circle one) 1 / 2 / Joint		
Cosigned? Y / N (If Yes, please complete page 24)				

If you have additional unsecured creditors please copy this form or print additional sheets from the internet packet found on our website.

Co-signed Debts

Co-signor	
Address	
Creditor:	

Co-signor	
Address	
Creditor:	

Co-signor	
Address	
Creditor:	

Co-signor	
Address	
Creditor:	

Co-signor	
Address	
Creditor:	

Co-signor	
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Co-signor	
Address	
Creditor:	

Co-signor	
Address	
Creditor:	