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**OFFICE USE ONLY**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHAPTER 7 13 EXEMPTION FED STATE RETAINER FEE $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ TO FILE BALANCE DUE $\_\_\_\_\_\_\_\_\_\_**

**REFERRED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT & LAST 3 YEARS TAXES Y N YEARS \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_**

**LAST 6 MONTHS PROOF OF INCOME Y N**

**LAST 60 DAYS PROOF OF INCOME Y N**

**MEANS TEST Y N ABOVE MEDIAN BELOW MEDIAN**

**Client Questionnaire**

**Section 1 - Basic Information**

**Part A. Name and Address**

Name:

Last First Middle

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

***If yes, please list other names used:***

Telephone Numbers\Email address:

Home:

Work:

Cell:

Email:

Social Security Number:    -   -

Address:

City: State: Zip: County:

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

**If you answered no** to either of the questions above, please list your previous address:

Address:

City: State: Zip: County:

If you have a different mailing address, please list:

Mailing Address:

City: State: Zip: County:

**Part B. Name and Address of Spouse**

Name:

Last First Middle

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

***If yes, please list other names used:***

Telephone Numbers\Email address:

Home:

Work:

Cell:

Email:

Social Security Number:    -   -

Address:

City: State: Zip: County:

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

**If you answered no** to either of the questions above, please list your previous address:

Address:

City: State: Zip: County:

**Part C. Prior and/or Pending Bankruptcy Cases**

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

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

Case Number:

Date Filed:

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

**If yes**, name of debtor:

Relationship to you:

Case Number:

Date Filed:

District (If known):

Judge (If known):

**Part D. Debtors who reside as Tenants of Residential Property**

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

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

Name:

Address:

City: State: Zip:

**Section 2  Property**

**Part A. Real Estate (Schedule A)**

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address and description of property | Owned by Husband, Wife, Joint or Community | Value | Your % ownership, or $ amount, if you and spouse are not sole owners | **List all mortgages, home equity loans, and liens:**  What is the $ value of the  loan, lien or mortgage? What is your monthly payment? How many payments are left? | Who issued the lien, loan or mortgage? (Name, Address of Institution) | **Office Use Only**  Exemptions? |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |

**Part B. Personal Property (Schedule B)**

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

| Type of Property | Yes/ No | Description & Location | Husband, Wife, Joint, Community | Value | **Office Use Only**  Exemptions? |
| --- | --- | --- | --- | --- | --- |
| 1. Cash on hand |  |  |  |  |  |
| 2. Checking/Savings Account, Certificates of deposit, other bank accounts |  |  |  |  |  |
| 3. Security deposits held by utility companies, landlord |  |  |  |  |  |
| 4. Household goods, furniture, including audio, video, and computer equipment |  |  |  |  |  |
| 5. Books, pictures, art objects, records, compact discs, collectibles |  |  |  |  |  |
| 6. Clothing |  |  |  |  |  |
| 7. Furs and jewelry |  |  |  |  |  |
| 8. Sports, photographic, hobby equipment, firearms |  |  |  |  |  |
| 9. Interest in insurance policies-specify refund or cancellation value |  |  |  |  |  |
| 10. Annuities |  |  |  |  |  |
| 11. Interests in an education IRA, as defined in 26 USC § 530(b)(1) |  |  |  |  |  |
| 12. Interests in pension or profit sharing plans |  |  |  |  |  |
| 13. Stock and interests in incorporated/ unincorporated business |  |  |  |  |  |
| 14. Interests in partnerships/joint ventures |  |  |  |  |  |
| 15. Bonds |  |  |  |  |  |
| 16. Accounts receivable |  |  |  |  |  |
| 17. Alimony/family support to which you are entitled |  |  |  |  |  |
| 18. Other liquidated debts owed to you, including tax refunds |  |  |  |  |  |
| 19. Equitable or future interests or life estates |  |  |  |  |  |
| 20. Interests in estate of decedent or life insurance plan or trust |  |  |  |  |  |
| 21. Other contigent/ unliquidated claims, including tax refunds, counterclaims |  |  |  |  |  |
| 22. Patents, copyrights, other intellectual property |  |  |  |  |  |
| 23. Licenses, franchises |  |  |  |  |  |
| 24. Customer List or other compilation |  |  |  |  |  |
| 25. Automobiles, trucks, trailers, and accessories. |  |  |  |  |  |
| 26. Boats, motors, and accessories |  |  |  |  |  |
| 27. Aircraft and accessories |  |  |  |  |  |
| 28. Office equipment, supplies |  |  |  |  |  |
| 29. Machinery, fixtures etc. for business |  |  |  |  |  |
| 30. Inventory |  |  |  |  |  |
| 31. Animals |  |  |  |  |  |
| 32. Crops-growing or harvested |  |  |  |  |  |
| 33. Farming equipment and implements |  |  |  |  |  |
| 34. Farm supplies, chemicals, feed |  |  |  |  |  |
| 35. Other personal property of any kind not listed. |  |  |  |  |  |

**Section 3  Debts**

List below all debts that you owe, or that creditors claim that you owe.

| Type of Debt | 1. Creditor Name and Address  2. Account Number, if any  3. Date/range of dates when debt was incurred  4. Contact person's name and address, if different | Amount owed | Name and address of codebtor, if any  What is debt for?  Is debt secured by any property? (If so, please list monthly payment and number of months left.) | Do you dispute the debt? | **Office Use Only** | |
| --- | --- | --- | --- | --- | --- | --- |
| Sched D, E or F? | Lawsuit pending? Collection agency assigned? Counsel for creditor? |
| Home loans/ mortgages |  |  |  |  |  |  |
|
| Car loans |  |  |  |  |  |  |
| Other bank loans |  |  |  |  |  |  |
| Personal loans |  |  |  |  |  |  |
| Student loans |  |  |  |  |  |  |
| Major credit card debts (Visa, Am Ex, Mastercard, Discover) - *continue on next page, if necessary* |  |  |  |  |  |  |

| Type of Debt | 1. Creditor Name and Address  2. Account Number, if any  3. Date/range of dates when debt was incurred  4. Contact person's name and address, if different | Amount owed | Name and address of codebtor, if any  What is debt for?  Is debt secured by any property? (If so, please list monthly payment and number of months left.) | Do you dispute the debt? | **Office Use Only** | |
| --- | --- | --- | --- | --- | --- | --- |
| Sched D, E or F? | Lawsuit pending? Collection agency assigned? Counsel for creditor? |
| Unpaid credit  cards, (Visa, Am Ex, Mastercard, Discover) ***continued*** |  |  |  |  |  |  |
| Department store credit card debts |  |  |  |  |  |  |
| Other credit card debts (Gas cards, phone cards, etc.) |  |  |  |  |  |  |
| Unpaid medical bills |  |  |  |  |  |  |
| Unpaid utility bills |  |  |  |  |  |  |

| Type of Debt | 1. Creditor Name and Address  2. Account Number, if any  3. Date/range of dates when debt was incurred  4. Contact person's name and address, if different | Amount owed | Name and address of codebtor, if any  What is debt for?  Is debt secured by any property? (If so, please list monthly payment and number of months left.) | Do you dispute the debt? | **Office Use Only** | |
| --- | --- | --- | --- | --- | --- | --- |
| Sched D, E or F? | Lawsuit pending? Collection agency assigned? Counsel for creditor? |
| Unpaid rent |  |  |  |  |  |  |
| Unpaid taxes |  |  |  |  |  |  |
| Unpaid alimony or child support |  |  |  |  |  |  |
| Unpaid service fees |  |  |  |  |  |  |
| All other unpaid debts/bills |  |  |  |  |  |  |

**Section 4  Unexpired Leases and Contracts (Schedule G)**

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

|  |  |  |
| --- | --- | --- |
| Nature and Description of Contract | Name and Address of Other Party or Parties | Date that Contract Expires |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fill in this information to identify your case: | | | | | | | | |  |  |
|  | | | | | | | | |  |  |
| Debtor 1 |  |  | | | | | |  |  |  |
|  |  |  | |  |  | | |  |  |  |
| Debtor 2 |  |  | | | | | |  |  |  |
| (Spouse, if filing) |  |  | |  |  | | |  |  |  |
|  | | | | | | | | |  |  |
| United States Bankruptcy Court for the: | | | EASTERN DISTRICT OF MICHIGAN | | | | |  |  |  |
|  | | | | | | |  |  |  |  |
| Case number |  | | | |  | | | |  | Check if this is: |
| (If known) |  | | | | | | | |  | An amended filing |
|  | | | | | | | | |  | A supplement showing post-petition chapter 13 income as of the following date:    MM / DD/ YYYY |
| Official Form B 6I | | | | | | | | |  |
| **Schedule I: Your Income** | | | | | | **12/13** | | | | |

**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.** | |  |  | **Debtor 1** |  | **Debtor 2 or non-filing spouse** | |
|  | 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. | | **Employment status** | | Employed  Not employed |  | Employed  Not employed | |
|
|
|
|  | **Occupation** | |  |  |  | |
|
|
|  |  | |  |  |  | |
|  | **Employer's name** | |  |  |  | |
|  |  |  |  |  |  | |
|  | **Employer's address** | |  |  |  | |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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. | $ |  |  |  | $ |  |  |
|  |  |  |  |  | |  |  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **For Debtor 1** | |  | **For Debtor 2 or non-filing spouse** | |
|  | **Copy line 4 here** | 4. | $ |  |  | $ |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 5. | **List all payroll deductions:** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 5a. | **Tax, Medicare, and Social Security deductions** | | | | 5a. | | $ |  |  | $ |  |
|  | 5b. | **Mandatory contributions for retirement plans** | | | | 5b. | | $ |  |  | $ |  |
|  | 5c. | **Voluntary contributions for retirement plans** | | | | 5c. | | $ |  |  | $ |  |
|  | 5d. | **Required repayments of retirement fund loans** | | | | 5d. | | $ |  |  | $ |  |
|  | 5e. | **Insurance** | | | | 5e. | | $ |  |  | $ |  |
|  | 5f. | **Domestic support obligations** | | | | 5f. | | $ |  |  | $ |  |
|  | 5g. | **Union dues** | | | | 5g. | | $ |  |  | $ |  |
|  | 5h. | **Other deductions.** Specify: | |  | | 5h.+ | | $ |  | + | $ |  |
| 6. | **Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | | | | | 6. | $ | |  |  | $ |  |
| 7. | **Calculate total monthly take-home pay.** Subtract line 6 from line 4. | | | | | 7. | $ | |  |  | $ |  |
| 8. | **List all other income regularly received:** | | | | |  | |  |  |  |  |  |
|  | 8a. | **Net income from rental property and from operating a business,** | | | |  | |  |  |  |  |  |
|  |  | **profession, or farm** | | | |  | |  |  |  |  |  |
|  |  | Attach a statement for each property and business showing gross | | | |  | |  |  |  |  |  |
|  |  | receipts, ordinary and necessary business expenses, and the total | | | |  | |  |  |  |  |  |
|  |  | monthly net income. | | | | 8a. | | $ |  |  | $ |  |
|  | 8b. | **Interest and dividends** | | | | 8b. | | $ |  |  | $ |  |
|  | 8c. | **Family support payments that you, a non-filing spouse, or a dependent** | | | |  | |  |  |  |  |  |
|  |  | **regularly receive** | | | |  | |  |  |  |  |  |
|  |  | Include alimony, spousal support, child support, maintenance, divorce | | | |  | |  |  |  |  |  |
|  |  | settlement, and property settlement. | | | | 8c. | | $ |  |  | $ |  |
|  | 8d. | **Unemployment compensation** | | | | 8d. | | $ |  |  | $ |  |
|  | 8e. | **Social Security** | | | | 8e. | | $ |  |  | $ |  |
|  | 8f. | **Other government assistance that you regularly receive** | | | | | | | | | | |
|  |  | 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. | **Pension or retirement income** | | | | 8g. | | $ |  |  | $ |  |
|  | 8h. | **Other monthly income.** Specify: | | |  | 8h.+ | | $ |  | + | $ |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 9. | **Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | $ |  |  | $ |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  | |
| 10. | **Calculate monthly income.** Add line 7 + line 9. | 10. | $ |  | **+** | $ |  | = | $ |  |
|  | Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. |  |  |  |  |  |  |  |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 11. | **State all other regular contributions to the expenses that you list in Schedule J.** | | | | | |
|  | 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: |  |  | 11. | **+**$ |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | |  |  | |
| 12. | **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. | | | | 12. | $ |  |
|  | Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities* and Related *Data,* if it applies | | | |
|  |  | | | | |  |  |
|  |  | | | | | **Combined**  **monthly income** | |
| 13. | **Do you expect an increase or decrease within the year after you file this form?** | | |  | | | |
|  |  | No. | |  | | | |
|  |  | Yes. Explain: |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fill in this information to identify your case: | | | |  | | |  |  | | |
|  | |  |  |  | |  |  |  | |  |
| Debtor 1 | |  | | | |  |  | Check if this is: | |  |
|  | |  |  |  | |  |  | An amended filing | |  |
| Debtor 2 | |  | | | |  |  | A supplement showing post-petition chapter 13 expenses as of the following date: | | |
| (Spouse, if filing) | |  |  |  | |  |  |
|  | |  |  |  | |  |  |  |  |  |
| United States Bankruptcy Court for the: | | | EASTERN DISTRICT OF MICHIGAN | | |  |  |  | MM / DD / YYYY |  |
|  | |  |  |  |  |  |  |  |  | |
| Case number |  | | |  | |  |  | A separate filing for Debtor 2 because Debtor 2 maintains a separate household | | |
| (If known) | | |  |  | |  |  |
|  | |  |  |  | |  |  |  | |  |
|  | |  |  |  | |  |  |  | |  |

|  |  |  |
| --- | --- | --- |
| Official Form B 6J |  | |
| **Schedule J: Your Expenses** | | **12/13** |
| **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 a separate Schedule J. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. | **Do you have dependents?** | | No | | | | | | | | | |
|  |  |  |  | | |  |  |  |  |  |  | |
|  | Do not list Debtor 1 and Debtor 2. |  | 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?** | |
|  |  |  |  | |  |  |  |  |  |  |  |  |
|  | Do not state the dependents' names. | |  |  | |  |  |  |  |  | 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 6I.)** |  |  | **Your expenses** |  |
|  |  |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **If not included in line 4:** |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 4a. | Real estate taxes | 4a. | $ |  |  |
|  | 4b. | Property, homeowner’s, or renter’s insurance | 4b. | $ |  |  |
|  | 4c. | Home maintenance, repair, and upkeep expenses | 4c. | $ |  |  |
|  | 4d. | Homeowner’s association or condominium dues | 4d. | $ |  |  |
| 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.  Do not include car payments. | | | | | | | | 12. | | $ | |  | | | | | | |  | | | | | | |
| 13. | **Enter 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 6I).** | | | | | | | | 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. | **Your monthly expenses.** Add lines 4 through 21.  The result is your monthly expenses. | | | | | | | | 22. | | $ | | |  | | | | |  |  | | | | |
| 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 22 above. | | | | | | | 23b. | | -$ | |  | | | | | | |  | | | | |
|  |  |  | | | | | | |  | |  | |  | | | | | | |  | |  | | |
|  |  |  | | | | | | |  | |  | |  | | | | | | |  | |  | | |
|  | 23c. | Subtract your monthly expenses from your monthly income.  The resultis 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: |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | EASTERN DISTRICT OF MICHIGAN | | | |  |  | |
|  |  | | | | | |  | |  | |
| Case number | |  | | | |  |  | |  | |
| (if known) | |  | | | | |  | |  | Check if this is an |
|  | |  | | | | |  | |  | amended filing |

Official Form 107

**Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16**

**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 Prior Address:** |  | **Dates Debtor 1 lived there** |  | **Debtor 2 Prior Address:** |  | **Dates Debtor 2**  **lived there** |
| --- | --- | --- | --- | --- | --- | --- |

**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) |

**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**  (before deductions and exclusions) |

|  |  |
| --- | --- |
| **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 $6,425\* or more?

|  |  |  |
| --- | --- | --- |
|  | No. | Go to line 7. |
|  | Yes | List below each creditor to whom you paid a total of $6,425\* 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 4/01/19 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. |
|  | | |

| **Creditor's Name and Address** |  | **Dates of payment** |  | **Total amount paid** |  | **Amount you still owe** |  | **Was this payment for ...** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

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.

| **Insider's Name and Address** |  | **Dates of payment** |  | **Total amount paid** |  | **Amount you still owe** |  | **Reason for this payment** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

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 to an insider

| **Insider's Name and Address** |  | **Dates of payment** |  | **Total amount paid** |  | **Amount you still owe** |  | **Reason for this payment**  Include creditor's name |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

|  |  |
| --- | --- |
| **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.

| **Case title**  **Case number** |  | **Nature of the case** |  | **Court or agency** |  | **Status of the case** |
| --- | --- | --- | --- | --- | --- | --- |

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.

| **Creditor Name and Address** |  | **Describe the Property**  **Explain what happened** |  | **Date** |  | **Value of the property** |
| --- | --- | --- | --- | --- | --- | --- |

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.

| **Creditor Name and Address** |  | **Describe the action the creditor took** |  | **Date action was taken** |  | **Amount** |
| --- | --- | --- | --- | --- | --- | --- |

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**  **Person to Whom You Gave the Gift and Address:** |  | **Describe the gifts** |  | **Dates you gave the gifts** |  | **Value** |
| --- | --- | --- | --- | --- | --- | --- |

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**  **Charity's Name**  **Address (Number, Street, City, State and ZIP Code)** |  | **Describe what you contributed** |  | **Dates you contributed** |  | **Value** |
| --- | --- | --- | --- | --- | --- | --- |

|  |  |
| --- | --- |
| **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**  Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property.* |  | **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**  **Address**  **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** |
| --- | --- | --- | --- | --- | --- | --- |

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.

| **Person Who Was Paid**  **Address** |  | **Description and value of any property transferred** |  | **Date payment or transfer was made** |  | **Amount of payment** |
| --- | --- | --- | --- | --- | --- | --- |

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.

| **Person Who Received Transfer**  **Address**  **Person's relationship to you** |  | **Description and value of property transferred** |  | **Describe any property or payments received or debts paid in exchange** |  | **Date transfer was made** |
| --- | --- | --- | --- | --- | --- | --- |

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.

| **Name of trust** |  | **Description and value of the property transferred** |  | **Date Transfer was made** |
| --- | --- | --- | --- | --- |

|  |  |
| --- | --- |
| **Part 8:** | **List of 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.**

| **Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)** |  | **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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

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.**

| **Name of Financial Institution**  **Address (Number, Street, City, State and ZIP Code)** |  | **Who else had access to it?**  **Address (Number, Street, City, State and ZIP Code)** |  | **Describe the contents** |  | **Do you still have it?** |
| --- | --- | --- | --- | --- | --- | --- |

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.**

| **Name of Storage Facility**  **Address (Number, Street, City, State and ZIP Code)** |  | **Who else has or had access to it?**  **Address (Number, Street, City, State and ZIP Code)** |  | **Describe the contents** |  | **Do you still have it?** |
| --- | --- | --- | --- | --- | --- | --- |

|  |  |
| --- | --- |
| **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.**

| **Owner's Name**  **Address (Number, Street, City, State and ZIP Code)** |  | **Where is the property? (Number, Street, City, State and ZIP Code)** |  | **Describe the property** |  | **Value** |
| --- | --- | --- | --- | --- | --- | --- |

|  |  |
| --- | --- |
| **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.**

| **Name of site**  **Address (Number, Street, City, State and ZIP Code)** |  | **Governmental unit**  **Address (Number, Street, City, State and ZIP Code)** |  | **Environmental law, if you know it** |  | **Date of notice** |
| --- | --- | --- | --- | --- | --- | --- |

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

**No**

**Yes. Fill in the details.**

| **Name of site**  **Address (Number, Street, City, State and ZIP Code)** |  | **Governmental unit**  **Address (Number, Street, City, State and ZIP Code)** |  | **Environmental law, if you know it** |  | **Date of notice** |
| --- | --- | --- | --- | --- | --- | --- |

**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.**

| **Case Title**  **Case Number** |  | **Court or agency**  **Name**  **Address (Number, Street, City, State and ZIP Code)** |  | **Nature of the case** |  | **Status of the case** |
| --- | --- | --- | --- | --- | --- | --- |

|  |  |
| --- | --- |
| **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**  **Address**  **(Number, Street, City, State and ZIP Code)** |  | **Describe the nature of the business**  **Name of accountant or bookkeeper** |  | **Employer Identification number**  **Do not include Social Security number or ITIN.**  **Dates business existed** |
| --- | --- | --- | --- | --- |

**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.**

| **Name**  **Address**  **(Number, Street, City, State and ZIP Code)** |  | **Date Issued** |
| --- | --- | --- |

|  |  |
| --- | --- |
| **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).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | I have read and reviewed this Questionnaire, 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.  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. | | | | | |
|  |  |  | |  |  | |  |
|  |  | Signature of Debtor 1 | |  | Signature of Debtor 2 | |  |
|  |  |  | |  |  | |  |
|  |  |  | |  |  | |  |
|  |  | Executed on |  |  | Executed on |  |  |
|  |  |  | MM / DD / YYYY |  |  | MM / DD / YYYY |  |