



**Henry & Henry**  
Since 1996  
*Auto Accidents • Bankruptcy • Family Law*

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**BANKRUPTCY WORKSHEET**

**(101) NAME, CONTACT INFO, AND ADDRESS**

**A. Give full legal names:**

Debtor 1: \_\_\_\_\_ SSN: \_\_\_\_\_ AGE: \_\_\_\_\_

Debtor 2: \_\_\_\_\_ SSN: \_\_\_\_\_ AGE: \_\_\_\_\_

Are you currently married? \_\_\_\_\_

Have you used any other names in the past, including maiden names? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list other names used: \_\_\_\_\_

**B. Current residence address: \_\_\_\_\_**

For how long: \_\_\_\_\_

Own or rent: \_\_\_\_\_

Any Different Mailing Address: \_\_\_\_\_

**C. Prior residences for the previous 3 years, including dates occupied:**

Address: \_\_\_\_\_

Dates: \_\_\_\_\_  
mm/dd/yy-mm/dd/yy

Address: \_\_\_\_\_

Dates: \_\_\_\_\_  
mm/dd/yy-mm/dd/yy

**D. Have you filed for Bankruptcy previously? No \_\_\_\_\_ Yes \_\_\_\_\_ Location where filed \_\_\_\_\_**

\_\_\_\_\_, Date filed \_\_\_\_\_.

Case number \_\_\_\_\_ Discharge received yes \_\_\_\_\_ or no \_\_\_\_\_.

**E. Have you owned a business or been a business partner in a sole proprietorship (self-employed),  
LLC, or corporation in the 4 years before filing for bankruptcy?**

No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

## (A/B) PROPERTY

### A. REAL PROPERTY:

**Homestead Address:** \_\_\_\_\_

Description: \_\_\_\_\_  
(i.e. 3 bedroom/3 bath, Mobile home on 2acres, etc.)

Purchase Price & Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

Surrender / Reaffirm? (circle one)

**First Mortgage Company:** \_\_\_\_\_

Address: \_\_\_\_\_

Balance on Mortgage: \_\_\_\_\_

Acct. No.: \_\_\_\_\_

Account belongs to (circle): Debtor 1 Debtor 2 Joint

**If Chapter 13:** Exact payment amount: \_\_\_\_\_

Exact arrearage amount: \_\_\_\_\_

**Second Mortgage Company:** \_\_\_\_\_

Address: \_\_\_\_\_

Balance on Mortgage: \_\_\_\_\_

Acct. No.: \_\_\_\_\_

Account belongs to (circle): Debtor 1 Debtor 2 Joint

**If Chapter 13:** Exact payment amount: \_\_\_\_\_

Exact arrearage amount: \_\_\_\_\_

### B. OTHER REAL PROPERTY: (include raw land if financed or deeded separately from home)

Description: \_\_\_\_\_  
(i.e., 3 bedroom/3 bath, Mobile home on 2 acres, etc.)

Purchase Price & Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

Surrender / Reaffirm? (circle one)

**First Mortgage Company:** \_\_\_\_\_

Address: \_\_\_\_\_

Balance on Mortgage: \_\_\_\_\_

Acct. No.: \_\_\_\_\_

Account belongs to (circle): Debtor 1 Debtor 2 Joint

**If Chapter 13:** Exact payment amount: \_\_\_\_\_

Exact arrearage amount: \_\_\_\_\_

Surrender / Reaffirm? (circle one)

**Second Mortgage Company:** \_\_\_\_\_

Address: \_\_\_\_\_

Balance on Mortgage: \_\_\_\_\_

Acct. No.: \_\_\_\_\_

Account belongs to (circle): Debtor 1 Debtor 2 Joint

**If Chapter 13:** Exact payment amount: \_\_\_\_\_

Exact arrearage amount: \_\_\_\_\_

Surrender / Reaffirm? (circle one)

**C. VEHICLES:**

**1. Owned or Financed (circle) Please list additional vehicles on separate paper if applicable.**

Description: \_\_\_\_\_  
(ex. 2010 Dodge Caravan Sport, paint damage, interior soiled)

VIN #: \_\_\_\_\_

Value: \_\_\_\_\_ Mileage: \_\_\_\_\_

Financing Company: \_\_\_\_\_

Account belongs to (circle): Debtor 1 Debtor 2 Joint

Retain? (yes/no)

**2. Owned or Financed (circle) Please list additional vehicles on separate paper if applicable.**

Description: \_\_\_\_\_  
(ex. 2010 Dodge Caravan Sport, paint damage, interior soiled)

VIN #: \_\_\_\_\_

Value: \_\_\_\_\_ Mileage: \_\_\_\_\_

Financing Company: \_\_\_\_\_

Account belongs to (circle): Debtor 1 Debtor 2 Joint

Retain? (yes/no)

**D. WATERCRAFT/AIRCRAFT/MOTOR HOMES/ATVs/OTHER:**

**1. Owned or Financed (circle)**

Description: \_\_\_\_\_  
(ex. 2010 Dodge Caravan Sport, paint damage, interior soiled)

VIN #: \_\_\_\_\_

Value: \_\_\_\_\_

Mileage: \_\_\_\_\_ Financing

Company: \_\_\_\_\_

Account belongs to (circle): Debtor 1 Debtor 2 Joint

**E. FINANCIAL ACCOUNTS:** Please list **ALL** open bank accounts below. If not enough space for all accounts, please provide additional information on a separate sheet of paper:

Cash on hand (average amount per day): \$ \_\_\_\_\_

What Bank? \_\_\_\_\_ Joint? \_\_\_\_\_ Savings \$ \_\_\_\_\_ last four \_\_\_\_\_

What Bank? \_\_\_\_\_ Joint? \_\_\_\_\_ Checking \$ \_\_\_\_\_ last four \_\_\_\_\_

What Bank? \_\_\_\_\_ Joint? \_\_\_\_\_ Savings \$ \_\_\_\_\_ last four \_\_\_\_\_

What Bank? \_\_\_\_\_ Joint? \_\_\_\_\_ Checking \$ \_\_\_\_\_ last four \_\_\_\_\_

Crypto/Online/Virtual Account(s): \_\_\_\_\_ \$ \_\_\_\_\_ last four \_\_\_\_\_

Certificates of Deposits (CD[s]): \_\_\_\_\_ \$ \_\_\_\_\_

What Bank? \_\_\_\_\_ \$ \_\_\_\_\_

Security deposits with public utilities, telephone companies, landlords, and others. Please explain:

**PLEASE NOTE: PROPERTY BELONGING TO CHILDREN (ie. bedroom furniture, toys, clothing etc.) SHOULD BE LISTED UNDER OTHER INFORMATION. (See below page 16, #20, SOFA 23)**

**We recommend: (Fair Market/Garage sale value)**

**ALL** personal property (Secured and Unsecured):

Give a description and \$ amount (Garage Sale Value). Use a separate sheet if necessary. Please group all LIKE items and put all items on this sheet. (ex. Small kitchen appliances, dishware, master bedroom set).

For example:

Master bedroom furniture \$200.00

Outdoor/gardening tools \$50.00

Family room set \$150.00

Cellphone(s) \$50.00

Dining room set \$150.00

Men's wardrobe \$50.00

Second bedroom set \$100.00

Women's wardrobe \$55.00

Third bedroom set \$100.00

Small appliances \$75.00

Firearms (if any) \$150.00

### Misc. wall decor & knick knacks

Collectibles of value \$75.00

Linens \$25.00

TV \$75.00

**List all personal property with Garage Sale Value as exemplified above:**

Bonds, mutual funds, or publicly traded stocks. (Examples: Bond funds, investment accounts with brokerage firms, money market accounts) No  Yes  Institution or issuer name: \_\_\_\_\_  
\_\_\_\_\_. Value \$ \_\_\_\_\_.

Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No  Yes  Give specific information:

Name of entity: \_\_\_\_\_  
% of ownership: \_\_\_\_\_ Value \$ \_\_\_\_\_.

Government and corporate bonds and other negotiable and non-negotiable instruments. No  Yes   
Give specific information about the Issuer name: \_\_\_\_\_  
\$ \_\_\_\_\_.

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: \_\_\_\_\_ \$ \_\_\_\_\_.  
Type of account: \_\_\_\_\_ Institution name: \_\_\_\_\_ \$ \_\_\_\_\_.

Annuities No  Yes  Issuer name and description \_\_\_\_\_  
\$ \_\_\_\_\_.

Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. No  Yes  Issuer name and description \_\_\_\_\_  
\$ \_\_\_\_\_.

Trusts, equitable or future interests in property, and rights or powers exercisable for your benefit  
No  Yes  . Give specific information \_\_\_\_\_  
\$ \_\_\_\_\_.

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

Licenses, franchises, and other general intangibles (Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses) No  Yes  Give specific information: \_\_\_\_\_  
\$ \_\_\_\_\_.

Does anyone owe you money or property? No  Yes  Value \$ \_\_\_\_\_.  
Who and Why? \_\_\_\_\_.

Tax refunds owed to you? No  Yes  Give specific information including whether you already filed the returns and the tax years: \_\_\_\_\_  
\$ \_\_\_\_\_.

Family support owed to you (Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement) No    Yes    Give specific information, who, what, and why \_\_\_\_\_

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

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, Who, what, and why \_\_\_\_\_

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

Interests in life insurance policies No    Yes    Name the insurance company of each policy and list its value. Company name: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Surrender or refund value: \$ \_\_\_\_\_.

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 \_\_\_\_\_

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

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

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

Any financial assets you did not already list No    Yes    Give specific information \_\_\_\_\_

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

**(D) SECURED DEBTS: (secured loans with collateral, i.e., home/furniture/vehicles)** Additional creditors only:

**Please do not** add any creditors already listed on your credit report.

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Description of collateral: \_\_\_\_\_

Value of Collateral: \_\_\_\_\_

Retain / Reaffirm / Surrender the collateral? \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint

Codebtor? Name/Information \_\_\_\_\_

If Chapter 13: Exact payment amount: \_\_\_\_\_ Exact arrearage amount: \_\_\_\_\_

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Description of collateral: \_\_\_\_\_

Value of Collateral: \_\_\_\_\_

Retain / Reaffirm / Surrender the collateral? \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint

Codebtor? Name/Information \_\_\_\_\_

If Chapter 13: Exact payment amount: \_\_\_\_\_ Exact arrearage amount: \_\_\_\_\_

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Description of collateral: \_\_\_\_\_

Value of Collateral: \_\_\_\_\_

Retain / Reaffirm / Surrender the collateral? \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint

Codebtor? Name/Information \_\_\_\_\_

If Chapter 13: Exact payment amount: \_\_\_\_\_ Exact arrearage amount: \_\_\_\_\_

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Description of collateral: \_\_\_\_\_

Value of Collateral: \_\_\_\_\_

Retain / Reaffirm / Surrender the collateral? \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint

Codebtor? Name/Information \_\_\_\_\_

If Chapter 13: Exact payment amount: \_\_\_\_\_ Exact arrearage amount: \_\_\_\_\_

**(E/F) UNSECURED DEBTS: (medical, credit, signature loans)** Additional creditors **not** already listed on your credit report.

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint Other: \_\_\_\_\_

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint Other: \_\_\_\_\_

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint Other: \_\_\_\_\_

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint Other: \_\_\_\_\_

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint Other: \_\_\_\_\_

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint Other: \_\_\_\_\_

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint Other: \_\_\_\_\_

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint Other: \_\_\_\_\_

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint Other: \_\_\_\_\_

Creditor name and address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Month and year the account was opened: \_\_\_\_\_

Account belongs to (circle one): Debtor 1 Debtor 2 Joint Other: \_\_\_\_\_

**(G) EXECUTORY CONTRACTS AND UNEXPIRED LEASES:**

A. Do you have any executory contracts or unexpired leases? No        Yes        If Yes, fill in all of the information below. List each person or company with whom you have the contract or lease separately. Then state what each contract or lease is for (ex: home lease, vehicle lease, cell phone).

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Property: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Property: \_\_\_\_\_

**(H) CODEBTORS:**

**A.** Do you have any codebtors? (If you are filing a joint case, do not list your spouse as a codebtor.)  
No        Yes       

1. \_\_\_\_\_

Creditor/Lien	Codebtor Name	Address
_____	_____	_____

### (I) INCOME:

## A. YOUR PRESENT EMPLOYER:

**Debtor 1:**

Employer: \_\_\_\_\_ Unemployed? \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ How long: \_\_\_\_\_

**Debtor 2:**

Employer: \_\_\_\_\_ Unemployed? \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ How long: \_\_\_\_\_

**B.** What are your average **gross** wages, salary, and/or commissions per pay period? (Please state whether these are weekly, bi-weekly, monthly, quarterly, etc...)

Debtor 1:     per     (weekly, bi-weekly, etc...)

Debtor 2:        per        (weekly, bi-weekly, etc...)

**C. Other sources of Income, including retirement, social security, unemployment, and rent:**

and sources of income, including your salary, pension, security, savings, investment, and other

D. Do either of you anticipate any changes in income or expenses? If yes, explain:

## MEANS TEST WORKSHEET

PLEASE DO NOT RECREATE THIS FORM ON YOUR COMPUTER. OUR FORM GOES DIRECTLY WITH OUR PROGRAM - THANK YOU!!!

Directions - Please list each pay stub individually for the last six (6) months. If you have worked more than one (1) job, please list your first job with all six (6) months' information and then list your second job with the six months' pay information. One (1) copy of these checks must be provided with this worksheet.

**DEBTOR 1:**

**DEBTOR 2:**

E. Do either of you **receive** alimony, maintenance, or support? \_\_\_\_\_ No \_\_\_\_\_ Yes Explain \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_.

F. Do either of you **pay** alimony, maintenance, or support? \_\_\_\_\_ No \_\_\_\_\_ Yes Explain \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_.

**(J) EXPENSES:**

**A. DEPENDENTS:** (anyone you support by paying over 50% of their living expenses)

Name	Age	Relationship

**B.** Do your expenses include expenses of people other than yourself and your dependents?  
No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

**C. MONTHLY EXPENSES:****Home:**

Rent on residence (include lot rented for mobile home)	_____
Mortgage on residence	_____
Additional mortgage payments for residence, ex: equity loans, 2nd mortgage.	_____
Real estate taxes (if not included in mortgage)	_____
Property, homeowners, or renter's insurance (if not included in mortgage)	_____
Home maintenance, repair, and upkeep expenses	_____
Homeowner association or condominium dues	_____

**Utilities:**

Electricity, natural gas, propane	_____
Water, sewer, garbage collection	_____
Telephone, cell phone, Internet, satellite, and cable	_____
Other Utilities _____	_____
Food and Housekeeping supplies	_____
Childcare and children's education costs	_____
Clothing, laundry, and dry cleaning	_____
Personal care products and services	_____
Medical and dental expenses (uncovered expenses/co-pays, over-the-counter medicine)	_____
Transportation (including gas, maintenance, bus, train, but not payments)	_____
Entertainment, clubs, recreation	_____
Newspapers, magazines, and books	_____
Charitable contributions and religious donations	_____
Insurance (not deducted from wages or included in mortgage payments)	_____
Life Insurance	_____
Health Insurance	_____
Vehicle Insurance	_____
Other Insurance	_____

Taxes (not deducted from wages, or included in mortgage payments)	_____
Other Taxes _____	_____
Installment and lease payments	
Car payments for Vehicle Debtor 1	_____
Car payments for Vehicle Debtor 2	_____
Other Installment Payments	_____
Payments of Alimony, Maintenance, and Support (not deducted from your pay)	_____
Other Payments you make to support others who do not live with you	_____
Other Support _____	_____
 <b>Other</b> real property expenses (Second Property, Not Homestead)	
Mortgage	_____
Real estate taxes	_____
Property, homeowner's, or renter's insurance	_____
Maintenance, repair, and upkeep expenses	_____
Homeowner's association or condominium dues	_____
Other _____	_____
All Other Expenses (pets, security, pool, Solar panels, etc.)	_____
Specify _____	_____

**(FORM 107) OTHER INFORMATION:**

1. **SOFA 4:** Income from employment or business for the last two years and year to date:

	(YTD)	(2025)	(2024)
Debtor 1: \$ _____	\$ _____	\$ _____	
Debtor 2: \$ _____	\$ _____	\$ _____	

2. **SOFA 5:** Income **other** than from employment or business for the last two years and year to date:  
(ex, Retirement, Social security, Winnings, etc.)

	(YTD)	(2025)	(2024)
Debtor 1: \$ _____	\$ _____	\$ _____	
Debtor 2: \$ _____	\$ _____	\$ _____	

3. **SOFA 6:** List each creditor whom you paid at least \$600 during the 90 days before you filed for bankruptcy and include the total amount you paid that creditor.  
(Do not include mortgage or car payments)

Name/Address of Creditor: \_\_\_\_\_

Dates of Payments: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

Name/Address of Creditor: \_\_\_\_\_

Dates of Payments: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

4. **SOFA 7:** Within 1 year before you filed for bankruptcy, did you pay back a debt you owed to a family member or friend? No \_\_\_\_ Yes \_\_\_\_ Details: \_\_\_\_\_

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

5. **SOFA 8:** Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt for someone else? No \_\_\_\_ Yes \_\_\_\_ Details: \_\_\_\_\_

\_\_\_\_\_

6. **SOFA 9:** Within 1 year before you filed for bankruptcy, were you a party in any lawsuits, court action, or Administrative proceeding? Include Caption of Suit, Case No., Nature of Proceeding, Court (Circuit/Civil), Location, Status or Disposition: \_\_\_\_\_

\_\_\_\_\_

7. **SOFA 10:** Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, or transferred back to the seller? No \_\_\_\_ If yes, please explain below:  
Name and address of creditor or seller: \_\_\_\_\_

Date of Repossession, Description and Property Value: \_\_\_\_\_

\_\_\_\_\_

8. **SOFA 11:** Creditor Setoff, or Refusal to Make Payment: 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? Name/Address of Creditor: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount Setoff: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

\_\_\_\_\_

9. **SOFA 12:** Assignment of Property for the Benefit of Creditors: Within one year before filing for bankruptcy, was any of your property in possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No \_\_\_\_ Yes \_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

10. **SOFA 13:** Gifts: 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 \_\_\_\_\_ Name and address of person: \_\_\_\_\_  
Relationship to debtor if any: \_\_\_\_\_  
Date of gift and description and value: \_\_\_\_\_

11. **SOFA 14:** Charitable Contributions: 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 charitable organization? No \_\_\_\_\_ Yes \_\_\_\_\_ Name and address of person or organization: \_\_\_\_\_  
Relationship to debtor if any: \_\_\_\_\_  
Date of gift and description and value: \_\_\_\_\_

12. **SOFA 15:** Losses from Theft, Fire, Other Disaster, or Gambling: Within 1 year before you filed for Bankruptcy did you lose anything because of theft, fire, other disaster, or gambling? No \_\_\_\_\_ Yes \_\_\_\_\_  
Description and value of property: \_\_\_\_\_  
Description of circumstances, if the loss was covered in whole or in part by insurance and date of loss: \_\_\_\_\_

13. **SOFA 16:** Payments Related to Bankruptcy: 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, other than Henry & Henry? No \_\_\_\_\_ Yes \_\_\_\_\_ Details \_\_\_\_\_

14. **SOFA 17:** Payments made to debt counseling: Within 1 year before you filed for bankruptcy, did you make a payment to debt counseling for debt consolidation or preparation of a petition in Bankruptcy? No \_\_\_\_\_ Yes \_\_\_\_\_ Name and address of payee: \_\_\_\_\_  
Date of payment: \_\_\_\_\_  
Name of Payor (if other than debtor): \_\_\_\_\_  
Amount, description and value of property: \_\_\_\_\_

15. **SOFA 18:** Did you sell, trade, or otherwise transfer anything of value within 2 years before you filed for bankruptcy, to anyone, other than property transferred in the ordinary course of your business or financial affairs? No \_\_\_\_\_ Yes \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Recipient: \_\_\_\_\_  
Amount, description and value of property: \_\_\_\_\_

16. **SOFA 19:** Self-Settled Trusts: 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? No \_\_\_\_\_ Yes \_\_\_\_\_ Trust Account # and Institution: \_\_\_\_\_  
Date of transfer: \_\_\_\_\_ Amount, description and value of property: \_\_\_\_\_

17. **SOFA 20:** Closed Financial Accounts: Within 1 year before you filed for bankruptcy, were any financial accounts or instruments closed, sold, moved, or transferred? No \_\_\_\_\_ Yes \_\_\_\_\_ Name and address of institution: \_\_\_\_\_  
Type, number of accounts, and amount of final balance: \_\_\_\_\_  
Amount, date of sale and closing: \_\_\_\_\_

18. **SOFA 21:** Safe Deposit Boxes: 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 \_\_\_\_\_ Name and address of bank or other depository: \_\_\_\_\_  
Name and address of those with access to the safe deposit box: \_\_\_\_\_  
Description of contents: \_\_\_\_\_  
Date of transfer or surrender, if any: \_\_\_\_\_

19. **SOFA 22:** Property Stored in a Place Other Than Your Home: Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No \_\_\_\_\_ Yes \_\_\_\_\_ Description and value of property: \_\_\_\_\_  
Location of property: \_\_\_\_\_

20. **SOFA 23:** Property Held for Another Person: Include any property you borrowed from, are storing for, or hold in trust for someone else, including items of value in your home that belong to your children. No \_\_\_\_\_ Yes \_\_\_\_\_ Name and address of owner: \_\_\_\_\_  
Description and value of property: \_\_\_\_\_  
Name and address of owner: \_\_\_\_\_  
Description and value of property: \_\_\_\_\_

21. **SOFA 27:** Ownership or Connections to a Business (4 years) Value and description of current Inventory (List ALL business inventory and fair market value) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. **SOFA 28:** Parties to Whom Financial Statement was Given: Within 2 years before you filed for Bankruptcy, did you give a financial statement to anyone about your business? No \_\_\_\_\_  
Yes \_\_\_\_\_ Name and Address \_\_\_\_\_  
Date given \_\_\_\_\_

23. Do you owe any back taxes? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_  
Amount owed \_\_\_\_\_

24. Did you buy anything of value (\$1,000 or more) within 6 months of filing? No \_\_\_\_\_ Yes \_\_\_\_\_ How was it paid for? Explain: \_\_\_\_\_  
\_\_\_\_\_.

\*\*\* PRIOR TO FILING YOUR BANKRUPTCY DOCUMENTS WITH THE COURT, PLEASE PROVIDE ONE (1) COPY OF ALL DOCUMENTS REQUESTED AT THE TIME OF TURNING IN YOUR WORKSHEET, SEE ATTACHED SHEET

\*\*\* ATTENTION CHAPTER 7 CLIENT(S): DID YOU IDENTIFY THE PROPERTY (CASH AND/OR FURNISHINGS) THAT YOU WISH TO EXEMPT (\$1,000.00 FOR INDIVIDUALS AND \$2,000.00 FOR JOINT PETITIONERS)?

\*\*\* PLEASE BE REMINDED YOU MUST PROVIDE ALL INFORMATION REQUESTED IN THE WORKSHEET. IN ORDER FOR YOUR DEBT TO BE DISCHARGED, YOU MUST PROPERLY LIST THE CREDITOR INFORMATION. (ex. correct address, acct. no., year opened, amount of debt)

THE INFORMATION FURNISHED IN THE BANKRUPTCY WORKSHEET IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. SHOULD I HAVE ANY ADDITIONAL CHANGES TO THIS INFORMATION, I WILL SUBMIT SAME IN WRITING TO HENRY AND HENRY LAW

I HEREBY ACKNOWLEDGE THAT A CREDIT REPORT WILL BE REQUESTED BY HENRY AND HENRY LAW AND USED AS ADDITIONAL VERIFICATION OF DEBTS.

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Client/Debtor

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Date

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Client/Debtor

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Date