



**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF CONNECTICUT**

**NOTICE TO INDVIDUALS FILING  
A CHAPTER 13 BANKRUPTCY CASE FILING**

**ALERT! ELECTRONIC NOTICE AND SERVICE IS AVAILABLE**

Please fill out Local Form 9036-1 B1- Request and Consent to Electronic Notice and Service of Documents in a Bankruptcy Case. [www.ctb.uscourts.gov](http://www.ctb.uscourts.gov) – forms/local forms.

**Pursuant to 11 U.S.C. § 521, Federal Rule of Bankruptcy Procedure 1007 and Local Rule of Bankruptcy Procedure for the District of Connecticut 1007-1, the following documents, Official Forms and Chapter 13 Filing Fee must be filed in order to commence a Chapter 13 bankruptcy case:**



**Official Form 101 – Voluntary Petition**

The voluntary petition must be fully completed and signed. Do not omit any pages of Official Form 101.

**DO YOU RENT YOUR RESIDENCE?**

Question 11 asks if you rent your residence. If you answer yes that you rent your residence, then continue to the second question, “Has your landlord obtained an eviction judgment against you?” If you answer yes to BOTH questions;

**You must** decide if you should file **Official Form 101A-Initial Statement About an Eviction Judgment Against You**. To help you decide, please refer to the “ **Individual Debtors Guide to Judgments of Eviction**” posted on the Court’s website at [www.ctb.uscourts.gov](http://www.ctb.uscourts.gov) under the menu selection “Filing Without An Attorney”.



**Filing Fee Payment:** You **MUST** do **one** of two things **at the same time** you file your Chapter 13 individual case:

- a. Pay the full filing fee; **OR**
- b. File an Application to Pay the Chapter 13 Filing Fee in Installments (Official Form 103A);



**Official Form 121 – Statement of Social Security Number** pursuant to Federal Rule of Bankruptcy Procedure 1007(f).



**List of Creditors** pursuant to Federal Rule of Bankruptcy Procedure 1007(a) and Local Rule of Bankruptcy Procedure for the District of Connecticut 2002-1.

**Note:** Any address listed for a creditor that is a business, such as a corporation, partnership or bank, MUST include an attention line addressed to an Officer, Manager, President or General Agent of the business.

Example: Bank of America

Attention: President or Officer  
202 First Avenue  
New York, NY 20032



**Certificate of Credit Counseling**

Filed in accordance with 11 U.S.C. § 521(b) and Federal Rule of Bankruptcy Procedure 1007.



**Form B2030 – Attorney Fee Disclosure Statement** (if applicable) filed in accordance with Federal Rule of Bankruptcy Procedure 1007(b)(6) and (c).



**Schedules and Statement for a Chapter 13 case filing pursuant to Federal Rule of Bankruptcy Procedure 1007(b) and (c):**

Official Form 106Sum      Summary of Your Assets and Liabilities and Certain Statistical Information

Official Form 106A/B      Schedule A/B /Property

Official Form 106C      Schedule C/Property Claimed as Exempt

Official Form 106D      Schedule D/Creditors Holding Secured Claims

Official Form 106E/F      Schedule E/F / Creditors Holding Unsecured Claims

Official Form 106 G      Schedule G / Executory Contracts & Unexpired Leases

Official Form 106H      Schedule H / Codebtors

Official Form 106I	Schedule I / Your Income
Official Form 106J	Schedule J / Your Expenses
Official Form 106J-2	Schedule J-2 / Expenses for Separate Household of Debtor 2, if applicable
Official Form 106Dec	Declaration About an Individual Debtor's Schedules
Official Form 107	Statement of Financial Affairs for Individuals
Official Form 122C-1	Chapter 13 Statement of Current Monthly Income and Calculation of Commitment Period pursuant to Fed.R. Bankr. 1007(b) and (c)
Official Form 122C-2	Chapter 13 Calculation of Your Disposable Income (if applicable)
Chapter 13 Plan	Must be filed pursuant to Fed. R. Bankr. P. 3015(b) on Connecticut Local Form Chapter 13 Plan pursuant to D. Conn. Bankr. R. L.R. 3015-2 (Appendix E)

**ALERT!      Sign and Date all documents being submitted.**

**ALERT!      FAILURE TO FILE ANY LISTED DOCUMENT OR PAY THE FILING FEE MAY RESULT IN YOUR CASE BEING DISMISSED.**

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

Case number (*If known*): \_\_\_\_\_

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

**Official Form 101**

**Voluntary Petition for Individuals Filing for Bankruptcy**

06/24

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:**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Suffix (Sr., Jr., II, III) \_\_\_\_\_

**About Debtor 2 (Spouse Only in a Joint Case):**

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Suffix (Sr., Jr., II, III) \_\_\_\_\_

**2. All other names you have used in the last 8 years**

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Business name (if applicable) \_\_\_\_\_

Business name (if applicable) \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Business name (if applicable) \_\_\_\_\_

Business name (if applicable) \_\_\_\_\_

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

XXX — XX — \_\_\_\_\_

OR

9 XX — XX — \_\_\_\_\_

XXX — XX — \_\_\_\_\_

OR

9 XX — XX — \_\_\_\_\_

<b>About Debtor 1:</b>			<b>About Debtor 2 (Spouse Only in a Joint Case):</b>		
<p><b>4. Your Employer Identification Number (EIN), if any.</b></p> <p>EIN _____ EIN _____</p>			<p>EIN _____ EIN _____</p>		
<p><b>5. Where you live</b></p> <p>Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ County _____</p> <p>If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.</p> <p>Number _____ Street _____ _____ P.O. Box _____ City _____ State _____ ZIP Code _____</p>			<p>If Debtor 2 lives at a different address:</p> <p>Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ County _____</p> <p>If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.</p> <p>Number _____ Street _____ _____ P.O. Box _____ City _____ State _____ ZIP Code _____</p>		
<p><b>6. Why you are choosing this district to file for bankruptcy</b></p> <p><i>Check one:</i></p> <p><input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) _____ _____ _____</p>			<p><i>Check one:</i></p> <p><input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) _____ _____ _____</p>		

**Part 2: Tell the Court About Your Bankruptcy Case****7. The chapter of the Bankruptcy Code you are choosing to file under**

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.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY

**11. Do you rent your residence?**

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))

Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

Stockbroker (as defined in 11 U.S.C. § 101(53A))

Commodity Broker (as defined in 11 U.S.C. § 101(6))

None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No

Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

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.

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**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.

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do 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."

No. Go to line 16b.  
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

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**17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes

**18. How many creditors do you estimate that you owe?**

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

**19. How much do you estimate your assets to be worth?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**20. How much do you estimate your liabilities to be?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below****For 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.

I understand 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.

X

Signature of Debtor 1

X

Signature of Debtor 2

Executed on \_\_\_\_\_

MM / DD / YYYY

Executed on \_\_\_\_\_

MM / DD / YYYY

Debtor 1

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X**

\_\_\_\_\_  
Signature of Attorney for Debtor

Date \_\_\_\_\_

MM / DD / YYYY

Printed name \_\_\_\_\_

Firm name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_

Email address \_\_\_\_\_

Bar number \_\_\_\_\_

State \_\_\_\_\_

**For you if you are filing this bankruptcy without an attorney****If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be 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  
 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?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No  
 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

Signature of Debtor 1

X

Signature of Debtor 2

Date

MM / DD / YYYY

Date

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 (Spouse, if filing) First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(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>	
Value of what you own	
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$ _____
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$ _____
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$ _____

**Part 2: Summarize Your Liabilities**

<b>Your liabilities</b>	
Amount you owe	
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$ _____
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ _____
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ _____
	+ \$ _____
<b>Your total liabilities</b> \$ _____	

**Part 3: Summarize Your Income and Expenses**

4. <i>Schedule I: Your Income</i> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ _____
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ _____

## Part 4: Answer These Questions for Administrative and Statistical Records

## 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

## 7. What kind of debt do you have?

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ \_\_\_\_\_

## 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F.

## Total claim

## From Part 4 on Schedule E/F, 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. **Total.** Add lines 9a through 9f. \$ \_\_\_\_\_

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

Debtor 1  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Debtor 2  
(Spouse, if filing) First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)  
Case number \_\_\_\_\_

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. 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: Describe Each Residence, Building, Land, or 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?

No. Go to Part 2.  
 Yes. Where is the property?

1.1. Street address, if available, or other description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**What is the property?** Check all that apply.

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

If you own or have more than one, list here:

1.2. Street address, if available, or other description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**What is the property?** Check all that apply.

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

1.3. Street address, if available, or other description \_\_\_\_\_

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?      Current value of the portion you own?**

\$ \_\_\_\_\_      \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

 **Check if this is community property (see instructions)**

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. ..... →

\$ \_\_\_\_\_

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- No
- Yes

3.1. Make: \_\_\_\_\_

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?      Current value of the portion you own?**

\$ \_\_\_\_\_      \$ \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?      Current value of the portion you own?**

\$ \_\_\_\_\_      \$ \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

3.3. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:  
\_\_\_\_\_**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:  
\_\_\_\_\_**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

4.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:  
\_\_\_\_\_**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:  
\_\_\_\_\_**Who has an interest in the property?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ..... ➔

\$ \_\_\_\_\_

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 portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe. ....

\$ \_\_\_\_\_

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe. ....

\$ \_\_\_\_\_

**8. Collectibles of value**

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

No

Yes. Describe. ....

\$ \_\_\_\_\_

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

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

Yes. Describe. ....

\$ \_\_\_\_\_

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe. ....

\$ \_\_\_\_\_

**13. Non-farm animals**

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

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** →

\$ \_\_\_\_\_

## Part 4: Describe Your Financial Assets

## Do you own or have any legal or equitable interest in any of the following?

## Current value of the portion you own?

Do not deduct secured claims or exemptions.

## 16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes..... Cash: ..... \$ \_\_\_\_\_

## 17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes..... 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: \_\_\_\_\_ \$ \_\_\_\_\_

## 18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes..... Institution or issuer name: \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

## 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

 No

Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

 Yes. Give specific information about them. ....

\_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them. ....

Issuer name:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.. Type of account: Institution name:

401(k) or similar plan: \_\_\_\_\_ \$ \_\_\_\_\_  
 Pension plan: \_\_\_\_\_ \$ \_\_\_\_\_  
 IRA: \_\_\_\_\_ \$ \_\_\_\_\_  
 Retirement account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Keogh: \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.....

Institution name or individual:

Electric: \_\_\_\_\_ \$ \_\_\_\_\_  
 Gas: \_\_\_\_\_ \$ \_\_\_\_\_  
 Heating oil: \_\_\_\_\_ \$ \_\_\_\_\_  
 Security deposit on rental unit: \_\_\_\_\_ \$ \_\_\_\_\_  
 Prepaid rent: \_\_\_\_\_ \$ \_\_\_\_\_  
 Telephone: \_\_\_\_\_ \$ \_\_\_\_\_  
 Water: \_\_\_\_\_ \$ \_\_\_\_\_  
 Rented furniture: \_\_\_\_\_ \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes.....

Issuer name and description:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

\_\_\_\_\_ \$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

\_\_\_\_\_ \$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

\_\_\_\_\_ \$ \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.

\_\_\_\_\_

Federal: \$ \_\_\_\_\_

State: \$ \_\_\_\_\_

Local: \$ \_\_\_\_\_

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.

\_\_\_\_\_

Alimony: \$ \_\_\_\_\_

Maintenance: \$ \_\_\_\_\_

Support: \$ \_\_\_\_\_

Divorce settlement: \$ \_\_\_\_\_

Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.

\_\_\_\_\_ \$ \_\_\_\_\_

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company \_\_\_\_\_ of each policy and list its value. .... Company name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Surrender or refund value: \_\_\_\_\_ \$ \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information. ....

\_\_\_\_\_ \$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim. ....

\_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim. ....

\_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

**35. Any financial assets you did not already list** No Yes. Give specific information. ....

\_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** ..... →

\_\_\_\_\_ \$ \_\_\_\_\_

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned** No Yes. Describe. ....

\_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe. ....

\_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

No

Yes. Describe.....

\$ \_\_\_\_\_

**41. Inventory**

No

Yes. Describe.....

\$ \_\_\_\_\_

**42. Interests in partnerships or joint ventures**

No

Yes. Describe..... Name of entity:

% of ownership:

\_\_\_\_\_ %

\$ \_\_\_\_\_

\_\_\_\_\_ %

\$ \_\_\_\_\_

\_\_\_\_\_ %

\$ \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations**

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

\$ \_\_\_\_\_

**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 attached for Part 5. Write that number here** ..... →

\$ \_\_\_\_\_

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have 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 property?**

No. Go to Part 7.

Yes. Go to line 47.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

No

Yes.....

\$ \_\_\_\_\_

**48. Crops—either growing or harvested**

No  
 Yes. Give specific information. .... \$ \_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

No  
 Yes..... \$ \_\_\_\_\_

**50. Farm and fishing supplies, chemicals, and feed**

No  
 Yes..... \$ \_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list**

No  
 Yes. Give specific 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** ..... → \$ \_\_\_\_\_

**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 tickets, country club membership

No  
 Yes. Give specific 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**

**55. 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** \$ \_\_\_\_\_

**60. 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. .... \$ \_\_\_\_\_ Copy personal property total → +\$ \_\_\_\_\_

**63. Total of all property on Schedule A/B.** Add line 55 + line 62. .... \$ \_\_\_\_\_

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 Bankruptcy Court for the: _____ District of: _____			
Case number (If known) _____			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/25

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

1. Which set of exemptions are you claiming? Check one only, even if your spouse 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 <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 <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from <i>Schedule A/B</i> : _____			_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from <i>Schedule A/B</i> : _____			_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from <i>Schedule A/B</i> : _____			_____

3. Are you claiming a homestead exemption of more than \$214,000?

(Subject to adjustment on 4/01/28 and every 3 years after that for cases 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  
 Yes

## Part 2: Additional Page

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

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 Bankruptcy Court for the:		District of _____ (State)	
Case number (If known)			

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

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.1

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name		
Number	Street	
City	State	ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

2.2

Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name		
Number	Street	
City	State	ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim relates to a 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: \$ \_\_\_\_\_

## Additional Page

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

## Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this claim relates to a  
community debt

## Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured  
car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

## Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this claim relates to a  
community debt

## Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured  
car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

## Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this claim relates to a  
community debt

## Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured  
car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

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: \$ \_\_\_\_\_

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$ \_\_\_\_\_

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name _____		
--------------------------	------------	--	--

<input type="checkbox"/>	Number	Street	_____
--------------------------	--------	--------	-------

<input type="checkbox"/>	City	State	ZIP Code
--------------------------	------	-------	----------

<input type="checkbox"/>	Name _____		
--------------------------	------------	--	--

<input type="checkbox"/>	Number	Street	_____
--------------------------	--------	--------	-------

<input type="checkbox"/>	City	State	ZIP Code
--------------------------	------	-------	----------

<input type="checkbox"/>	Name _____		
--------------------------	------------	--	--

<input type="checkbox"/>	Number	Street	_____
--------------------------	--------	--------	-------

<input type="checkbox"/>	City	State	ZIP Code
--------------------------	------	-------	----------

<input type="checkbox"/>	Name _____		
--------------------------	------------	--	--

<input type="checkbox"/>	Number	Street	_____
--------------------------	--------	--------	-------

<input type="checkbox"/>	City	State	ZIP Code
--------------------------	------	-------	----------

<input type="checkbox"/>	Name _____		
--------------------------	------------	--	--

<input type="checkbox"/>	Number	Street	_____
--------------------------	--------	--------	-------

<input type="checkbox"/>	City	State	ZIP Code
--------------------------	------	-------	----------

<input type="checkbox"/>	Name _____		
--------------------------	------------	--	--

<input type="checkbox"/>	Number	Street	_____
--------------------------	--------	--------	-------

<input type="checkbox"/>	City	State	ZIP Code
--------------------------	------	-------	----------

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

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 Bankruptcy Court for the:		District of _____ (State)	
Case number _____ (If known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	<p>Priority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>		
	<p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations  <input type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p>		
2.2	<p>Priority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>		
	<p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations  <input type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p>		

## Part 1: Your PRIORITY Unsecured Claims – Continuation Page

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

## Part 2: List All of Your NONPRIORITY Unsecured Claims

## 3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

## 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	<p>Nonpriority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>		
	<p><b>Last 4 digits of account number</b> _____ \$ _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>		
4.2	<p>Nonpriority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>		
	<p><b>Last 4 digits of account number</b> _____ \$ _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>		
4.3	<p>Nonpriority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>		
	<p><b>Last 4 digits of account number</b> _____ \$ _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>		

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim \_\_\_\_\_

	<p>Nonpriority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><b>Check if this claim is for a community debt</b> <input type="checkbox"/></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>
	<p>Nonpriority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><b>Check if this claim is for a community debt</b> <input type="checkbox"/></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>
	<p>Nonpriority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><b>Check if this claim is for a community debt</b> <input type="checkbox"/></p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>

## Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

Total claim		
<b>Total claims from Part 1</b>	6a. <b>Domestic support obligations</b>	6a. \$ _____
	6b. <b>Taxes and certain other debts you owe the government</b>	6b. \$ _____
	6c. <b>Claims for death or personal injury while you were intoxicated</b>	6c. \$ _____
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____
	6e. <b>Total.</b> Add lines 6a through 6d.	\$ _____
Total claim		
<b>Total claims from Part 2</b>	6f. <b>Student loans</b>	6f. \$ _____
	6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ _____
	6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ _____
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ _____
	6j. <b>Total.</b> Add lines 6f through 6i.	\$ _____

Fill in this information to identify your case:

Debtor	First Name	Middle Name	Last Name
Debtor 2 (Spouse If filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District of		(State)
Case number (If known)			

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.  
 Yes. 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 or company with whom you have the contract 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 Page if You Have More Contracts or Leases

Person or company with whom you have 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. _____	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	

**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 Bankruptcy Court for the:	District of		(State)
Case number (if known)			

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.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name

Number Street

City State ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.2

Name

Number Street

City State ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.3

Name

Number Street

City State ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

## Additional Page to List More Codebtors

## Column 1: Your codebtor

## Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_

3.\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_

3.\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_

3.\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_

3.\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_

3.\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_

3.\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_

3.\_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

 Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_

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 Bankruptcy Court for the:	District of		(State)
Case number (if known)			

Check if this is:

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

MM / DD / YYYY

12/15

## Official Form 106I

### 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 information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation		
Employer's name		
Employer's address	Number Street	Number Street
	City	City
	State ZIP Code	State ZIP Code

How long employed there? \_\_\_\_\_

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ _____	\$ _____
3. Estimate and list monthly overtime pay.	3. + \$ _____	+ \$ _____
4. Calculate gross income. Add line 2 + line 3.	4. \$ _____	\$ _____

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
<b>Copy line 4 here.....</b>	→ 4. \$ _____	\$ _____
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ _____	\$ _____
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ _____	\$ _____
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ _____	\$ _____
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ _____	\$ _____
5e. <b>Insurance</b>	5e. \$ _____	\$ _____
5f. <b>Domestic support obligations</b>	5f. \$ _____	\$ _____
5g. <b>Union dues</b>	5g. \$ _____	\$ _____
5h. <b>Other deductions.</b> Specify: _____	5h. + \$ _____	+ \$ _____
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ _____	\$ _____
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ _____	\$ _____
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b>  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ _____	\$ _____
8b. <b>Interest and dividends</b>	8b. \$ _____	\$ _____
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b>  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ _____	\$ _____
8d. <b>Unemployment compensation</b>	8d. \$ _____	\$ _____
8e. <b>Social Security</b>	8e. \$ _____	\$ _____
8f. <b>Other government assistance that you regularly receive</b>  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: _____	8f. \$ _____	\$ _____
8g. <b>Pension or retirement income</b>	8g. \$ _____	\$ _____
8h. <b>Other monthly income.</b> Specify: _____	8h. + \$ _____	+ \$ _____
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ _____	\$ _____
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ _____ + \$ _____	= \$ _____
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify: _____		
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.  Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	11. + \$ _____	12. \$ _____
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>	<input type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____	
<b>Combined monthly income</b>		

**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 Bankruptcy Court for the:			District of _____ (State)
Case number (If known)			

Check if this is:

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

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

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 Household

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

3. Do your expenses include

expenses of people other than  
yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing 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. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

**Your expenses**

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

If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues

4a. \$ \_\_\_\_\_

4b. \$ \_\_\_\_\_

4c. \$ \_\_\_\_\_

4d. \$ \_\_\_\_\_

5. **Additional mortgage payments for your residence**, such as home equity loans

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

**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. Transportation.** Include gas, maintenance, bus or train fare.

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

Do not include car payments.

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

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

**14. Charitable contributions and religious donations**

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

**15. Insurance.**

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. 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 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 Income.**

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

21. **Other.** Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ \_\_\_\_\_

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ \_\_\_\_\_

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ \_\_\_\_\_

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$ \_\_\_\_\_

23b. Copy your monthly expenses from line 22c above.

23b. -\$ \_\_\_\_\_

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ \_\_\_\_\_

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

**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 Bankruptcy Court for the:			District of (State)
Case number (if known)			

Check if this is:

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

MM / DD / YYYY

**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 Household**

**1. Do you and Debtor 1 maintain separate households?**

No. Do not complete this form.  
 Yes

**2. Do you have dependents?**

Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.

Do not state the dependents' names.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 2:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dependent's age

Does dependent live with you?

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

**3. Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?**

No

Yes

**Part 2: Estimate Your Ongoing 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.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

**Your expenses**

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

If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues

4a. \$ \_\_\_\_\_

4b. \$ \_\_\_\_\_

4c. \$ \_\_\_\_\_

4d. \$ \_\_\_\_\_

5. **Additional mortgage payments for your residence**, such as home equity loans

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

6. **Utilities:**

6a. Electricity, heat, natural gas  
 6b. Water, sewer, garbage collection  
 6c. Telephone, cell phone, Internet, satellite, and cable services  
 6d. Other. Specify: \_\_\_\_\_

6a. \$ \_\_\_\_\_  
 6b. \$ \_\_\_\_\_  
 6c. \$ \_\_\_\_\_  
 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. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance  
 15b. Health insurance  
 15c. Vehicle insurance  
 15d. Other insurance. Specify: \_\_\_\_\_

15a. \$ \_\_\_\_\_  
 15b. \$ \_\_\_\_\_  
 15c. \$ \_\_\_\_\_  
 15d. \$ \_\_\_\_\_

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  
 17b. Car payments for Vehicle 2  
 17c. Other. Specify: \_\_\_\_\_  
 17d. Other. Specify: \_\_\_\_\_

17a. \$ \_\_\_\_\_  
 17b. \$ \_\_\_\_\_  
 17c. \$ \_\_\_\_\_  
 17d. \$ \_\_\_\_\_

18. **Your payments of alimony, maintenance, and support that you did not report as deducted from 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 Income*.**

20a. Mortgages on other property  
 20b. Real estate taxes  
 20c. Property, homeowner's, or renter's insurance  
 20d. Maintenance, repair, and upkeep expenses  
 20e. Homeowner's association or condominium dues

20a. \$ \_\_\_\_\_  
 20b. \$ \_\_\_\_\_  
 20c. \$ \_\_\_\_\_  
 20d. \$ \_\_\_\_\_  
 20e. \$ \_\_\_\_\_

21. **Other.** Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

22. **Your monthly expenses.** Add lines 5 through 21.

The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2.

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

23. Line not used on this form.

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes.

Explain here: \_\_\_\_\_

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 Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number  
(If known) \_\_\_\_\_

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.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** \_\_\_\_\_

Signature of Debtor 1

**X** \_\_\_\_\_

Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

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 Bankruptcy Court for the: _____ District of _____			
Case number (If known) _____			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

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: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

Married  
 Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street	From _____ To _____	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
City	State ZIP Code	City	State ZIP Code
Number Street	From _____ To _____	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
City	State ZIP Code	City	State ZIP Code

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)**

No  
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2: Explain the Sources of Your Income**

**4. 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 details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
<b>For last calendar year:</b> (January 1 to December 31, _____) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
<b>For the calendar year before that:</b> (January 1 to December 31, _____) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____

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

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

## Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

## 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has 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."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$8,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name _____ Number Street _____ City _____ State _____ ZIP Code _____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Creditor's Name _____ Number Street _____ City _____ State _____ ZIP Code _____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Creditor's Name _____ Number Street _____ City _____ State _____ ZIP Code _____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$ _____	\$ _____	
Number Street				
City _____ State _____ ZIP Code _____				
Insider's Name		\$ _____	\$ _____	
Number Street				
City _____ State _____ ZIP Code _____				

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$ _____	\$ _____	
Number Street				
City _____ State _____ ZIP Code _____				
Insider's Name		\$ _____	\$ _____	
Number Street				
City _____ State _____ ZIP Code _____				

## Part 4: Identify Legal Actions, Repossessions, and Foreclosures

## 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title _____ _____ Case number _____		Court Name _____ _____ Number Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title _____ _____ Case number _____		Court Name _____ _____ Number Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

## 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name _____ _____ Number Street _____ City _____ State _____ ZIP Code _____			\$ _____
	Explain what happened		
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
	Describe the property	Date	Value of the property
Creditor's Name _____ _____ Number Street _____ City _____ State _____ ZIP Code _____			\$ _____
	Explain what happened		
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

No  
 Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			
Number Street			\$ _____

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Last 4 digits of account number: XXXX-\_\_\_\_\_

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

No  
 Yes

**Part 5: List Certain Gifts and Contributions**

**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____		_____	\$ _____
Number Street _____		_____	\$ _____
City _____ State _____ ZIP Code _____			

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small>	Date of your loss	Value of property lost
		_____	\$ _____

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid _____ _____	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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 transfer was made	Amount of payment
Person Who Was Paid			\$ _____
Number Street			\$ _____
City _____ State _____ ZIP Code _____			
Email or website address			
Person Who Made the Payment, if Not You			

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			\$ _____
Number Street			\$ _____
City _____ State _____ ZIP Code _____			

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			_____
Number Street			_____
City _____ State _____ ZIP Code _____			
Person's relationship to you			
Person Who Received Transfer			_____
Number Street			_____
City _____ State _____ ZIP Code _____			
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Description and value of the property transferred		Date transfer was made
Name of trust _____ _____ _____		_____

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Number Street	_____			
City _____ State _____ ZIP Code _____	_____			
Name of Financial Institution	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Number Street	_____			
City _____ State _____ ZIP Code _____	_____			

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street _____	_____	
City _____ State _____ ZIP Code _____	_____		

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility _____	Name _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street _____	Number Street _____	
City State ZIP Code _____		
City _____	State _____	ZIP Code _____

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name _____		\$ _____
Number Street _____	Number Street _____	
City _____	State _____	ZIP Code _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No  
 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 _____	
City _____	State _____	ZIP Code _____
City _____	State _____	ZIP Code _____

Debtor 1

First Name Middle Name Last Name

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

25. Have you notified any governmental unit of any release of hazardous material?

No

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	
	City State ZIP Code	
City	State ZIP Code	

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Number Street	
Case number	City State ZIP Code	

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		EIN: _____
City State ZIP Code		Dates business existed From _____ To _____
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		EIN: _____
City State ZIP Code		Dates business existed From _____ To _____

Debtor 1

First Name Middle Name Last Name

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

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	Name of accountant or bookkeeper	EIN: _____ Dates business existed
City	State ZIP Code	From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_  
MM / DD / YYYY  
Number Street  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that 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.

✗

Signature of Debtor 1

✗

Signature of Debtor 2

Date \_\_\_\_\_

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

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 Bankruptcy Court for the:		District of	(State)
Case number (If known)			

## 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 \_\_\_\_\_

If you want to stay in your rented residence after you file your case for bankruptcy, also complete the certification below.

#### Certification About Applicable Law and Deposit of Rent

I certify under penalty of perjury that:

- Under the state or other nonbankruptcy law that applies to the judgment for possession (*eviction judgment*), I have the right to stay in my residence by paying my landlord the entire delinquent amount.
- I have given the bankruptcy court clerk a deposit for the rent that would be due during the 30 days after I file the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).

✗

Signature of Debtor 1

✗

Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

**Stay of Eviction:** (a) **First 30 days after bankruptcy.** If you checked both boxes above, signed the form to certify that both apply, and served your landlord with a copy of this statement, the automatic stay under 11 U.S.C. § 362(a)(3) will apply to the continuation of the eviction against you for 30 days after you file your *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).

(b) **Stay after the initial 30 days.** If you wish to stay in your residence after that 30-day period and continue to receive the protection of the automatic stay under 11 U.S.C. § 362(a)(3), you must pay the entire delinquent amount to your landlord as stated in the eviction judgment before the 30-day period ends. You must also fill out *Statement About Payment of an Eviction Judgment Against You* (Official Form 101B), file it with the bankruptcy court, and serve your landlord a copy of it before the 30-day period ends.

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

11 U.S.C. §§ 362(b)(22) and 362(l)

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 Bankruptcy Court for the:		District of	(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 Payment of Eviction Judgment

I certify under penalty of perjury that (Check all that apply):

- Under the state or other nonbankruptcy law that applies to the judgment for possession (*eviction judgment*), I have the right to stay in my residence by paying my landlord the entire delinquent amount.
- Within 30 days after I filed my *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101), I have paid my landlord the entire amount I owe as stated in the judgment for possession (*eviction judgment*).

**X**

Signature of Debtor 1

**X**

Signature of Debtor 2

Date

MM / DD / YYYY

Date

MM / DD / YYYY

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

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

# United States Bankruptcy Court

\_\_\_\_ District Of \_\_\_\_\_

**In re**

Case No. \_\_\_\_\_

**Debtor**

Chapter \_\_\_\_\_

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 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 other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

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

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- d. 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.

*Date*

*Signature of Attorney*

*Name of law firm*

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of

State \_\_\_\_\_

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

## 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 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 Court About all of Your Social Security or Federal Individual Taxpayer Identification Numbers

##### 2. All Social Security Numbers you have used

— — — — — — — —

— — — — — — — —

— — — — — — — —

— — — — — — — —

You do not have a Social Security number.

You do not have a Social Security number.

##### 3. All federal Individual Taxpayer Identification Numbers (ITIN) you have used

9 — — — — — — — —

9 — — — — — — — —

9 — — — — — — — —

9 — — — — — — — —

You do not have an ITIN.

You do not have an ITIN.

### Part 3: Sign Below

Under penalty of perjury, I declare that the information I have provided in this form is true and correct.

**X**

Signature of Debtor 1

Date \_\_\_\_\_  
MM / DD / YYYY

Under penalty of perjury, I declare that the information I have provided in this form is true and correct.

**X**

Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

**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 Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_  
(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 under 11 U.S.C. § 1325(b)(3).

3. The commitment period is 3 years.

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).

**Part 1: Calculate Your Average Monthly Income**

1. **What is your marital and filing status?** Check one only.

**Not married.** Fill out Column A, lines 2-11.

**Married.** Fill out both Columns A and B, lines 2-11.

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	<b>Column A</b> <b>Debtor 1</b>	<b>Column B</b> <b>Debtor 2 or non-filing spouse</b>
2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$ _____	\$ _____
3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse.	\$ _____	\$ _____
4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ _____	\$ _____
5. <b>Net income from operating a business, profession, or farm</b>		
Gross receipts (before all deductions)	\$ _____	\$ _____
Ordinary and necessary operating expenses	- \$ _____	- \$ _____
Net monthly income from a business, profession, or farm	\$ _____	\$ _____
		<b>Copy here ➔</b>
6. <b>Net income from rental and other real property</b>		
Gross receipts (before all deductions)	\$ _____	\$ _____
Ordinary and necessary operating expenses	- \$ _____	- \$ _____
Net monthly income from rental or other real property	\$ _____	\$ _____
		<b>Copy here ➔</b>

**Column A  
Debtor 1****Column B  
Debtor 2 or  
non-filing spouse****7. Interest, dividends, and royalties**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**8. Unemployment compensation**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you ..... \$ \_\_\_\_\_

For your spouse ..... \$ \_\_\_\_\_

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

---

---

\$ \_\_\_\_\_

\$ \_\_\_\_\_

---

---

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total amounts from separate pages, if any.

+\$ \_\_\_\_\_

+\$ \_\_\_\_\_

**11. Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

+=

Total average  
monthly income**Part 2: Determine How to Measure Your Deductions from Income**

12. Copy your total average monthly income from line 11. \$ \_\_\_\_\_

13. Calculate the marital adjustment. Check one:

You are not married. Fill in 0 below.

You are married and your spouse is filing with you. Fill in 0 below.

You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

---

---

---

\$ \_\_\_\_\_

\$ \_\_\_\_\_

+\$ \_\_\_\_\_

Total ..... 

Copy here ➔

— \_\_\_\_\_

14. Your current monthly income. Subtract the total in line 13 from line 12.

## 15. 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).

x 12

15b. The result is your current monthly income for the year for this part of the form. .... \$ \_\_\_\_\_

\$ \_\_\_\_\_

## 16. 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. .... \$ \_\_\_\_\_

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

## 17. 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 income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out *Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11. .... \$ \_\_\_\_\_

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. .... \$ \_\_\_\_\_

- \$ \_\_\_\_\_

19b. Subtract line 19a from line 18. .... \$ \_\_\_\_\_

## 20. 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).

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 box 3, *The commitment period is 3 years*. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X**

Signature of Debtor 1

**X**

Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYYDate \_\_\_\_\_  
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-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  
(Spouse, if filing)      First Name      Middle Name      Last Name

United States Bankruptcy Court for the:      District of      \_\_\_\_\_

Case number      \_\_\_\_\_  
(If known)

Check if this is an amended filing

## Official Form 122C-2

### Chapter 13 Calculation of Your Disposable Income

04/25

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 to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate 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

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

#### National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

#### 6. Food, clothing, and other items:

Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ \_\_\_\_\_

#### 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.

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$ \_\_\_\_\_

7b. Number of people who are under 65 X \_\_\_\_\_

7c. Subtotal. Multiply line 7a by line 7b. \$ \_\_\_\_\_ Copy here ➔ \$ \_\_\_\_\_

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person \$ \_\_\_\_\_

7e. Number of people who are 65 or older X \_\_\_\_\_

7f. Subtotal. Multiply line 7d by line 7e. \$ \_\_\_\_\_ Copy here ➔ + \$ \_\_\_\_\_

7g. **Total.** Add lines 7c and 7f. ..... \$ \_\_\_\_\_ Copy here ➔ ..... \$ \_\_\_\_\_**Local Standards**

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- **Housing and utilities – Insurance and operating expenses**
- **Housing and utilities – Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ \_\_\_\_\_

**9. Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ \_\_\_\_\_

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
_____	\$ _____
_____	\$ _____
_____	+ \$ _____
9b. Total average monthly payment \$ _____	Copy here ➔ - \$ _____ Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0. \$ \_\_\_\_\_ Copy here ➔ ..... \$ \_\_\_\_\_

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ \_\_\_\_\_

Explain why: \_\_\_\_\_

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

0. Go to line 14.  
 1. Go to line 12.  
 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ \_\_\_\_\_13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

## Vehicle 1

Describe Vehicle 1: \_\_\_\_\_  
\_\_\_\_\_

13a. Ownership or leasing costs using IRS Local Standard ..... \$ \_\_\_\_\_

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
_____	\$ _____
_____	+ \$ _____
Total average monthly payment	\$ _____

Copy here → — \$ \_\_\_\_\_ Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. ....

\$ _____	Copy net Vehicle 1 expense here →	\$ _____
----------	-----------------------------------	----------

## Vehicle 2

Describe Vehicle 2: \_\_\_\_\_  
\_\_\_\_\_

13d. Ownership or leasing costs using IRS Local Standard ..... \$ \_\_\_\_\_

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
_____	\$ _____
_____	+ \$ _____
Total average monthly payment	\$ _____

Copy here → — \$ \_\_\_\_\_ Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0. ....

\$ _____	Copy net Vehicle 2 expense here →	\$ _____
----------	-----------------------------------	----------

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ \_\_\_\_\_15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ \_\_\_\_\_

**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$ \_\_\_\_\_  
 Do not include real estate, sales, or use taxes.

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$ \_\_\_\_\_  
 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. \$ \_\_\_\_\_  
 Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$ \_\_\_\_\_  
 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

20. **Education:** The total monthly amount that you pay for education that is either required: \$ \_\_\_\_\_  
 ■ as a condition for your job, or  
 ■ for your physically or mentally challenged dependent child if no public education is available for similar services.

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$ \_\_\_\_\_  
 Do not include payments for any elementary or secondary school education.

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$ \_\_\_\_\_  
 Payments for health insurance or health savings accounts should be listed only in line 25.

23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ \_\_\_\_\_  
 Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted.

24. **Add all of the expenses allowed under the IRS expense allowances.** \$ \_\_\_\_\_  
 Add lines 6 through 23.

**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

*Note:* Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ \_\_\_\_\_

Disability insurance \$ \_\_\_\_\_

Health savings account + \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**Copy total here ➔** ..... \$ \_\_\_\_\_

Do you actually spend this total amount?

No. How much do you actually spend? \$ \_\_\_\_\_  
 Yes

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$ \_\_\_\_\_

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ \_\_\_\_\_

By law, the court must keep the nature of these expenses confidential.

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

\$ \_\_\_\_\_

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more

than \$214.58\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

\$ \_\_\_\_\_

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/28, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher

\$ \_\_\_\_\_

than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more

than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial

+ \$ \_\_\_\_\_

instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

Do not include any amount more than 15% of your gross monthly income.

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ \_\_\_\_\_

**Deductions for Debt Payment**33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

## Average monthly payment

**Mortgages on your home**

33a. Copy line 9b here ..... ➔ \$ \_\_\_\_\_

**Loans on your first two vehicles**

33b. 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 payment include taxes or insurance?	
_____	_____	<input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes	\$ _____
_____	_____	<input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes	\$ _____
_____	_____	<input type="checkbox"/> No	+ \$ _____
_____	_____	<input type="checkbox"/> Yes	

33e. Total average monthly payment. Add lines 33a through 33d. ..... ➔ \$ \_\_\_\_\_

Copy total here ➔

\$ \_\_\_\_\_

## 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	\$ _____	÷ 60 = \$ _____
_____	_____	\$ _____	÷ 60 = \$ _____
_____	_____	\$ _____	÷ 60 = + \$ _____
		Total \$ _____	<b>Copy total here ➔ \$ _____</b>

## 35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. ..... \$ \_\_\_\_\_ ÷ 60 \$ \_\_\_\_\_

## 36. Projected monthly Chapter 13 plan payment

\$ \_\_\_\_\_

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

X \_\_\_\_\_

\$ \_\_\_\_\_ **Copy total here ➔ \$ \_\_\_\_\_**

## 37. Add all of the deductions for debt payment. Add lines 33e through 36.

\$ \_\_\_\_\_

## Total Deductions from Income

## 38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances ..... \$ \_\_\_\_\_

Copy line 32, All of the additional expense deductions ..... \$ \_\_\_\_\_

Copy line 37, All of the deductions for debt payment ..... + \$ \_\_\_\_\_

Total deductions ..... \$ \_\_\_\_\_

**Copy total here ➔ \$ \_\_\_\_\_**

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. **Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.** ..... \$ \_\_\_\_\_

40. **Fill in any reasonably necessary income you receive for support for dependent children.** The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ \_\_\_\_\_

41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ \_\_\_\_\_

42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here ..... ➔ \$ \_\_\_\_\_

43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
_____	\$ _____
_____	\$ _____
_____	+ \$ _____
Total	\$ _____ ➔ + \$ _____

44. **Total adjustments.** Add lines 40 through 43. .... \$ \_\_\_\_\_ ➔ - \$ \_\_\_\_\_

45. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39.

Part 3: Change in Income or Expenses

46. **Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____

Debtor 1

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Part 4:

Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

**X**

Signature of Debtor 1

**X**

Signature of Debtor 2

Date \_\_\_\_\_

MM / DD / YYYY

Date \_\_\_\_\_

MM / DD / YYYY

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF CONNECTICUT**

**Fill in this information to identify your case:**

Debtor 1\*

First Name      Middle Name      Last Name

Social Security Number: XXX - XX -      
(Enter only last 4 digits)

Debtor 2\*

Spouse, if filing

First Name      Middle Name      Last Name

Social Security Number: XXX - XX -      
(Enter only last 4 digits)

Case number   
(If known)

\*For purposes of this Chapter 13 Plan, "Debtor" means "Debtors" where applicable.

**CHAPTER 13 PLAN**

Original Plan

Amended Plan (Indicate 1st, 2nd, etc.)      ECF No. of prior plan

Modified Plan (Indicate 1st, 2nd, etc.)      ECF No. of prior plan

**Amended Plan: Only complete this section if this is an amended plan before confirmation.**

**Sections of the Plan that have been amended (list):**

Plan Section(s)	Amendment(s) (Describe)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If your plan amendment affects all creditors of a certain class (secured, priority or unsecured non-priority) check each class of creditors affected. If the changes above affect only individual creditors, list each below.

**All Creditors (check all that apply):**

- secured
- priority
- unsecured, non-priority

The amendment affects individual creditors. List each below.

	Creditor Name(s)	Proof of Claim Number	Type of Claim
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Modified Plan: Only complete this section if this is a modified plan after confirmation.**

**Sections of the Plan that have been modified (list):**

Plan Section(s)	Modification(s) (Describe)

If your plan modification affects all creditors of a certain class (secured, priority or unsecured non-priority) check each class of creditors affected. If the changes above affect only individual creditors, list each below.

All Creditors (check all that apply):

- secured
- priority
- unsecured, non-priority

The modification affects individual creditors. List each below.

Creditor Name(s)	Proof of Claim Number	Type of Claim

## I.

## NOTICES

To Debtors: Plans that do not comply with local rules and judicial rulings may not be confirmable. All plans, amended plans and modified plans shall be served upon all creditors by the Debtor and a certificate of service shall be filed with the Clerk.

"Collateral" as used in this Chapter 13 Plan means the property securing a claim.

If the Debtor intends to determine the secured status of a claim pursuant to 11 U.S.C. § 506, or if the Debtor intends to avoid the fixing of a lien that impairs the Debtor's exemption pursuant to 11 U.S.C. § 522(f), then the Debtor must do two things: (1) indicate the Debtor's intention in this Chapter 13 Plan in the space below; and (2) file a separate motion pursuant to 11 U.S.C. § 506 or 11 U.S.C. § 522(f) following the Contested Matter Procedure or local rules adopted after December 1, 2017. If a separate motion is not filed then the Debtor will not be entitled to relief pursuant to 11 U.S.C. § 506 or 11 U.S.C. § 522(f).

The Debtor must check the appropriate box (Included or Not Included) in the chart below. If an item is checked as "Not Included," or if both boxes are checked, the provision will be ineffective if later set out in this Chapter 13 Plan.

The valuation of a secured claim pursuant to 11 U.S.C. § 506, set out in Section 3.2, which may result in a partial payment or no payment at all to the secured creditor.	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest pursuant to 11 U.S.C. § 522(f), set out in Section 3.3.	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
Assumption or rejection of executory contracts or unexpired leases pursuant to 11 U.S.C. § 365, set out in Section VI.	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included

To Creditors: Your rights may be affected by this Chapter 13 Plan. **You must file a timely proof of claim in order to be paid.** See Fed.R.Bankr.P. 3002. Your claim may be modified or eliminated. You should read this Chapter 13 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 Chapter 13 Plan's treatment of your claim or any provision of this Chapter 13 Plan, you or your attorney must file an objection to confirmation **no later than 7 days before the date set for confirmation of the Chapter 13 Plan**, unless otherwise ordered by the Bankruptcy Court. The Bankruptcy Court may confirm this Chapter 13 Plan without further notice if no objection to confirmation is filed. See Fed.R.Bankr.P. 3015.

This Chapter 13 Plan does not allow claims. The fact that your claim is classified in this Chapter 13 Plan does not mean that you will receive payment.

To All  
Parties:

The Chapter 13 Plan contains no non-standard provisions other than those set out in Section VII. The Debtor must check one box in the chart below indicating whether any non-standard provision is Included or Not Included in Section VII of this Chapter 13 Plan.

Non-standard provisions, set out in Section VII.	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
--	-----------------------------------	---------------------------------------

## II. PLAN PAYMENTS AND LENGTH OF PLAN

The Debtor shall submit all or such portion of future earnings or other future income of the Debtor to the supervision and control of the Chapter 13 Standing Trustee as is necessary for the execution of this Chapter 13 Plan as required by 11 U.S.C. § 1322(a)(1). Payments by the Debtor will be made as set forth in this Section II. Debtor(s) shall make the first Plan payment no later than thirty [30] days after the date the Petition was filed.

### 2.1 Payments to Chapter 13 Standing Trustee.

Is this a modified plan?  Yes  No

As of the date of filing this Modified Chapter 13 Plan, the Debtor has paid \$   
to the Chapter 13 Standing Trustee over the previous  months.

The Debtor will make equal monthly payments to the Chapter 13 Standing Trustee as follows:

\$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>	per month for <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span> months. Total \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>
\$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>	per month for <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span> months. Total \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>
\$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>	per month for <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span> months. Total \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>

If fewer than 60 months of payments are specified, additional monthly payments may be made to the extent necessary to make the payments to creditors specified in this Chapter 13 Plan.

### 2.2 Source of Payments to the Chapter 13 Standing Trustee.

All plan payments must be made in the form of certified check, bank check, money order, or electronically via [www.tfsbillpay.com](http://www.tfsbillpay.com).

*Check all that apply.*

The Debtor will make payments pursuant to a payroll deduction order.

Fill in employer information for payroll deduction:

Employer Name:

Employer Address:

Employee Identification No:

(Note: Redact SSN so only last 4 digits appear)

The Debtor will make payments directly to the Chapter 13 Standing Trustee electronically or at the following address (include case number on payment):

Roberta Napolitano, Chapter 13 Standing Trustee

PO Box 610

Memphis, TN 38101-0610

### **2.3 Income Tax Refunds.**

*Check one.*

The Debtor will retain any income tax refunds received during the plan term. Note the Chapter 13 Standing Trustee may reduce the Debtor's deduction for payment of taxes in calculating disposable income if this option is selected.

The Debtor will supply the Chapter 13 Standing Trustee with a copy of each income tax return filed during the plan term within 14 days after filing the return and will turn over to the Chapter 13 Standing Trustee all income tax refunds received during the Chapter 13 Plan term.

The Debtor will treat income tax refunds as follows:

### **2.4 Additional Payments.**

*Check one.*

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

The Debtor will make additional payment(s) to the Chapter 13 Standing Trustee from other sources, as specified below. Describe the source, estimated amount, and date of each anticipated payment.

Source:	<input type="text"/>	Est. Amount \$:	<input type="text"/>	Date:	<input type="text"/>
Source:	<input type="text"/>	Est. Amount \$:	<input type="text"/>	Date:	<input type="text"/>
Source:	<input type="text"/>	Est. Amount \$:	<input type="text"/>	Date:	<input type="text"/>

## **2.5 Estimated Total Payments.**

The estimated total payments to be made by the Debtor under this Chapter 13 Plan to the Chapter 13 Standing Trustee is:

\$

## **2.6 Order of Payments to Creditors by the Chapter 13 Standing Trustee**

Payments by the Chapter 13 Standing Trustee to classes of claims shall be made in the following order:

The Chapter 13 Standing Trustee shall make payments from the funds received from the Debtor pursuant to this Chapter 13 Plan until satisfaction of all costs of administration, all claims entitled to priority under 11 U.S.C. § 507, the present value of all allowed secured claims, and payments to unsecured creditors as provided in this Chapter 13 Plan.

## **III.**

## **TREATMENT OF SECURED CLAIMS**

### **3.1 Secured Claims That Will Not Be Modified.**

Secured claims that will not be subject to a valuation motion pursuant to 11 U.S.C. § 506, or to avoidance pursuant to 11 U.S.C. § 522(f), shall be described in this section.

Check all that apply.

- None. *If "None" is checked, the rest of this subpart need not be completed or reproduced.*
- There are secured claims where an arrearage will be paid ("cured") through this Chapter 13 Plan and current post-petition payments will be paid ("maintained") by the Debtor. Under a "cure and maintain" plan, the Chapter 13 Trustee will disburse funds paid into this Chapter 13 Plan to cure a pre-petition arrearage. Separately, the Debtor will make regular monthly payments directly to the creditor to maintain post-petition amounts due.
- There are secured claims that will be paid in full through this Chapter 13 Plan.
- There are secured claims treated in this Chapter 13 Plan that are not going to be modified.

1. Creditor:

Last 4 Digits of Account No.:

Proof of Claim No.:

- If the Plan proposes to cure and maintain a secured claim:

Arrearage to be paid through the Plan (Cure): \$

Regular Payment (Maintain) made directly by Debtor: \$  /month

- If the Plan proposes to pay the balance of the secured claim through the Plan:

Entire balance on Petition Date to be paid through the Plan: \$

Interest Rate on Balance:

- If there are secured claims that are not going to be modified:

Payment to be made directly to the Creditor by the Debtor \$  /month.

Real Property

Principal Residence

Other (describe)

Address of Collateral:

Check below regarding real property taxes and insurance:

Mortgage payments include escrow for:

Real estate taxes

Homeowners Insurance

Debtor pays directly for:

Real estate taxes

Homeowners Insurance

Personal Property/Vehicle

Description of Collateral (include first digit and last four digits of VIN# for any vehicle):  -

\*Note: Amounts set forth in this section are estimates subject to reasonable adjustment.

2. Creditor:

Last 4 Digits of Account No.:

Proof of Claim No.:

If the Plan proposes to cure and maintain a secured claim:

Arrearage to be paid through the Plan (Cure): \$

Regular Payment (Maintain) made directly by Debtor: \$  /month

If the Plan proposes to pay the balance of the secured claim through the Plan:

Entire balance on Petition Date to be paid through the Plan: \$

Interest Rate on Balance:

If there are secured claims that are not going to be modified:

Payment to be made directly to the Creditor by the Debtor \$  /month.

Real Property

Principal Residence

Other (describe)

Address of Collateral:

Check below regarding real property taxes and insurance:

Mortgage payments include escrow for:

Real estate taxes

Homeowners Insurance

Debtor pays directly for:

Real estate taxes

Homeowners Insurance

Personal Property/Vehicle

Description of Collateral (include first digit and last four digits of VIN# for any vehicle):  -

\*Note: Amounts set forth in this section are estimates subject to reasonable adjustment.

3. Creditor:

Last 4 Digits of Account No.:

Proof of Claim No.:

If the Plan proposes to cure and maintain a secured claim:

Arrearage to be paid through the Plan (Cure): \$

Regular Payment (Maintain) made directly by Debtor: \$  /month

If the Plan proposes to pay the balance of the secured claim through the Plan:

Entire balance on Petition Date to be paid through the Plan: \$

Interest Rate on Balance:

If there are secured claims that are not going to be modified:

Payment to be made directly to the Creditor by the Debtor \$  /month.

Real Property

Principal Residence

Check below regarding real property taxes and insurance:

Other (describe)

Mortgage payments include escrow for:

Real estate taxes

Homeowners Insurance

Address of Collateral:

Debtor pays directly for:

Real estate taxes

Homeowners Insurance

Personal Property/Vehicle

Description of Collateral (include first digit and last four digits of VIN# for any vehicle):  -

\*Note: Amounts set forth in this section are estimates subject to reasonable adjustment.

Unless otherwise ordered by the Court, the amounts listed on a proof of claim filed before the filing deadline under Fed.R.Bankr.P. 3002(c) control over any contrary amounts listed above as to the current installment payment and arrearage. In the absence of a contrary, timely filed proof of claim, the amounts stated above are controlling. If relief from the automatic stay is ordered as to any item of Collateral listed in this Section, then, unless otherwise ordered by the Court, all payments under this paragraph by the Chapter 13 Standing Trustee as to that Collateral will cease, and all secured claims based on that Collateral will no longer be treated by this Chapter 13 Plan.

The Debtor shall pay current real property taxes, personal property taxes, and insurance for property (Collateral) to be retained prior to and after confirmation of any Chapter 13 Plan.

### **3.2. Secured Claims Subject to Valuation Motion.**

- None.** If "None" is checked, the rest of this subpart need not be completed or reproduced.
- The Debtor intends to seek an order of the Bankruptcy Court valuing a claim pursuant to 11 U.S.C. § 506.

### **Secured Claims that are Subject to a Separate Motion or Adversary Proceeding Based on Valuation.**

Valuations under 11 U.S.C. § 506 may be sought to determine how a secured creditor's claim will be treated in a chapter 13 plan. This Chapter 13 Plan does not value claims. To value a claim pursuant 11 U.S.C. § 506, the Debtor must file and serve a separate motion pursuant to Fed.R.Bankr.P. 3012, 7004 and 9014(b). Any other form of relief sought by a debtor, including a determination of the extent, validity, and/or priority of a secured creditor's lien, must be determined in an adversary proceeding pursuant to Fed.R.Bankr.P. 7001.

The information provided below is for information purposes only, and the Debtor's valuation stated herein is subject to change, without the need to modify this Chapter 13 Plan, based on the resolution of any motion or adversary proceeding on valuation. The amount of the creditor's claim in excess of the valuation determined by the Court for the Collateral shall be treated with other general unsecured claims and paid *pro rata* provided that the creditor timely files a proof of claim.

The Debtor intends to file a motion requesting that the Court determine the value of the secured claims listed below. For each non-governmental secured claim listed below, the Debtor states that the value of the secured claim should be as set out below. For secured claims of governmental units, unless otherwise ordered by the Court, the value of a secured claim listed in a proof of claim controls over any contrary amount listed below. For each listed claim, the value of the secured claim as determined by the Court will be paid in full with interest at the rate stated below, upon an order of the Court on the Debtor's Motion.

The portion of any allowed claim that exceeds the amount of the secured claim will be treated as an unsecured claim under Section V of this Chapter 13 Plan. 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 Section V of this Chapter 13 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 will retain the lien on the Collateral of the Debtor or the estate(s) until the earlier of:

- (a) payment of the underlying debt determined under nonbankruptcy law, or
- (b) discharge of the underlying debt under 11 U.S.C. § 1328, at which time the lien will terminate.

#### **1. Real Property: NONE**

1. Creditor:  <input type="text"/>	Creditor's Total Claim Amount:  <input type="text"/>	<b><u>Proposed Secured Claim Amount</u></b>  Total Secured Claim to be treated in this Chapter 13 Plan:  <input type="text"/>
Last 4 Digits of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account No.:  Real Property <input type="checkbox"/> Principal Residence <input type="checkbox"/> Other (describe)	Value of Collateral:  <input type="text"/>	

<p>Address of Collateral:</p> <p> </p>	<p>Secured Portion of Creditor's Lien:</p> <p> </p> <p>Interest Rate: <input type="text"/></p> <p>Is the Unsecured Portion of Creditor's Claim being treated in this Plan?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Unsecured Portion of Creditor's claim:</p> <p> </p>	<p>If claim is for taxes, list principal amount of tax:</p> <p> </p>
<p>2. Creditor:</p> <p> </p> <p>Last 4 Digits of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account No.:</p> <p>Real Property</p> <p><input type="checkbox"/> Principal Residence</p> <p><input type="checkbox"/> Other (describe)  </p> <p>Address of Collateral:</p> <p> </p>	<p>Creditor's Total Claim Amount:</p> <p> </p> <p>Value of Collateral:</p> <p> </p> <p>Secured Portion of Creditor's Lien:</p> <p> </p> <p>Interest Rate: <input type="text"/></p> <p>Is the Unsecured Portion of Creditor's Claim being treated in this Plan?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Unsecured Portion of Creditor's claim:</p> <p> </p>	<p><b><u>Proposed Secured Claim Amount</u></b></p> <p>Total Secured Claim to be treated in this Chapter 13 Plan:</p> <p> </p> <p>If claim is for taxes, list principal amount of tax:</p> <p> </p>
<p>3. Creditor:</p> <p> </p> <p>Last 4 Digits of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account No.:</p> <p>Real Property</p> <p><input type="checkbox"/> Principal Residence</p> <p><input type="checkbox"/> Other (describe)  </p> <p>Address of Collateral:</p> <p> </p>	<p>Creditor's Total Claim Amount:</p> <p> </p> <p>Value of Collateral:</p> <p> </p> <p>Secured Portion of Creditor's Lien:</p> <p> </p> <p>Interest Rate: <input type="text"/></p>	<p><b><u>Proposed Secured Claim Amount</u></b></p> <p>Total Secured Claim to be treated in this Chapter 13 Plan:</p> <p> </p> <p>If claim is for taxes, list principal amount of tax:</p> <p> </p>

Address of Collateral: <input type="text"/>	Is the Unsecured Portion of Creditor's Claim being treated in this Plan? <input type="checkbox"/> Yes* <input type="checkbox"/> No Unsecured Portion of Creditor's claim: <input type="text"/>	
*Unsecured portion will be treated in Section IV or V, as appropriate.		

**2. Vehicles:**  NONE

1. Creditor: <input type="text"/> Last 4 Digits of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account No.: Check one below: <input type="checkbox"/> Claim incurred 910 days or more pre-petition <input type="checkbox"/> Claim incurred less than 910 days pre-petition	Value of Collateral: <input type="text"/> Value of Creditor's Lien: <input type="text"/> Interest Rate: <input type="text"/> Description of Collateral (include first digit and last four digits of VIN# for any vehicle): <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Is the Unsecured Portion of Creditor's Claim being treated in this Plan? <input type="checkbox"/> Yes* <input type="checkbox"/> No Unsecured Portion of Creditor's claim: <input type="text"/>	<b>Payment</b> Total Secured Claim to be treated in this Chapter 13 Plan: <input type="text"/> If claim is for taxes, list principal amount of tax: <input type="text"/>
2. Creditor: <input type="text"/> Last 4 Digits of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account No.: Check one below: <input type="checkbox"/> Claim incurred 910 days or more pre-petition <input type="checkbox"/> Claim incurred less than 910 days pre-petition	Value of Collateral: <input type="text"/> Value of Creditor's Lien: <input type="text"/> Interest Rate: <input type="text"/> Description of Collateral (include first digit and last four digits of VIN# for any vehicle):	<b>Payment</b> Total Secured Claim to be treated in this Chapter 13 Plan: <input type="text"/> If claim is for taxes, list principal amount of tax: <input type="text"/>

	<p style="text-align: center;">□ - □□□□</p> <p>Is the Unsecured Portion of Creditor's Claim being treated in this Plan?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Unsecured Portion of Creditor's claim:</p> <p style="text-align: center;">□ - □□□□</p> <p>*Unsecured portion will be treated in Section IV or V, as appropriate.</p>	
<p><b>3. Creditor:</b></p> <p style="text-align: center;">□ - □□□□</p> <p>Last 4 Digits of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account No.:</p> <p>Check one below:</p> <p><input type="checkbox"/> Claim incurred 910 days or more pre-petition</p> <p><input type="checkbox"/> Claim incurred less than 910 days pre-petition</p>	<p>Value of Collateral:</p> <p style="text-align: center;">□ - □□□□</p> <p>Value of Creditor's Lien:</p> <p style="text-align: center;">□ - □□□□</p> <p>Interest Rate: <input type="text"/></p> <p>Description of Collateral (include first digit and last four digits of VIN# for any vehicle):</p> <p style="text-align: center;">□ - □□□□</p> <p>Is the Unsecured Portion of Creditor's Claim being treated in this Plan?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Unsecured Portion of Creditor's claim:</p> <p style="text-align: center;">□ - □□□□</p> <p>*Unsecured portion will be treated in Section IV or V, as appropriate.</p>	<p><b>Payment</b></p> <p>Total Secured Claim to be treated in this Chapter 13 Plan:</p> <p style="text-align: center;">□ - □□□□</p> <p>If claim is for taxes, list principal amount of tax:</p> <p style="text-align: center;">□ - □□□□</p>

**3. Personal Property:**  NONE

<p><b>1. Creditor:</b></p> <p style="text-align: center;">□ - □□□□</p> <p>Last 4 Digits of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account No.:</p> <p>Check one below:</p> <p><input type="checkbox"/> Claim incurred one (1) year or more pre-petition.</p>	<p>Value of Collateral:</p> <p style="text-align: center;">□ - □□□□</p> <p>Value of Creditor's Lien:</p> <p style="text-align: center;">□ - □□□□</p> <p>Interest Rate: <input type="text"/></p> <p>Description of Collateral:</p> <p style="text-align: center;">□ - □□□□</p>	<p><b>Payment</b></p> <p>Total Secured Claim to be treated in this Chapter 13 Plan:</p> <p style="text-align: center;">□ - □□□□</p> <p>If claim is for taxes, list principal amount of tax:</p> <p style="text-align: center;">□ - □□□□</p>
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<input type="checkbox"/> Claim incurred less than one (1) year post-petition.	Is the Unsecured Portion of Creditor's Claim being treated in this Plan? <input type="checkbox"/> Yes* <input type="checkbox"/> No Unsecured Portion of Creditor's claim: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> *Unsecured portion will be treated in Section IV or V, as appropriate.	
<b>2. Creditor:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Last 4 Digits of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account No.:	Value of Collateral: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Value of Creditor's Lien: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Interest Rate: <input type="text"/> Description of Collateral: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Is the Unsecured Portion of Creditor's Claim being treated in this Plan? <input type="checkbox"/> Yes* <input type="checkbox"/> No Unsecured Portion of Creditor's claim: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> *Unsecured portion will be treated in Section IV or V, as appropriate.	<b>Payment</b> Total Secured Claim to be treated in this Chapter 13 Plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> If claim is for taxes, list principal amount of tax: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>3. Creditor:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Last 4 Digits of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account No.:	Value of Collateral: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Value of Creditor's Lien: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Interest Rate: <input type="text"/> Description of Collateral: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Is the Unsecured Portion of Creditor's Claim being treated in this Plan? <input type="checkbox"/> Yes* <input type="checkbox"/> No	<b>Payment</b> Total Secured Claim to be treated in this Chapter 13 Plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> If claim is for taxes, list principal amount of tax: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

	Unsecured Portion of Creditor's claim:  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
	*Unsecured portion will be treated in Section IV or V, as appropriate.	

### 3.3 Secured Claims Subject To Avoidance (11 U.S.C. § 522(f)).

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

The Debtor is seeking to avoid the fixing of judicial liens pursuant to 11 U.S.C. § 522(f). Judicial liens or nonpossessory, nonpurchase money security interests securing the claims may be avoided to the extent that they impair the exemptions under 11 U.S.C. § 522(f) as listed below. A separate motion must be filed and served pursuant to Fed.R.Bankr.P. 7004 and applicable local rules.

To avoid liens pursuant to 11 U.S.C. § 522(f), the Debtor must file and serve a separate motion on the affected creditor(s) pursuant to Fed.R.Bankr.P. 3012, 7004 and 9014(b). The Debtor may at a later date seek to avoid a judicial lien held by a creditor not listed below. The details below are provided for informational purposes only, and are subject to change, without the need to modify this Chapter 13 Plan, based on the resolution of the Debtor's motion to avoid lien. The amount of the creditor's avoided lien, if any, shall be treated with other general unsecured claims and paid *pro rata* provided that the creditor timely files a proof of claim. The amount of the judicial lien or security interest that is avoided will be treated as an unsecured claim in Section IV or V as applicable, to the extent allowed. The amount, if any, of the judicial lien or security interest that is not avoided will be paid in full as a secured claim under this Chapter 13 Plan. *See*, 11 U.S.C. § 522(f) and Fed.R.Bankr.P. 4003(d). The Debtor discloses the intention to avoid liens held by the following creditors.

<p>1. Creditor:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Last 4 Digits of Account No.: <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span></p> <p>Total Amount of Creditor's Claim:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Collateral:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Basis for exemption:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Amount of exemption that could be claimed:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Amount of Claim to be treated as unsecured claim:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>2. Creditor:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Last 4 Digits of Account No.: <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span></p> <p>Total Amount of Creditor's Claim:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Collateral:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Basis for exemption:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Amount of exemption that could be claimed:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Amount of Claim to be treated as unsecured claim:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

3. Creditor:	Collateral:
Last 4 Digits of Account No.: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span>	Basis for exemption:
Total Amount of Creditor's Claim: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span>	Amount of exemption that could be claimed: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span>
	Amount of Claim to be treated as unsecured claim: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span>

#### **3.4 Surrender of Collateral.**

- None.** If "None" is checked, the rest of this subpart need not be completed or reproduced.
- The Debtor elects to surrender to each creditor listed below the Collateral identified.

The Debtor hereby requests that upon the entry of an order confirming this Chapter 13 Plan, the stay provided in 11 U.S.C. §§ 362(a) and 1301(a) be terminated as to the Collateral surrendered to each creditor listed below. See, Fed. R. Bankr. P. 3015.1(d)(4) and 3015(g)(2).

<u>Name of Creditor</u>	<u>Last 4 Digits of Account No.</u>	<u>Description of Collateral (Address, Vehicle, etc.)</u>
1. <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span>
2. <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span>
3. <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span>

### **IV. TREATMENT OF FEES AND PRIORITY CLAIMS [as defined in 11 U.S.C. § 507 and 11 U.S.C. § 1322(a)(4)]**

#### **4.1 Applicability Of Post-Petition Interest.**

The Chapter 13 Standing Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in Section 4.4, will be paid in full without post-petition interest. If the court determines the Debtor is solvent or is to be treated as solvent under this Chapter 13 Plan, the Court may order post-petition interest be paid on claims.

If this Chapter 13 Plan proposes to pay post-petition interest on priority claims because the Debtor is being treated as if he or she were solvent, then interest shall be paid, if applicable, as follows: 18% interest per annum to creditors holding priority and general unsecured, municipal tax claims; 12% interest per annum to the State of Connecticut Department of Revenue Service's priority and general unsecured state tax claims; and, \_\_\_\_\_% interest per annum to the Internal Revenue Service's priority and general unsecured federal tax claims.

#### **4.2 Trustee's Fees.**

The Chapter 13 Standing Trustee's fees are governed by statute and may change during the course of the case but are estimated to be 10% of plan payments.

#### **4.3 Administrative Attorney's Fees.** PRO BONO

An attorney representing a Chapter 13 Debtor is required to file Form B2030, Disclosure of Compensation of Attorney for Debtor, pursuant to Fed.R.Bankr.P. 2016(b).

Is this a modified plan?  Yes  No

Total Fees:	Total Expenses:	Paid Prior to Confirmation:	Balance Due:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Allowance Sought:  (Fees and Expenses)

Payable	[Check one]	<input type="checkbox"/> Through this Chapter 13 Plan
		<input type="checkbox"/> Outside of this Chapter 13 Plan
Payable	[Check one]	<input type="checkbox"/> Through this Chapter 13 Plan
		<input type="checkbox"/> Outside of this Chapter 13 Plan
Payable	[Check one]	<input type="checkbox"/> Through this Chapter 13 Plan
		<input type="checkbox"/> Outside of this Chapter 13 Plan

If the total of the Debtor's attorney's fees prior to entry of a confirmation order is \$6,000.00 or less, exclusive of costs, the filing of an itemized application for compensation pursuant to 11 U.S.C. § 330 shall be excused unless otherwise ordered by the Court. Local Bankr. R. 2016-2(b). If the total of the Debtor's attorney's fees prior to entry of a confirmation order is more than \$6,000.00, exclusive of costs, the filing of an itemized application for compensation pursuant to 11 U.S.C. § 330 is required.

#### **4.4 Domestic Support Obligation(s).**

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

The allowed priority claims listed below are based on domestic support obligations, including domestic support obligations that have been assigned to or are 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).

There are domestic support obligations.

If this Chapter 13 Plan proposes less than full payment of a domestic support obligation then payments in this section shall be for a term of 60 months. See, 11 U.S.C. § 1322(a)(4). If the Debtor has domestic support obligations, use only the initials of minor children and do not list confidential information.

1. Name of Creditor:	<input type="text"/>
Proof of Claim Number:	<input type="text"/>
<input type="checkbox"/> Current and paid outside of this Chapter 13 Plan.	
<input type="checkbox"/> Not Current, and to be paid under this Plan as follows:	
2. Name of Creditor:	<input type="text"/>
Proof of Claim Number:	<input type="text"/>
<input type="checkbox"/> Current and paid outside of this Chapter 13 Plan.	
<input type="checkbox"/> Not Current, and to be paid under this Plan as follows:	

3. Name of Creditor:

Proof of Claim Number:

Current and paid outside of this Chapter 13 Plan.

Not Current, and to be paid under this Plan as follows:

#### **4.5 Priority Claims.**

**None.** *If “None” is checked, the rest of this subpart need not be completed or reproduced.*

This Chapter 13 Plan may provide for less than full payment of all claims entitled to priority under 11 U.S.C. § 507(a)(1)(b) only if the Chapter 13 Plan provides that all of the Debtor's projected disposable income for a 5-year period beginning on the date that the first payment is due under this Chapter 13 Plan will be applied to make payments under the Chapter 13 Plan. This Chapter 13 Plan treats claims entitled to priority pursuant to 11 U.S.C. § 507 and 11 U.S.C. § 1322(a)(4), as follows:

1. Name of Creditor:

Proof of Claim Number:

Total Due:

Amount of Principal Due:

Amount of Interest Due:

Interest to be Paid Through Chapter 13 Plan?  Yes  No Interest Rate:

2. Name of Creditor:

Proof of Claim Number:

Total Due:

Amount of Principal Due:

Amount of Interest Due:

Interest to be Paid Through Chapter 13 Plan?  Yes  No Interest Rate:

3. Name of Creditor:

Proof of Claim Number:

Total Due:

Amount of Principal Due:

Amount of Interest Due:

Interest to be Paid Through Chapter 13 Plan?  Yes  No Interest Rate:

#### **5.1. Unsecured Non-Priority Claims, Dividend To Be Paid.**

**None.** *If “None” is checked, the rest of this subpart need not be completed or reproduced.*

Percentage Plan. Through this Chapter 13 Plan the Debtor proposes to pay a dividend of

over a period of  months

to allowed unsecured, non-priority creditors holding claims totaling .

Fixed Contribution Plan. Through this Chapter 13 Plan the Debtor proposes to pay a total of

over a period of  months

to allowed unsecured, non-priority claims on a pro rata basis. The distribution to creditors holding unsecured, non-priority claims under a fixed contribution plan shall not be less than the amount that would be paid on such claim if the estate of the debtor were liquidated under Chapter 7 pursuant to Bankruptcy Code § 1325(a)(4).

If the Debtor is being treated as solvent under this Chapter 13 Plan (so that unsecured creditors receive 100% of their claims plus interest), the interest rate to be paid to unsecured, non-tax claims is the Federal Judgment Interest rate as defined by 28 U.S.C. § 1961, on the date the Order Confirming Chapter 13 Plan is entered on the docket.

## VI.

## EXECUTORY CONTRACTS AND UNEXPIRED LEASES

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

The Debtor is seeking to assume or reject executory contracts or unexpired leases in this Plan pursuant to 11 U.S.C. § 365. The details of the executory contract and/or unexpired lease the Debtor is seeking to assume and/or reject is set forth below.

**Assumed Contracts or Leases.** The Debtor shall make current installment payments or lease payments as specified below, subject to any contrary Court order or rule. Arrearage payments will be disbursed by the Chapter 13 Standing Trustee pursuant to the confirmation order.

Name of Creditor	Description of Leased Property or Executory Contract	Current Installment Payment	Amount of Arrearage to be Paid	Treatment of Arrearage (Refer to Other Plan Section if Applicable)
<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	<input type="checkbox"/>
Proof of Claim Number: <input type="checkbox"/>		To be paid by Debtor.	To be disbursed by Trustee.	
<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	<input type="checkbox"/>
Proof of Claim Number: <input type="checkbox"/>		To be paid by Debtor.	To be disbursed by Trustee.	
<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	<input type="checkbox"/>
Proof of Claim Number: <input type="checkbox"/>		To be paid by Debtor.	To be disbursed by Trustee.	

**Rejected Contracts or Leases**

Name of Creditor	Description of Leased Property or Executory Contract	Estimated Claim to Be Treated in Section V

**Notice of Proof of Claim Bar Date:**

The counter-party to a rejected contract or rejected lease shall file a proof of claim within thirty (30) days after entry of an order confirming this Chapter 13 Plan.

**VII**

**NON-STANDARD PLAN PROVISIONS**

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

Non-standard provisions must be set forth below, or in an attachment. A non-standard provision is a provision not otherwise included in the Local Form Chapter 13 Plan or deviating from it. Non-standard provisions set out elsewhere in this Chapter 13 Plan are void.

**VIII.**

**VESTING OF PROPERTY**

**In accordance with 11 U.S.C. § 1327(b), property of the estate will vest in the Debtor(s) upon**

*Check the applicable box:*

- plan confirmation.
- entry of discharge.
- other:

CONTINUED ON NEXT PAGE

## DEBTOR(S) DECLARATION

I declare that the information set forth in the foregoing Chapter 13 Plan is true and correct and is sworn to under penalty of perjury. **By signing and filing this document each Debtor certifies that the wording and order of the provisions in this Chapter 13 Plan are identical to those contained in the Connecticut Local Form Chapter 13 Plan and that this Chapter 13 Plan contains no non-standard provisions other than those set out in Section VII.**

Debtor (Signature)

Debtor (Type Name)

Date

Joint Debtor (Signature)

Joint Debtor (Type Name)

Date

Attorney with permission to  
sign on Debtor's behalf

Date

[Note: Each attorney signature on this document is subject to Fed.R.Bankr.P. 9011.]

Note: An original document with the Debtor's inked signature must be maintained by Debtor's attorney.

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF CONNECTICUT**

**Certificate of Service for Chapter 13 Plan(s) and Notices of Hearing**

**Fill in this information to identify your case:**

Debtor 1*	First Name	Middle Name
-----------	------------	-------------

Debtor 2*	First Name	Middle Name
-----------	------------	-------------

Spouse, if filing

Case number

(If known)

\*For purposes of this Chapter 13 Plan, "Debtor" means "Debtors" where applicable.

This Certificate of Service should be used in connection with the service of Chapter 13 Plans (initial, amended, or modified) and Notices of Chapter 13 Plan Confirmation Hearings or Notices of Hearing Regarding Motions to Modify Confirmed Plans in accordance with Interim Local Bankruptcy Rule 3015-2(c) and (d).

I hereby certify that true and correct copies of the following document(s) were served pursuant to Fed. R. Bankr. P. 2002(a), and (b), 3015(d), and Local Bankruptcy Rule 3015-2(c) and (d), in the manner stated below. Check all that apply:

<input type="checkbox"/> Initial Chapter 13 Plan	ECF#: <input type="text"/>	<input type="checkbox"/> Notice of Chapter 13 Plan Confirmation Hearing	ECF#: <input type="text"/>
<input type="checkbox"/> <input type="text"/> Amended Chapter 13 Plan (Indicate 1st, 2nd, etc.)	ECF#: <input type="text"/>	<input type="checkbox"/> Notice of Hearing on Motion to Modify Plan	ECF#: <input type="text"/>
<input type="checkbox"/> Motion to Modify a Confirmed Chapter 13 Plan	ECF#: <input type="text"/>	<input type="checkbox"/> Modified Chapter 13 Plan	ECF#: <input type="text"/>

**1. SERVED VIA NOTICE OF ELECTRONIC FILING (NEF):** Pursuant to this Court's Administrative Procedures for Electronic Case Filing (Appendix A), the foregoing documents will be or were served using the Court's CM/ECF system via NEF with an embedded hyperlink to the documents. On (date) \_\_\_\_\_, I will confirm the CM/ECF docket for this bankruptcy case and will confirm that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

Service information continued on attached page

**2. SERVED BY UNITED STATES MAIL:**

On (date) \_\_\_\_\_, I served the following persons and/or entities at the last known addresses in this bankruptcy case by placing a true and correct copy of the foregoing documents in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows:

Service information continued on attached page

**3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL** (state method for each person or entity served): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (date) \_\_\_\_\_, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email with the foregoing documents as follows:

Service information continued on attached page

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Date	Printed Name	Signature

**The List of Creditors should be in the following format and contain the full name and address for each creditor. An attention line as shown below must be added If the creditor is a business or financial institution.**

**Please see the following examples:**

Better Carpet Cleaner  
Attn: Officer or President  
PO Box 982236  
El Paso, TX 79998

Miller Hatch Corporation  
Attn: Officer  
PO Box 30253  
Salt Lake City, UT 84130

Molly Mortgage Bank  
Attn: Officer  
PO Box 15298  
Wilmington, DE 19850

David Farris  
29 Boxwood Lane  
St. Louis MO 63179