

Henry & Henry

Since 1996

Auto Accidents • Bankruptcy • Family Law

Kingsley/Bellair Crossing, 1555 Kingsley Ave, Suite 405, Orange Park, FL 32073

| 904.264.6776

BANKRUPTCY WORKSHEET

(101) NAME, CONTACT INFO AND ADDRESS

Debtor 1:	SSN:	AGE:
	SSN:	
_	nes in the past, including maiden name	
	For how long:	
Own or rent:		
Prior residences for the previ	ous 3 years including dates occupied:	
·	ous 3 years including dates occupied:	
Address:	Dates:	mm/dd/yy-mm/dd/yy
Address:	Dates:	mm/dd/yy-mm/dd/yy
Address:	Dates:	
Address: Address: Address: Have you filed a Bankruptcy p	Dates: Dates: Dates: Dates: Dates: Dates:	mm/dd/yy-mm/dd/yy mm/dd/yy-mm/dd/yy
Address: Address: Have you filed a Bankruptcy p	Dates: Dates: Dates: Dates: Dates: Dates: Dates:	mm/dd/yy-mm/dd/yy mm/dd/yy-mm/dd/yy here filed
Address: Address: Have you filed a Bankruptcy p	Dates: Dates: Dates: Dates: Dates: Dates:	mm/dd/yy-mm/dd/yy mm/dd/yy-mm/dd/yy here filed
Address: Address: Have you filed a Bankruptcy p	Dates: Dates: Dates: Dates: Dates: Dates: Dates:	mm/dd/yy-mm/dd/yy mm/dd/yy-mm/dd/yy here filed or

(A/B) PROPERTY

В.

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)
Eirot Mortgogo Company
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:
Exact arrearage arreara.
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:
OTHER REAL PROPERTY: (include raw land if financed or deeded separate 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)

VT	nce on Mortgage:				
ACCI.	No.:				
	ount belongs to (circle): Debtor 1				
If Ch	apter 13: Exact payment amount:				
	Exact arrearage amount: _				
Surre	ender / Reaffirm? (circle one)				
VEHI	CLES:				
1.	Owned or Financed (circle) Description:				
	(ex. 2010 Do	dge Carava	n Sport, paint	damage, interior soiled)	
	VIN #:				
	Value:		Mile	eage:	
	Financing Company:		- <u>-</u>		
	Account belongs to (circle): D	ebtor 1	Debtor 2	Joint	
2 .	Owned or Financed (circle) Description:				
	(ex. 2010 Do			damage, interior soiled)	
	VIN #:				
	Value:		Mil	eage:	
	Financing Company:		- <u>-</u>		
	Account belongs to (circle): D	ebtor 1	Debtor 2	Joint	
WAT	ERCRAFT/AIRCRAFT/MOTOR	HOMES/A	TVs/OTHER	:	
WA1	Owned or Financed (circle)		TVs/OTHER	:	
	Owned or Financed (circle) Description: (ex. 2010 Do	dge Carava	n Sport, paint	damage, interior soiled)	
	Owned or Financed (circle) Description: (ex. 2010 Do VIN #:	dge Carava	n Sport, paint	damage, interior soiled)	
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1.	Owned or Financed (circle) Description:(ex. 2010 Do VIN #: Value: Financing Company:	dge Carava	n Sport, paint Mile Debtor 2	damage, interior soiled) eage: Joint	
1.	Owned or Financed (circle) Description:	dge Carava ebtor 1 any and ALL	n Sport, paint Mile Debtor 2 open bank ac	damage, interior soiled) eage: Joint ecounts below	
1.	Owned or Financed (circle) Description:	dge Carava ebtor 1 any and ALL	n Sport, paint Mile Debtor 2 open bank ac	damage, interior soiled) eage: Joint ccounts below _ Savings \$	
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PLEASE NOTE: PROPERTY BELONGING TO CHILDREN (ie. bedroom furniture, toys, clothing etc.) SHOULD BE LISTED UNDER OTHER INFORMATION. (See below page 17, #20)

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 Cellphones \$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 Costume jewelry \$35.00 Small appliances \$75.00 Hobby/Sports equipment \$25.00 Kitchenware \$50.00 Firearms (if any) \$150.00 Misc. wall decor & knick knacks \$75.00 Collectibles of value \$75.00 Linens \$25.00 List all personal property with Garage Sale Value as exampled above

Bonds, mutual funds, or publicly traded stocks. (Examples: Bond funds, investment accounts with
brokerage firms, money market accounts) No_YesInstitution 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 NoYes 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) NoYes List each account separately: Type of account: Institution name: \$ Type of account: Institution name: \$
Annuities NoYes Issuer name and description
<u> </u>
Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. NoYes Issuer name and description\$ Trusts, equitable or future interests in property, and rights or powers exercisable for your benefit NoYes Give specific information
<u> </u>
Patents, copyrights, trademarks, trade secrets, and other intellectual property (Examples: Internet domain names, websites, proceeds from royalties and licensing agreements) NoYes Give specific information
ΨΨ
Licenses, franchises, and other general intangibles (Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses) NoYes Give specific information
\$
Does anyone owe you money or property? NoYes Value \$ Who and Why?
Tax refunds owed to you? NoYes Give specific information including whether you already filed the returns and the tax years:\$
 *

benefits, sick pay, vacation pay, workers	camples: Unpaid wages, disability insurance payments, discrete compensation, Social Security benefits; unpaid loans you specific information, Who, what, and why
	\$\$
	Yes Name the insurance company of each policy and
Beneficiary:	Surrender or refund value: \$
trust, expect proceeds from a life insurar	from someone who has died. If you are the beneficiary of ance policy, or are currently entitled to receive property beces specific information
	\$
	\$
Any financial assets you did not already	y list NoYes Give specific information \$
CURED DEBTS: (secured loans with Do not add any creditors already listed o	h collateral, i.e. home/furniture/vehicles) Additional cred on your credit report.
Do not add any creditors already listed of	
Do not add any creditors already listed of Creditor name and address:	on your credit report.
Do not add any creditors already listed of Creditor name and address: Account No.: Month and year the account was opened	on your credit report. Balance owed:
Do not add any creditors already listed of Creditor name and address: Account No.: Month and year the account was opened Description of collateral:	on your credit report. Balance owed:
Creditor name and address: Account No.: Month and year the account was opened Description of collateral: Value of Collateral:	on your credit report. Balance owed:
Creditor name and address: Account No.: Month and year the account was opened Description of collateral: Value of Collateral: Retain / Reaffirm / Surrender the collate	on your credit report. Balance owed:

Account No :			alance owed:	
Account No.:	oned:	В	alance owed:	
Month and year the account was op	ened:			
Description of collateral:				
Value of Collateral:				
Retain / Reaffirm / Surrender the co				
Account belongs to (circle one):				
Codebtor? Name/Information				
If Chapter 13: Exact payment amou	ınt:	E	cact arrearage amount:	
Creditor name and address:				
Account No.:		B	alance owed:	
Month and year the account was op				
Description of collateral:				
Value of Collateral:				
Retain / Reaffirm / Surrender the co				
Account belongs to (circle one):	Husband	Wife	Joint	
Codebtor? Name/Information				
If Chapter 13: Exact payment amou	ınt:	Ex	cact arrearage amount:	
Account No.:			alance owed:	
Month and year the account was op	ened:			
Description of collateral:				
Value of Collateral:				
Retain / Reaffirm / Surrender the co	llateral?			
Account belongs to (circle one):	Husband	Wife	Joint	
Codebtor? Name/Information				
If Chapter 13: Exact payment amou	ınt:	E	kact arrearage amount:	
UNSECURED DEBTS: (medical, o	eradit aignatura	Joans) Add	itional araditara not already lis	tod on a
report.	Jieuit, Signature	ioans) Add	tional creditors not already lis	ilea on t
Creditor name and address:				
A		В	alance owed:	
Account No.:				
Month and year the account was op	ened:			
Account No.: Month and year the account was op Description of collateral: Value of Collateral:	ened:			

Creditor name and address:		
A a a symptotic state of the st		
Account No.:	Balance owed:	
Month and year the account was opened:		
Description of collateral:		
Value of Collateral:		
Codebtor? Name/Information		
Creditor name and address:		
Account No.:		
Month and year the account was opened:		
Description of collateral:		
Value of Collateral:		
Codebtor? Name/Information		
Creditor name and address:	· · · · · · · · · · · · · · · · · · ·	
Account No.:		
Month and year the account was opened:	Balance owed	
Description of collateral:		
Description of collateral:		
Value of Collateral: Codebtor? Name/Information		
Codebior: Name/illiornation		
Creditor name and address:		
Account No.:	Balance owed:	
Month and year the account was opened:		
Description of collateral:		
Value of Collateral:		
Codebtor? Name/Information		
Creditor name and address:	-	
Account No.:	Balance owed:	
Month and year the account was opened:		
Description of collateral:		
Value of Collateral:		
Codebtor? Name/Information		
Creditor name and address:		
Account No.:	Balance owed:	
Month and year the account was opened:		
Description of collateral:		
Value of Collateral:		

		rmation
Cı	reditor name and ac	dress:
_		
Ad	ccount No.:	Balance owed:
		ccount was opened:
D	escription of collate	al:
Va	alue of Collateral:	
C	odebtor? Name/Info	rmation
Cı	reditor name and a	dress:
	ecount No :	Balance
	wed:	
		ccount was opened:
D(escription of collate	al:
Va	alue of Collateral:	
C	odebtor? Name/Info	rmation
C	reditor name and ad	dress:
		Dolongo
	wed:	Balance
М	onth and year the a	ccount was opened:
		al:
Va	alue of Collateral:	
C	odebtor? Name/Info	rmation
C	reditor name and ad	dress:
		Delenee
		Balance
	wed:	
		ccount was opened:
D	escription of collate	al:
Va	alue of Collateral:	
C	odebtor? Name/Info	rmation
(C) EVEC	HITODY CONTDA	CTS AND UNEXPIRED LEASES:
(G) EXEC	OTORT CONTRAC	13 AND UNEXPIRED LEASES.
A	Do you have	any executory contracts or unexpired leases? No Yes If Yes, fill in all of the
7 1	•	elow. List separately each person or company with whom you have the contract or
		tate what each contract or lease is for (ex: home lease, vehicle lease, cell phone).
	icase. Then s	tate what each contract of lease is for (ex. nome lease, vehicle lease, cell phone).
	Company Na	me:
	Address:	
	Property:	
	Company Na	me:
	Address:	
	Property:	

(H) CODEBTORS:

(I) INCOME:	Creditor/Loa	an	Codebtor Name	Address
(I) INCOME:	Creditor/Loa			Address
	Your present			
Α. \	Your present			
7		employment:		
I	Debtor 1:			
E	Employer:			Unemployed?
A	Address:			
(Occupation:			How long:
I	Debtor 2:			
E	Employer:			Unemployed?
ļ	Address:			
				How long:
	•		vages, salary and/or commiseekly, monthly, quarterly, etc	ssions per pay period? (Please state
[Debtor 1:	\$	per	(weekly, bi-weekly, etc)
[Debtor 2:	\$	per	(weekly, bi-weekly, etc)
C . (Other sources	of Income includ	ing retirement, social securi	
-				
-				\$
D . [On either of vo	ou anticipate any	changes in income or exper	nses? If yes, explain:
.				.ccc. ii yoo, oxpiaiii

MEANS TEST WORKSHEET

PLEASE DO NOT RECREATE THIS FORM IN 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 of pay information. One (1) copy of these checks must be provided with this worksheet.

DEBTOR 1:

EMPLOYER OR OTHER SOURCE OF INCOME EX: SOCIAL SECURITY, UNEMPLOYMENT	CHECK DATE	GROSS (BEFORE TAXES)	FEDERAL WITHHOLDING TAX	SS, FICA OR OASDI	MEDICARE	OTHER DEDUCTIONS: Add all of your other deduct- ions and put one (1) figure in this block

DEBTOR 2:

EMPLOYER OR OTHER SOURCE OF INCOME EX: SOCIAL SECURITY, UNEMPLOYMENT	CHECK DATE	GROSS (BEFORE TAXES)	FEDERAL WITHHOLDING TAX	SS, FICA OR OASDI	MEDICARE	OTHER DEDUCTIONS: Add all of your other deduct- ions and put one (1) figure in this block
'						

Do eitner of you receive alimony, maintenance of support?No Yes Explain\$
Do either of you pay alimony, maintenance or support?NoYes Explain

(J) EXPENSES:

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

Name	Age	Relationship			
Name	Age	Relationship			
Name	Age	Relationship			
Name	Age	Relationship			
•	nclude expenses of people other tha Explain				
MONTHLY EXPENS	SES				
Home:					
Rent on residence (include lot rented for mobile home)				
Mortgage on resider	nce				
Additional mortgage	payments for residence, ex: equity	loans, 2nd mortgage.			
Real estate taxes (if	not included in mortgage)				
Property, homeowne	Property, homeowners, or renter's insurance (if not included in mortgage)				
Home maintenance, repair, and upkeep expenses					
Homeowner associa	ation or condominium dues				
<u>Utilities:</u>					
Electricity, natural ga					
Water, sewer, garba	ge collection				
Telephone, cell phor	ne, Internet, satellite, and cable				
Other Utilities					
Food and Housekee	ping supplies				
Childcare and childr	en's education costs				
Clothing, laundry, ar	nd dry cleaning				
Personal care produ	icts and services				
Medical and dental expenses					
(uncovered expenses/co-pays, over the counter medicine)					
Transportation (inclu	ude gas, maintenance, bus, train, bu	ıt not payments)			
Entertainment, clubs	s, recreation				
Newspapers, magaz	zines, and books				
Charitable contributi	ions and religious donations				
Insurance (not dedu	cted from wages or included in mort	tgage payments)			
Life Insuran	ce				
Health Insur	rance				
Vehicle Insu	ırance				
Other Insura	ance				

	Other Taxes							
	Installment and lease pay	ments						
	Car payments for	Vehicle Debtor 1						
	Car payments for	Vehicle Debtor 2						
	Other Installment	Payments						
	Payments of Alimony, Mai	•	not deducted from your					
	Other Payments you mak		-					
	Other Support		•					
	Other real property exper	nses (Second Property, N	ot Homestead)					
	Mortgage							
	Real estate taxes	í						
	Property, homeov	vner's, or renter's insuran	ce					
	· •	air and upkeep expenses						
	-	sociation or condominium						
	Other			·				
	<u> </u>							
	All Other Frances (note acquite med Color and to							
	All Other Evpenses (note	coourity pool Color popy	All Other Expenses (pets, security, pool, Solar panels, etc.)					
	• "	• • • • •						
·M 107	Specify							
1. 107	Specify	: or business for the last tw	wo years and year to d					
	Specify	: or business for the last tw		ate: (YTD)				
	Specify	or business for the last tw	vo years and year to d	(YTD)				
	Specify	or business for the last tw	vo years and year to d					
	Specify	or business for the last tw	vo years and year to d	(YTD)				
	Specify	or business for the last tw	vo years and year to d	(YTD)				
	Specify	cor business for the last two services of the last two services for th	vo years and year to d 2022) \$ or the last two years ar	(YTD)				
1.	Specify	s or business for the last two security, Winnings, etc.)	vo years and year to d 2022) \$ or the last two years ar	(YTD)				
1.	Specify	s or business for the last two security, Winnings, etc.)	wo years and year to d 2022) \$\$ or the last two years ar	(YTD) nd year to date:				
1.	Specify	employment or business for the last two security, Winnings, etc.)	vo years and year to d 2022) \$ or the last two years ar 2022) \$	(YTD) nd year to date:				

Dates of Payments:	
Amount Paid: \$	
Dates of Payments:	
Amount Paid: \$	Amount Owed: \$
	or bankruptcy, did you pay back a debt you owed to a family esDetails:
	\$
	or bankruptcy, did you make any payments or transfer any pne else? No YesDetails:
	ude Caption of Suit, Case No., Nature of Proceeding, Cour
Within 1 year before you filed fo	or Disposition: or bankruptcy, was any of your property repossessed, forecline seller? No If yes, please explain below:
Within 1 year before you filed fo garnished, transferred back to t Name and address of creditor o	
Within 1 year before you filed for garnished, transferred back to to Name and address of creditor of Date of Repossession, Description Creditor Setoff, or Refusal to Many creditor, including a bank of refuse to make a payment becar	or bankruptcy, was any of your property repossessed, forecthe seller? No If yes, please explain below: or seller: tion and Property Value: take Payment: Within 90 days before you filed for bankruptor financial institution, set off any amounts from your accountable you owed a debt? Name/Address of Creditor:
Within 1 year before you filed for garnished, transferred back to to the Name and address of creditor of Date of Repossession, Description Creditor Setoff, or Refusal to Many creditor, including a bank of the payment because to make a payment because to the payment because the payment because to the payment because to the payment because to the payment because the payment be	or bankruptcy, was any of your property repossessed, forecthe seller? No If yes, please explain below: or seller: dion and Property Value: diake Payment: Within 90 days before you filed for bankruptor financial institution, set off any amounts from your accountiuse you owed a debt? Name/Address of Creditor: Date:
Within 1 year before you filed for garnished, transferred back to to Name and address of creditor of Date of Repossession, Description Creditor Setoff, or Refusal to Many creditor, including a bank or refuse to make a payment became to make a payment became Amount Setoff: \$	or bankruptcy, was any of your property repossessed, forecthe seller? No If yes, please explain below: or seller: dion and Property Value: diake Payment: Within 90 days before you filed for bankruptor financial institution, set off any amounts from your accounting you owed a debt? Name/Address of Creditor: Date:

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:
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? NoYes
Description and value of property:
Description of circumstances, if loss was covered in whole or in part by insurance and date of loss:
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
Payments made to debt counseling: Within 1 year before you filed for bankruptcy, did you make
payment to debt counseling for debt consolidation or preparation of a petition in bankruptcy?
NoYes Name and address of payee:
Date of payment:
Name of Payor (if other than debtor):
Amount, description and value of property:
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 YesDate: Name of Recipient:
Amount, description and value of property:
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:
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 account and amount of final balance:
Amount, date of sale and closing:

18.	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?		
	NoYesName and address of bank or other depository:		
	Name and address of those w/ access to the safe deposit box:		
	Description of contents:		
	Bate of daniele of carrender, it arry.		
19.	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.	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.	Ownership or Connections to a Business (4 years) Value and description of current Inventory (List ALL business inventory and fair market value)		
22.	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 OF 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.

Client/Debtor	Date
Client/Debtor	 Date