

CLIENTQUEST_BUS.RTF

BUSINESS BANKRUPTCY FORMS

LAW OFFICE OF D. BLAIR CLARK, PLLC

**D. Blair Clark
Jeffrey P. Kaufman**

**1513 Tyrell Lane
Suite 130
Boise, ID 83706**

Phone (208) 475-2050

Fax (208) 475-2055

Email: dbc@dbclarklaw.com

Email: jeffrey@dbclarklaw.com

Email: mbblair@dbclarlaw.com

BUSINESS QUESTIONNAIRE

Client Questionnaire For Business Debtor
Section 1 - Basic Information

Part A. Name and Address

Name of business: _____

Contact Person's Name: _____

Telephone Number: _____ ext: _____ Alternative Number: _____

Email: _____

Has the business gone by any other names in the past eight years? No Yes

If yes, please list other names used:

Federal Tax ID or Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Has the business been at this address for at least 180 days? No Yes

If there is a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part B. Nature of Business

1. Location of principal assets, if different from address above:

City: _____ State: _____ Zip: _____

2. Please describe the nature of your business: _____

3. Who is the authorized signer? _____ His/Her title? _____

4. Do any of the following describe your business? Railroad Stockbroker Commodity Broker Clearing Bank
 Health Care Business Single Asset Real Estate 501(c)(3) Non-Profit

Part C. Prior and/or Pending Bankruptcy Cases

Has a bankruptcy case been filed by your company or against your company 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 business partner, or any of your affiliates? No Yes

If yes, name of debtor: _____

Relationship to you: _____

Case Number: _____

Date Filed: _____

Judge: _____

District in which the case was filed: _____

Exhibit "C" to the Voluntary Petition

Does your company own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes

If yes, please list and describe the property:

Section 2 - Property

Part A. Real Estate (Schedule A)

List ALL real estate which the business owns or is a joint owner of, even if the business still owes money on the property.

Address and Description of Property	Value	The business's % ownership, or \$amount of of equity, if your business is not the sole owner	List all mortgages and liens		Office Use Only Notes
			What is the \$ value of the loan, lien, or mortgage?	Who issued the lien, loan or mortgage? (name and address of institution)	

Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether the business owns any property of that category, and, if so, fill in the remaining information. You can think of the value as the resale value. Attach additional pages if necessary.

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only <i>Notes</i>
1. Cash on hand	<input type="checkbox"/> No <input type="checkbox"/> Yes			
2. Checking/Savings Account, Certificates of deposit, other bank accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes			
3. Security deposits held by utility companies, landlord	<input type="checkbox"/> No <input type="checkbox"/> Yes			
4. Household goods, furniture, including audio, video, and computer equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only Notes
5. Books, pictures, art objects, records, compact discs, collectibles	<input type="checkbox"/> No <input type="checkbox"/> Yes			
6. Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes			
7. Furs and jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes			
8. Sports, photographic, hobby equipment, firearms	<input type="checkbox"/> No <input type="checkbox"/> Yes			
9. Interest in insurance policies-specify refund or cancellation value	<input type="checkbox"/> No <input type="checkbox"/> Yes			
10. Annuities	<input type="checkbox"/> No <input type="checkbox"/> Yes			
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only Notes
12. Interests in pension or profit sharing plans	<input type="checkbox"/> No <input type="checkbox"/> Yes			
13. Stock and interests in incorporated/unincorporated business	<input type="checkbox"/> No <input type="checkbox"/> Yes			
14. Interests in partnerships/joint ventures	<input type="checkbox"/> No <input type="checkbox"/> Yes			
15. Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes			
16. Accounts receivable	<input type="checkbox"/> No <input type="checkbox"/> Yes			
17. Alimony/family support to which you are entitled	<input type="checkbox"/> No <input type="checkbox"/> Yes			
18. Other liquidated debts owed to you, including tax refunds	<input type="checkbox"/> No <input type="checkbox"/> Yes			
19. Equitable or future interests or life estates	<input type="checkbox"/> No <input type="checkbox"/> Yes			
20. Interests in estate of decedent or life insurance plan or trust	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only Notes
21. Other contingent/unliquidated claims, including tax refunds, counterclaims	<input type="checkbox"/> No <input type="checkbox"/> Yes			
22. Patents, copyrights, other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes			
23. Licenses, franchises	<input type="checkbox"/> No <input type="checkbox"/> Yes			
24. Customer List or other compilation with personally identifiable information	<input type="checkbox"/> No <input type="checkbox"/> Yes			
25. Automobiles, trucks, trailers, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes			
26. Boats, motors, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes			
27. Aircraft and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes			
28. Office equipment, supplies	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only <i>Notes</i>
29. Machinery, fixtures etc. for business	<input type="checkbox"/> No <input type="checkbox"/> Yes			
30. Inventory	<input type="checkbox"/> No <input type="checkbox"/> Yes			
31. Animals	<input type="checkbox"/> No <input type="checkbox"/> Yes			
32. Crops - growing or harvested	<input type="checkbox"/> No <input type="checkbox"/> Yes			
33. Farming equipment and implements	<input type="checkbox"/> No <input type="checkbox"/> Yes			
34. Farm supplies, chemicals, feed	<input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Other personal property of any kind not listed.	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Section 3 - Debts

Debts Secured by Property

- Bring all statements and/or billings regarding land, homes, vacation properties, time-shares, vehicles, boats, atv's, motorcycles, trailers, jewelry, furniture, etc. Make sure that statements include creditor name, address, account # and amount owing.

Credit Card Debts

- Bring all statements and/or billings regarding major credit cards, bank credit cards, department store credit cards, gas cards, phone cards and all other debts of this nature. Make sure that statements include creditor name, address, account # and amount owing.

Medical Debts

- Bring all statements and/or billings regarding unpaid medical bills, dental bills, vision bills, etc. Make sure that statements include creditor name, address, account # and amount owing.

Tax Debts

- Bring all statements and/or billings regarding unpaid federal, state and property taxes. Make sure that statements include creditor name, address, account # and amount owing.

Student Loan Debts

- Bring all statements and/or billings regarding unpaid federal and bank-loaned student loans. Even though these debts are usually non-dischargeable in bankruptcy, they are required to be listed on all bankruptcy schedules. Make sure that statements include creditor name, address, account # and amount owing.

All Other Debts

- Bring all statements and/or billings regarding all other outstanding debts, including but not limited to, cell phones, electricity, gas-water-sewer, garbage, rent, child support, alimony, personal loans, payday loans, bank loans, internet, cable tv, etc. Make sure that statements include creditor name, address, account # and amount owing.

Collection Lawsuits and Debts

- Bring all statements and/or billings regarding all collection company debts and lawsuits, even if they duplicate other debts listed above. Make sure that statements include creditor name, address, account # and amount owing.

Service Fees and Business Debts

- Bring all statements and/or billings regarding debts owing to attorneys, accountants, trade debts and any other professional organizations. Make sure that statements include creditor name, address, account # and amount owing.

Section 4 Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that the business is a party to. Include real estate, 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

Section 5 - Statement of Financial Affairs

If you have no information to report for a question, check the "NONE" box.

1. **Income from employment or operation of business**

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

NONE

Period	Dollar Amount you were paid	Source (i.e. employer name or business name)
January 1 of this year through date of commencement of case	_____	_____
Last year (January 1 - December 31)	_____	_____
The year before last (January 1 - December 31)	_____	_____

2. **Income other than from employment or operation of business**

State the amount of income received other than from employment or operation of business during the two years immediately preceding the commencement of this case:

NONE

Period	Dollar Amount you were paid	Source
During the last year	_____	_____
Year before last	_____	_____

3. **Payments to creditors**

a. **If your debts are primarily consumer debts (i.e. non-business)**, list all payments totaling over \$600 made within the last 90 days on loans, installment purchases of goods or services, and other debts. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation (i.e. alimony, child support, etc.) or that were made as part of an alternative repayment plan.

NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed
_____	_____	_____	_____

b. **If your debts are primarily non-consumer debts (i.e. business)**, list all payments totaling over \$5,475 made within the last 90 days to any creditor.

NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed
_____	_____	_____	_____

- c. **All debtors**, list all payments made within **one year** to any "insider" or for the benefit of any "insider". (*"Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.*)

NONE

Name and Address of Creditor and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed
--	-------------------	-------------	-------------------

4. Suits, executions, garnishments and attachments

- a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

NONE

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition
---------------------------------	----------------------	------------------------------	-----------------------

- b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Person/Company for Whom the Property was Seized (Creditor)	Date of Seizure	Description and Value of Property
--	-----------------	-----------------------------------

5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Creditor</u>	<u>Date of Repossession Foreclosure, Transfer or Return</u>	<u>Description and Value of Property</u>
-------------------------------------	---	--

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Assignee</u>	<u>Date of Assignment</u>	<u>Terms of Assignment/Settlement</u>
-------------------------------------	---------------------------	---------------------------------------

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Custodian</u>	<u>Name and location of Court, Case Title and Number</u>	<u>Date of Order</u>	<u>Description and Value of Property</u>
--------------------------------------	--	----------------------	--

7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

<u>Name and Address of Recipient</u>	<u>Relationship to You, if Any</u>	<u>Date of Gift</u>	<u>Description and Value of Gift</u>
--------------------------------------	------------------------------------	---------------------	--

8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case or **since the commencement of this case**.

NONE

<u>Description and Value of Property</u>	<u>Description of Circumstances and Amount Covered by Insurance, if Any</u>	<u>Date of Loss</u>
--	---	---------------------

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Payee</u>	<u>Date of Payment</u>	<u>Name of Person Who Paid, if Not You</u>	<u>Amount of Money/Description and Value of Property</u>
----------------------------------	------------------------	--	--

10. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case

NONE

<u>Name and Address of Transferee and Relationship to you</u>	<u>Date of Transfer</u>	<u>Description of Property and Value Received</u>
---	-------------------------	---

b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

<u>Name of Trust or Similar Device</u>	<u>Date of Transfer</u>	<u>Amount of Money or Description and Value of Property or Interest</u>
--	-------------------------	---

11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Institution</u>	<u>Type and Number of Account & Final Balance</u>	<u>Amount and Date of Sale or Closing</u>
--	---	---

12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

NONE

Name and Address of Bank or Other Depository	Name and Address of those with Access to Box or Depository	Description of Contents	Date of Transfer, if any
--	--	-------------------------	--------------------------

13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff
------------------------------	----------------	------------------

14. Property held for another person

List all property that you hold or control that is owned by another person.

NONE

Name and Address of Owner	Description and Value of Property	Location of Property
---------------------------	-----------------------------------	----------------------

15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

NONE

Address	Your Name at the Time	Dates of Occupancy
---------	-----------------------	--------------------

16. Spouses and Former Spouses

If you reside or resided in a community property state, commonwealth, or territory(including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **eight-year period** immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

NONE

Name

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil surface water, ground water, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

NONE

<u>Site Name and Address</u>	<u>Name and Address of Governmental Unit</u>	<u>Date of Notice</u>	<u>Environmental Law</u>
------------------------------	--	-----------------------	--------------------------

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

NONE

<u>Site Name and Address</u>	<u>Name and Address of Governmental Unit</u>	<u>Date of Notice</u>	<u>Environmental Law</u>
------------------------------	--	-----------------------	--------------------------

- c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NONE

<u>Name and Address of Governmental Unit</u>	<u>Docket Number</u>	<u>Status or Disposition</u>
--	----------------------	------------------------------

18. Nature, location and name of business

- a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole partnership, or was a self-employed professional within the **six years** immediately preceding

the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NONE

Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Beginning and End Dates of Operation
<hr/>				

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as define in 11 U.S.C. § 101.

NONE

Name	Address
<hr/>	

19. Books, records, and financial statements

a. List all bookkeepers and accountants who, within the **two years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

NONE

Name and Address	Dates Services Rendered
------------------	-------------------------

b. List all firms or individuals who, within the **two years** immediately preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor.

NONE

Name	Address	Dates Services Rendered
------	---------	-------------------------

c. List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.

NONE

Name and Address	Comments
------------------	----------

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NONE

Name and Address	Dates Issued
------------------	--------------

20. Inventories

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

NONE

Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)
-------------------	----------------------	---

b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

NONE

_____ Date of Inventory _____ Name and Address of Custodian of Inventory Records _____

21. Current partners, officers, directors, and shareholders

a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE

_____ Name and Address _____ Nature of Interest _____ Percentage of Interest _____

b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly own, controls, or holds 5% or more of the voting securities of the corporation.

NONE

_____ Name and Address _____ Title _____ Nature and Percentage of Stock Ownership _____

22. Former partners, officers, directors and shareholders

a. If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NONE

_____ Name and Address _____ Date of Withdrawal _____

b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NONE

_____ Name and Address _____ Title _____ Date of Termination _____

23. Withdrawals from a partnership or distributions by a corporation

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NONE

<u>Name and Address of Recipient, and Relationship to You</u>	<u>Date and Purpose of Withdrawal</u>	<u>Amount of Money or Description and Value of Property</u>
---	---------------------------------------	---

24. Tax Consolidation Group.

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

NONE

<u>Name of Parent Corporation</u>	<u>Taxpayer Identification Number</u>
-----------------------------------	---------------------------------------

25. Pension Funds

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NONE

<u>Name of Pension Fund</u>	<u>Taxpayer Identification Number</u>
-----------------------------	---------------------------------------

Section 6 Supplement for Chapter 11 Cases

Part A. Exhibit "A" to Voluntary Petition

If debtor is required to file periodic reports (e.g. - Forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy code, Exhibit "A" shall be completed and attached to the petition.

Are any of your securities registered under section 12 of the Securities Exchange Act of 1934? Yes No

If so, what is the SEC file Number? _____

The following questions ask for financial data about your company. Your answers reflect the company's finances as of (date)

_____.

Total assets: \$ _____

Total liabilities: \$ _____

Please list debt securities held by more than 500 holders

<input type="checkbox"/>	Secured	<input type="checkbox"/>	Unsecured	<input type="checkbox"/>	Subordinated	\$ _____	
<input type="checkbox"/>	Secured	<input type="checkbox"/>	Unsecured	<input type="checkbox"/>	Subordinated	\$ _____	_____
<input type="checkbox"/>	Secured	<input type="checkbox"/>	Unsecured	<input type="checkbox"/>	Subordinated	\$ _____	_____
<input type="checkbox"/>	Secured	<input type="checkbox"/>	Unsecured	<input type="checkbox"/>	Subordinated	\$ _____	_____
<input type="checkbox"/>	Secured	<input type="checkbox"/>	Unsecured	<input type="checkbox"/>	Subordinated	\$ _____	_____

Number of shares of preferred stock _____

Number of shares of common stock _____

Comments, if any:

Briefly describe the nature of your business:

List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of your company:

Part F. Other Debts

Please list below all debts not listed above that you owe OR that creditors claim you owe.

Please Describe the Type of Debt <i>(I.e. unpaid rent, alimony or child support, service fees, other bank loans, personal loans, or enter a description of your own.)</i>	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Describe:	1. Amount Owed <i>(amount of claim)</i> : 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Describe:	1. Amount Owed <i>(amount of claim)</i> : 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Please Describe the Type of Debt <i>(i.e. unpaid rent, alimony or child support, service fees, other bank loans, personal loans, or enter a description of your own.)</i>	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Describe:	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Describe:	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Please Describe the Type of Debt <i>(i.e. unpaid rent, alimony or child support, service fees, other bank loans, personal loans, or enter a description of your own.)</i>	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Describe:	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Describe:	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	