



AMERICAN  
BANKRUPTCY  
INSTITUTE

# 2023 Alexander L. Paskay Memorial Bankruptcy Seminar

## **Nuts & Bolts Program**

**Hon. Roberta A. Colton, Moderator**

U.S. Bankruptcy Court (M.D. Fla.) | Tampa

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**Elena P. Ketchum**

Stichter, Riedel, Blain & Postler, P.A. | Tampa

**J. Ryan Yant**

Carlton Fields, P.A. | Orlando

**Nuts & Bolts Seminar – Fact Pattern**

**BASIC FACTS**

Santa Paws (the “*Company*”) manufactures and sells Christmas toys and presents for pets throughout the United States and abroad. The *Company*’s president and sole shareholder is Chrissy Moss.

The *Company*’s has the following assets:

Accounts Receivable	\$ 500,000
Inventory	\$ 500,000
Real Estate/Business Office	\$ 2,000,000

The *Company* also leases a manufacturing facility under a ten-year lease at \$50,000 per month. The lease is personally guaranteed by Mrs. Moss. Payments on the lease are behind one month.

On the liability side, the *Company* owes \$3.7 million to First Bank North (“*FBN*”). *FBN* has a perfected security interest in the *Company*’s accounts receivable, inventory, and real estate. Mrs. Moss and her husband have personally guaranteed the *FBN* loan. The *Company* is behind one month on its payments to *FBN*.

The *Company* has approximately \$1,000,000 in unsecured trade debt but is current with all tax payments. The *Company* and Mrs. Moss are defendants in numerous product liability suits around the country. One of the *Company*’s products— a small chew toy— was responsible for the deaths of approximately 200 dogs. These deaths are attributable to a choking disease known as “*Doggie Death Syndrome*” which has been linked to buttons on the chew toy. The *Company* produced and sold approximately 25,000 of the chew toys. Although the chew toy is no longer manufactured, at least 15,000 are out somewhere in the public. To date, no judgements have been entered against Mrs. Moss or the *Company*, but Mrs. Moss has been loaning the *Company* money to pay the attorneys’ fees associated with the pending lawsuits.

Mrs. Moss is married, but her husband is not involved with the company. They have a 15-year-old son. The Moss’ own a home valued at \$500,000, with a mortgage of \$350,000. The Mosses are behind two months on their mortgage. They have a joint checking account with *FBN* that has \$10,000. Mrs. Moss has term life insurance that is paid by the *Company* and an IRA valued at \$100,000. Mrs. Moss owns a vehicle titled in her name alone valued at \$20,000, with a car loan of \$15,000. Mr. and Mrs. Moss jointly own a second vehicle that has no equity beyond the car loan of \$35,000. Mr. Moss is contemplating filing for a divorce because of the financial stress facing the couple.

# POTENTIAL ISSUES IN CH. 7 CASE

- 1 Schedules – (Failure to list assets)

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- 2 Exemptions

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- 3 Role of Trustee

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- 4 Asset/No Asset – what does this mean for creditors

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- 5 Proofs of Claim – timing and failure to file

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- 6 Discharge – effect on claims

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- 7 Non-Dischargeable Claims and Discharge Actions

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- 8 Student Loans – can they be discharged

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- 9 Avoidable transfers (preference/fraudulent transfer) – source of recovery

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# POTENTIAL ISSUES IN CH. 13 CASE

1 Eligibility

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2 Role of Chapter 13 Trustee

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3 Co-Debtor automatic stay

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4 Classification of Claims (priority, secured, unsecured)

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5 Payment of disposable income over plan period

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6 Plan payments

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7 Chapter 13 discharge/hardship discharge

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8 Proof of Claim – must file

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# POTENTIAL ISSUES IN CHAPTER 11 CASE OF SANTA PAWS

- 1 Strategy First: What's the game plan for Santa Paws?  
Reorganize or Sell?
- 2 Which Dog Will Hunt? Traditional Ch. 11, Small Business Ch. 11, or Sub V Ch. 11
- 3 First-Day Motions: Cash Collateral, Prepetition Wages, Utilities, Officer's Salary, Critical Vendors Motion
- 4 Suggestion of Bankruptcy: File Notice of Bankruptcy in Pending Product Liability Lawsuits
- 5 Retention of Professionals – Debtor's Counsel/ Accountant / CRO / Broker
- 6 Assume or Reject Non-Residential Real Property Leases / Personal Property Leases
- 7 Stay Relief: Will creditors file stay relief motions with the Bankruptcy Court to continue product liability lawsuits in the pending jurisdictions?
- 8 Exclusivity to File Chapter 11 Plan and Plan Confirmation
- 9 UCCs – Perform search to ensure all creditors listed in Schedules
- 10 MORs – timely file monthly operating reports and pay UST Fees
- 11 Fee Applications – All professionals must file fee applications with the Bankruptcy Court for approval
- 12 Proof of Claims
- 13 Communication with Interested Parties - Creditors' Attorneys, US Trustee's Office, Other Interested Parties

## **Resources for Bankruptcy Basics**

### **Middle District of Florida U.S. Bankruptcy Court (FLMB)**

1. Middle District of Florida U.S. Bankruptcy Court (home page) – <http://www.flmb.uscourts.gov/>
2. The Source - <http://www.flmb.uscourts.gov/thefsource/>  
A resource for the FLMB procedures, rules, and related reference materials.
3. Bankruptcy Basics - <http://www.flmb.uscourts.gov/bankruptcybasics/>  
Written guide and series of videos designed to provide basic information on federal bankruptcy laws.

### **Southern District of Florida U.S. Bankruptcy Court (FLSB)**

1. Southern District of Florida U.S. Bankruptcy Court (home page) – <https://www.flsb.uscourts.gov/>
2. For Debtors - <https://www.flsb.uscourts.gov/dont-have-lawyer>  
The FLSB’s bankruptcy basics guide for pro se debtors.
3. For Lawyers - <https://www.flsb.uscourts.gov/attorneys>  
The FLSB’s procedures, rules, and related information for lawyers.

### **Northern District of Florida U.S. Bankruptcy Court (FLNB)**

1. Northern District of Florida (home page) - <https://www.flnd.uscourts.gov/>
2. For lawyers - <https://www.flnd.uscourts.gov/attorney-information>  
The FLNB’s procedures and local rules for attorneys.

## General Bankruptcy Information

1. U.S. Court’s Bankruptcy Basics - <https://www.uscourts.gov/services-forms/bankruptcy/bankruptcy-basics>  
U.S. Courts bankruptcy guide on federal bankruptcy laws, filing, and the process.
2. American Bankruptcy Institute - <https://www.abi.org/>  
Bankruptcy professional association with helpful current news, journals, and CLEs on bankruptcy.
3. Consumer Bankruptcy - <https://www.floridabar.org/public/consumer/pamphlet008/>  
The Florida Bar’s Pamphlet on consumer bankruptcy Ch. 7 and Ch.13 in Florida.
4. United States Trustee - <https://www.justice.gov/ust>  
Website for the U.S. Trustee Program; responsible for overseeing the administration of bankruptcy cases and private trustees.

## Chapter Specific Basic Guides – U.S. Courts

1. Chapter 13 - <https://www.uscourts.gov/services-forms/bankruptcy/bankruptcy-basics/chapter-13-bankruptcy-basics>
2. Chapter 7 - <https://www.uscourts.gov/services-forms/bankruptcy/bankruptcy-basics/chapter-7-bankruptcy-basics>
3. Chapter 11 - <https://www.uscourts.gov/services-forms/bankruptcy/bankruptcy-basics/chapter-11-bankruptcy-basics>

## Treatises on Bankruptcy

1. Lundin on Ch.13 -  
<https://www.lundinonchapter13.com/Content/LundinOnChapter13>  
General principles, considerations, requirements, and limitations for Ch. 13 proceedings.
2. Norton Bankruptcy Law and Practice -  
<https://store.legal.thomsonreuters.com/law-products/Treatises/Norton-Bankruptcy-Law-and-Practice-3d/p/100005837>  
Leading, comprehensive resource on Bankruptcy law and the process (paid resource).
3. Collier on Bankruptcy - <https://store.lexisnexis.com/products/collier-on-bankruptcy-skuusSku10113>  
Another leading, comprehensive resource on Bankruptcy law and the process (paid resource).

# BANKRUPTCY FORMS INDEX

THE FOLLOWING HIGHLIGHTS AND INCLUDES THE MOST COMMONLY USED FORMS IN CHAPTER 7, 11, AND 13 CASES. THERE MAY BE OTHER FORMS WHICH ARE REQUIRED TO BE FILED AND THE FORMS ARE SUBJECT TO REVISION IN THE FUTURE. WE INVITE YOU, THEREFORE, TO CONSULT [WWW.USCOURTS.GOV.COM](http://WWW.USCOURTS.GOV.COM) AND THE LOCAL RULES IN YOUR JURISDICTION FOR ADDITIONAL FORMS AND THE MOST UP-TO-DATE INFORMATION.

- 1 Bankruptcy Forms List ([www.uscourts.gov/forms/bankruptcy-forms](http://www.uscourts.gov/forms/bankruptcy-forms))

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- 2 Required Lists, Schedules, Statements, and Fees – Chapters 7, 11, 12, and 13 (Form 2000)

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- 3 Individual Filing for Bankruptcy: Voluntary Petition, Schedules, Statement of Financial Affairs, Statement About Your Social Security Numbers, Notice Required by 11 U.S.C. § 342(b)
  - Chapter 7 Specific Forms: Statement of Intention (Form 108); Statement of Monthly Income (Form 122A-1); Statement of Exemption from Presumption of Abuse (Form 122A-1 Supp); Ch. 7 Means Test Calculation (Form 122A-2)
  - Chapter 11 Specific Forms: 20 Largest Unsecured Creditors (Form 104); Statement of Monthly Income (Form 122B)
  - Chapter 13 Specific Forms: Statement of Monthly Income (Form 122C-1); Calculation of Disposable Income (Form 122C-2)
  - Certification About a Financial Management Course (Form 423)

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- 4 Non-Individual Filing for Bankruptcy (Business Bankruptcy) - Voluntary Petition, Schedules, Statement of Financial Affairs
  - Chapter 11 Specific Form: 20 Largest Unsecured Creditors (Form 204)

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- 5 Disclosure of Compensation of Attorney for Debtor (Form 2030)

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# BANKRUPTCY FORMS INDEX

- 6 Suggestion of Bankruptcy Form

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- 7 Order of Discharge (Ch. 7) (Form 318)

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- 8 Proof of Claim (Form 410)

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- 9 Ch. 11 Monthly Operating Report (MOR) - UST Form 11 – MOR (12/01/2021)

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- 10 Monthly Operating Report for Small Business Under Chapter 11 (Form 425C)

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- 11 Plan of Reorganization for Small Business Under Chapter 11 (Form 425A)

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- 12 Disclosure Statement for Small Business Under Chapter 11 (Form 425B)

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- 13 Ch. 11 – Ballot for Accepting or Rejecting Plan of Reorganization (Form 314)

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- 14 Chapter 13 Plan Form (Effective August 1, 2020)

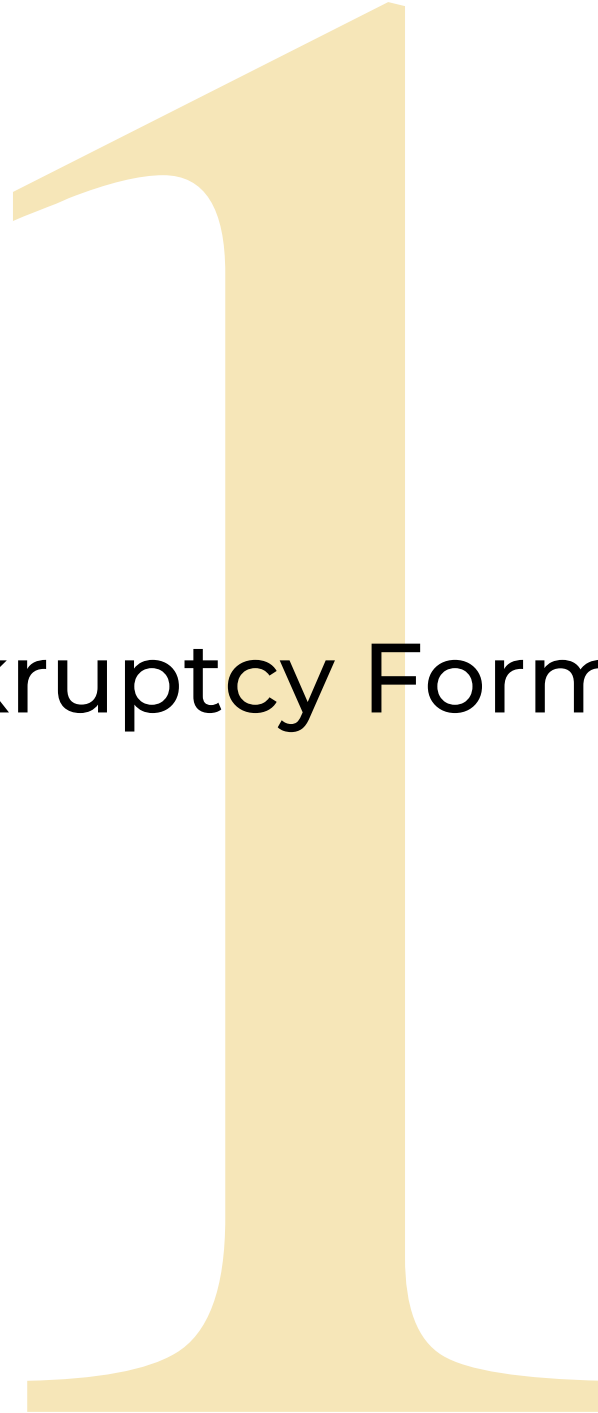
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- 15 Accompanying Orders List for U.S. Bankruptcy Court,  
Middle District of Florida (Effective January 5, 2023)

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- 16 Negative Notice List for U.S. Bankruptcy Court, Middle District of Florida  
(Effective January 5, 2023)

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# Bankruptcy Forms List

# Bankruptcy Forms

Form Number	Form Name	Category
B 101	<a href="#">Voluntary Petition for Individuals Filing for Bankruptcy</a>	Individual Debtors
B 101A	<a href="#">Initial Statement About an Eviction Judgment Against You (individuals)</a>	Individual Debtors
B 101B	<a href="#">Statement About Payment of an Eviction Judgment Against You (individuals)</a>	Individual Debtors
B 103A	<a href="#">Application for Individuals to Pay the Filing Fee in Installments</a>	Individual Debtors
B 103B	<a href="#">Application to Have the Chapter 7 Filing Fee Waived</a>	Individual Debtors
B 104	<a href="#">For Individual Chapter 11 Cases: The List of Creditors Who Have the 20 Largest Unsecured Claims Against You Who Are Not Insiders</a>	Individual Debtors
B 105	<a href="#">Involuntary Petition Against an Individual</a>	Individual Debtors
B 106 Declaration	<a href="#">Declaration About an Individual Debtor's Schedules</a>	Individual Debtors
B 106 Summary	<a href="#">A Summary of Your Assets and Liabilities and Certain Statistical Information (individuals)</a>	Individual Debtors
B 106A/B	<a href="#">Schedule A/B: Property (individuals)</a>	Individual Debtors
B 106C	<a href="#">Schedule C: The Property You Claim as Exempt (individuals)</a>	Individual Debtors
B 106D	<a href="#">Schedule D: Creditors Who Hold Claims Secured By Property (individuals)</a>	Individual Debtors
B 106E/F	<a href="#">Schedule E/F: Creditors Who Have Unsecured Claims (individuals)</a>	Individual Debtors
B 106G	<a href="#">Schedule G: Executory Contracts and Unexpired Leases (individuals)</a>	Individual Debtors
B 106H	<a href="#">Schedule H: Your Codebtors (individuals)</a>	Individual Debtors
B 106I	<a href="#">Schedule I: Your Income (individuals)</a>	Individual Debtors
B 106J	<a href="#">Schedule J: Your Expenses (individuals)</a>	Individual Debtors
B 106J-2	<a href="#">Schedule J-2: Expenses for Separate Household of Debtor 2 (individuals)</a>	Individual Debtors
B 107	<a href="#">Statement of Financial Affairs for Individuals Filing for Bankruptcy</a>	Individual Debtors
B 108	<a href="#">Statement of Intention for Individuals Filing Under Chapter 7</a>	Individual Debtors
B 113	<a href="#">Chapter 13 Plan</a>	Individual Debtors
B 119	<a href="#">Bankruptcy Petition Preparer's Notice, Declaration and Signature</a>	Individual Debtors

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Bankruptcy Forms | United States Courts

Form Number ▼	Form Name	Category ▲
B 121	<a href="#">Your Statement About Your Social Security Numbers</a>	Individual Debtors
B 122A-1	<a href="#">Chapter 7 Statement of Your Current Monthly Income</a>	Means Test Forms
B 122A-1Supp	<a href="#">Statement of Exemption from Presumption of Abuse Under §707(b)(2)</a>	Means Test Forms
B 122A-2	<a href="#">Chapter 7 Means Test Calculation</a>	Means Test Forms
B 122B	<a href="#">Chapter 11 Statement of Your Current Monthly Income</a>	Means Test Forms
B 122C-1	<a href="#">Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period</a>	Means Test Forms
B 122C-2	<a href="#">Chapter 13 Calculation of Your Disposable Income</a>	Means Test Forms
B 201	<a href="#">Voluntary Petition for Non-Individuals Filing for Bankruptcy</a>	Non-Individual Debtors
B 201A	<a href="#">Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11</a>	Non-Individual Debtors
B 202	<a href="#">Declaration Under Penalty of Perjury for Non-Individual Debtors</a>	Non-Individual Debtors
B 204	<a href="#">For Chapter 11 Cases: The List of Creditors Who Have the 20 Largest Unsecured Claims Against You Who Are Not Insiders (non-individuals)</a>	Non-Individual Debtors
B 205	<a href="#">Involuntary Petition Against a Non-Individual</a>	Non-Individual Debtors
B 206 Summary	<a href="#">A Summary of Your Assets and Liabilities (non-individuals)</a>	Non-Individual Debtors
B 206A/B	<a href="#">Schedule A/B: Property (non-individuals)</a>	Non-Individual Debtors
B 206D	<a href="#">Schedule D: Creditors Who Have Claims Secured By Property (non-individuals)</a>	Non-Individual Debtors
B 206E/F	<a href="#">Schedule E/F: Creditors Who Have Unsecured Claims (non-individuals)</a>	Non-Individual Debtors
B 206G	<a href="#">Schedule G: Executory Contracts and Unexpired Leases (non-individuals)</a>	Non-Individual Debtors
B 206H	<a href="#">Schedule H: Your Codebtors (non-individuals)</a>	Non-Individual Debtors

<https://www.uscourts.gov/forms/bankruptcy-forms>

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Bankruptcy Forms | United States Courts

Form Number ▼	Form Name	Category
B 207	<u>Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy</u>	Non-Individual Debtors
B 309A	<u>Notice of Chapter 7 Bankruptcy Case – No Proof of Claim Deadline (For Individuals or Joint Debtors)</u>	Meeting of Creditors Notices
B 309B	<u>Notice of Chapter 7 Bankruptcy Case – Proof of Claim Deadline Set (For Individuals or Joint Debtors)</u>	Meeting of Creditors Notices
B 309C	<u>Notice of Chapter 7 Bankruptcy Case – No Proof of Claim Deadline Set (For Corporations or Partnerships)</u>	Meeting of Creditors Notices
B 309D	<u>Notice of Chapter 7 Bankruptcy Case – Proof of Claim Deadline Set (For Corporations or Partnerships)</u>	Meeting of Creditors Notices
B 309E1	<u>Notice of Chapter 11 Bankruptcy Case (For Individuals or Joint Debtors)</u>	Meeting of Creditors Notices
B 309E2	<u>Notice of Chapter 11 Bankruptcy Case (For Individuals or Joint Debtors under Subchapter V)</u>	Meeting of Creditors Notices
B 309F1	<u>Notice of Chapter 11 Bankruptcy Case (For Corporations or Partnerships)</u>	Meeting of Creditors Notices
B 309F2	<u>Notice of Chapter 11 Bankruptcy Case (For Corporations or Partnerships under Subchapter V)</u>	Meeting of Creditors Notices
B 309G	<u>Notice of Chapter 12 Bankruptcy Case (For Individuals or Joint Debtors)</u>	Meeting of Creditors Notices
B 309H	<u>Notice of Chapter 12 Bankruptcy Case (For Corporations or Partnerships)</u>	Meeting of Creditors Notices
B 309I	<u>Notice of Chapter 13 Bankruptcy Case</u>	Meeting of Creditors Notices
B 312	<u>Order and Notice for Hearing on Disclosure Statement</u>	Bankruptcy Forms
B 313	<u>Order Approving Disclosure Statement and Fixing Time for Filing Acceptances or Rejections of Plan, Combined with Notice Thereof</u>	Bankruptcy Forms
B 314	<u>Ballot for Accepting or Rejecting Plan</u>	Bankruptcy Forms
B 315	<u>Order Confirming Plan</u>	Bankruptcy Forms
B 318	<u>Discharge of Debtor in a Chapter 7 Case</u>	Bankruptcy Forms

<https://www.uscourts.gov/forms/bankruptcy-forms>

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Bankruptcy Forms | United States Courts

Form Number ▼	Form Name	Category ▲▼
B 401	<a href="#">Petition for Recognition of Foreign Proceeding</a>	Bankruptcy Forms
B 410	<a href="#">Proof Of Claim</a>	Bankruptcy Forms
B 410A	<a href="#">Proof Of Claim, Attachment A</a>	Bankruptcy Forms
B 410S-1	<a href="#">Proof Of Claim, Supplement 1</a>	Bankruptcy Forms
B 410S-2	<a href="#">Proof Of Claim, Supplement 2</a>	Bankruptcy Forms
B 411A	<a href="#">General Power of Attorney</a>	Bankruptcy Forms
B 411B	<a href="#">Special Power of Attorney</a>	Bankruptcy Forms
B 416A	<a href="#">Caption</a>	Bankruptcy Forms
B 416B	<a href="#">Caption (Short Title)</a>	Bankruptcy Forms
B 416D	<a href="#">Caption for Use in Adversary Proceeding other than for a Complaint Filed by a Debtor</a>	Bankruptcy Forms
B 417A	<a href="#">Notice Of Appeal And Statement Of Election</a>	Appellate Forms
B 417B	<a href="#">Optional Appellee Statement Of Election To Proceed In District Court</a>	Appellate Forms
B 417C	<a href="#">Certificate of Compliance With Rule 8015(a)(7)(B) or 8016(d)(2)</a>	Appellate Forms
B 420A	<a href="#">Notice of Motion or Objection</a>	Bankruptcy Forms
B 420B	<a href="#">Notice of Objection to Claim</a>	Bankruptcy Forms
B 423	<a href="#">Certification About a Financial Management Course</a>	Bankruptcy Forms
B 424	<a href="#">Certification to Court of Appeals</a>	Appellate Forms
B 425A	<a href="#">Plan of Reorganization for Small Business Under Chapter 11</a>	Small Business Forms
B 425B	<a href="#">Disclosure Statement for Small Business Under Chapter 11</a>	Small Business Forms
B 425C	<a href="#">Monthly Operating Report for Small Business Under Chapter 11</a>	Small Business Forms
B 426	<a href="#">Periodic Report Regarding Value, Operations, and Profitability of Entities in Which the Debtor's Estate Holds a Substantial or Controlling Interest</a>	Bankruptcy Forms
B 427	<a href="#">Cover Sheet for Reaffirmation Agreement</a>	Bankruptcy Forms
B 1040	<a href="#">Adversary Proceeding Cover Sheet</a>	Bankruptcy Forms
B 1130	<a href="#">Motion, Notice and Order for Adequate Protection Payments and Opportunity to Object</a>	Bankruptcy Forms
B 1310	<a href="#">Exemplification Certificate</a>	Bankruptcy Forms

<https://www.uscourts.gov/forms/bankruptcy-forms>

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Bankruptcy Forms | United States Courts

Form Number	Form Name	Category
B 1320	<a href="#">Application For Search of Bankruptcy Records</a>	Bankruptcy Forms
B 1330	<a href="#">Claims Register</a>	Bankruptcy Forms
B 1340	<a href="#">Application for Payment of Unclaimed Funds</a>	Bankruptcy Forms
B 2000	<a href="#">Required Lists, Schedules, Statements, and Fees</a>	Bankruptcy Forms
B 2010	<a href="#">Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy</a>	Bankruptcy Forms
B 2020	<a href="#">Statement of Military Service</a>	Bankruptcy Forms
B 2030	<a href="#">Disclosure of Compensation of Attorney For Debtor</a>	Bankruptcy Forms
B 2040	<a href="#">Notice of Need to File Proof of Claim Due to Recovery of Assets</a>	Bankruptcy Forms
B 2050	<a href="#">Notice to Creditors and Other Parties in Interest</a>	Bankruptcy Forms
B 2060	<a href="#">Certificate of Commencement of Case</a>	Bankruptcy Forms
B 2070	<a href="#">Certificate of Retention of Debtor in Possession</a>	Bankruptcy Forms
B 2100A	<a href="#">Transfer of Claim Other Than For Security</a>	Bankruptcy Forms
B 2100B	<a href="#">Notice of Transfer of Claim Other Than for Security</a>	Bankruptcy Forms
B 2300A	<a href="#">Order Confirming Chapter 12 Plan</a>	Bankruptcy Forms
B 2300B	<a href="#">Order Confirming Chapter 13 Plan</a>	Bankruptcy Forms
B 2310A	<a href="#">Order Fixing Time to Object to Proposed Modification of Confirmed Chapter 12 Plan</a>	Bankruptcy Forms
B 2310B	<a href="#">Order Fixing Time to Object to Proposed Modification of Confirmed Chapter 13 Plan</a>	Bankruptcy Forms
B 2400A	<a href="#">Reaffirmation Documents</a>	Bankruptcy Forms
B 2400A/B ALT	<a href="#">Reaffirmation Agreement</a>	Bankruptcy Forms
B 2400B	<a href="#">Motion For Approval of Reaffirmation Agreement</a>	Bankruptcy Forms
B 2400C	<a href="#">Order on Reaffirmation Agreement</a>	Bankruptcy Forms
B 2400C ALT	<a href="#">Order on Reaffirmation Agreement (Alt.)</a>	Bankruptcy Forms
B 2500A	<a href="#">Summons in an Adversary Proceeding</a>	Bankruptcy Forms
B 2500B	<a href="#">Summons and Notice of Pretrial Conference in an Adversary Proceeding</a>	Bankruptcy Forms
B 2500C	<a href="#">Summons and Notice of Trial in an Adversary Proceeding</a>	Bankruptcy Forms

<https://www.uscourts.gov/forms/bankruptcy-forms>

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## 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

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Bankruptcy Forms | United States Courts

Form Number	Form Name	Category
B 2500D	<a href="#">Third-Party Summons</a>	Bankruptcy Forms
B 2500E	<a href="#">Summons to Debtor in Involuntary Case</a>	Bankruptcy Forms
B 2500F	<a href="#">Summons in a Chapter 15 Case Seeking Recognition of a Foreign Nonmain Proceeding</a>	Bankruptcy Forms
B 2530	<a href="#">Order For Relief in an Involuntary Case</a>	Bankruptcy Forms
B 2540	<a href="#">Subpoena For Rule 2004 Examination</a>	Bankruptcy Forms
B 2550	<a href="#">Subpoena to Appear and Testify at a Hearing or Trial in a Bankruptcy Case (or Adversary Proceeding)</a>	Bankruptcy Forms
B 2560	<a href="#">Subpoena to Testify at a Deposition in a Bankruptcy Case (or Adversary Proceeding)</a>	Bankruptcy Forms
B 2570	<a href="#">Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Bankruptcy Case (or Adversary Proceeding)</a>	Bankruptcy Forms
B 2600	<a href="#">Entry of Default</a>	Bankruptcy Forms
B 2610A	<a href="#">Judgment by Default - Clerk</a>	Bankruptcy Forms
B 2610B	<a href="#">Judgment by Default - Judge</a>	Bankruptcy Forms
B 2610C	<a href="#">Judgment in an Adversary Proceeding</a>	Bankruptcy Forms
B 2620	<a href="#">Notice of Entry of Judgment</a>	Bankruptcy Forms
B 2630	<a href="#">Bill of Costs</a>	Bankruptcy Forms
B 2640	<a href="#">Writ of Execution to the United State Marshal</a>	Bankruptcy Forms
B 2650	<a href="#">Certification of Judgment for Registration in Another District</a>	Bankruptcy Forms
B 2700	<a href="#">Notice of Filing of Final Report of Trustee</a>	Bankruptcy Forms
B 2710	<a href="#">Final Decree</a>	Bankruptcy Forms
B 2800	<a href="#">Disclosure of Compensation of Bankruptcy Petition Preparer</a>	Bankruptcy Forms
B 2810	<a href="#">Appearance of Child Support Creditor or Representative</a>	Bankruptcy Forms
B 2830	<a href="#">Chapter 13 Debtor's Certifications Regarding Domestic Support Obligations and Section 522(q)</a>	Bankruptcy Forms
B 3130S	<a href="#">Order Conditionally Approving Disclosure Statement</a>	Bankruptcy Forms
B 3150S	<a href="#">Order Approving Disclosure Statement and Confirming Plan</a>	Bankruptcy Forms
B 3180F	<a href="#">Chapter 12 Discharge</a>	Bankruptcy Forms
B 3180FH	<a href="#">Chapter 12 Hardship Discharge</a>	Bankruptcy Forms

<https://www.uscourts.gov/forms/bankruptcy-forms>

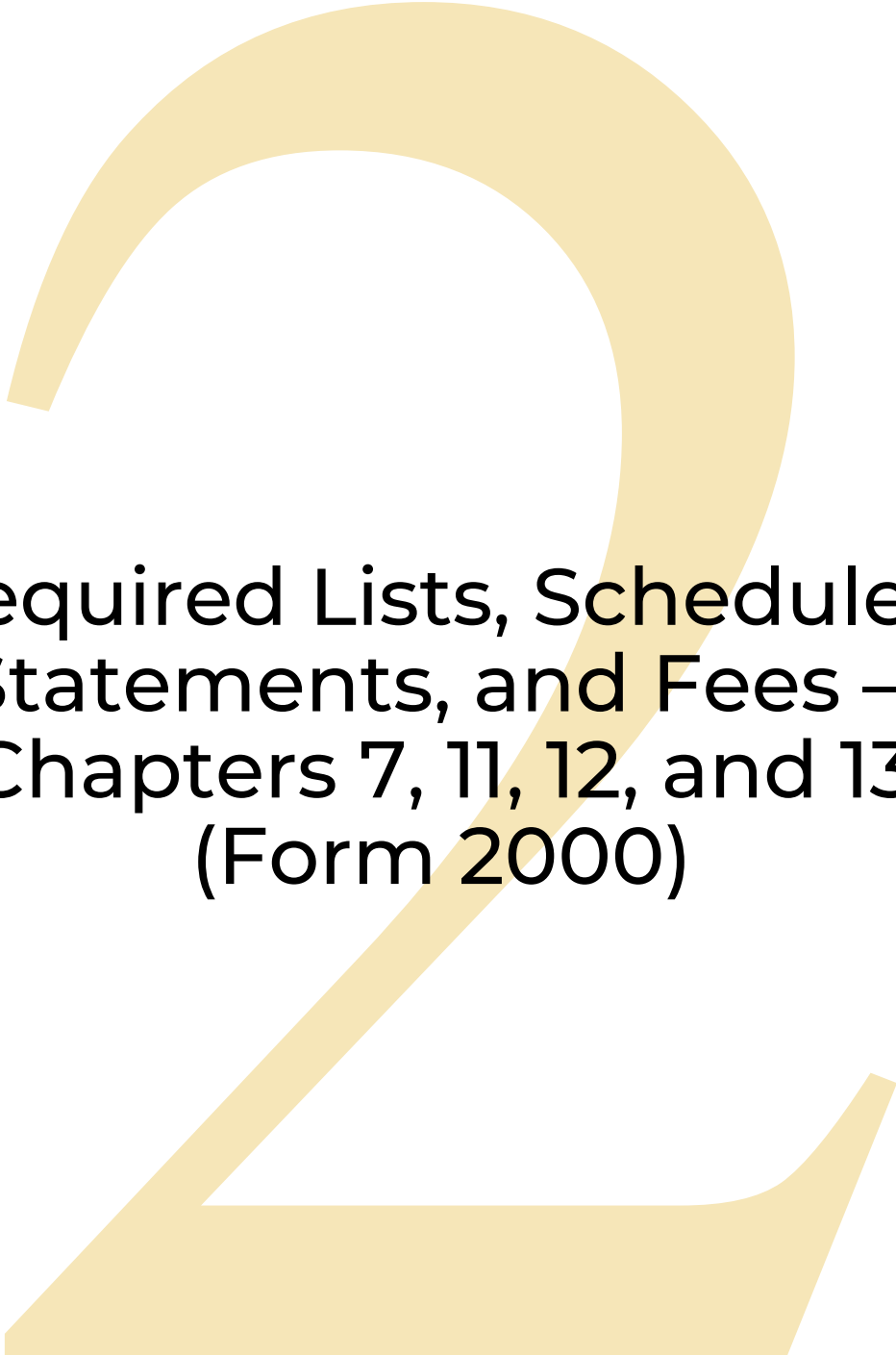
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Bankruptcy Forms | United States Courts

Form Number ▼	Form Name	Category ▲▼
B 3180RI	<a href="#">Individual Chapter 11 Discharge</a>	Bankruptcy Forms
B 3180RV1	<a href="#">Chapter 11 Discharge for Individual Whose Plan was Confirmed under § 1191(a)</a>	Bankruptcy Forms
B 3180RV2	<a href="#">Chapter 11 Discharge for Individual Whose Plan was Confirmed under § 1191(b)</a>	Bankruptcy Forms
B 3180RV3	<a href="#">For Corporation or Partnership Whose Plan was Confirmed under § 1191(b)</a>	Bankruptcy Forms
B 3180W	<a href="#">Chapter 13 Discharge</a>	Bankruptcy Forms
B 3180WH	<a href="#">Chapter 13 Hardship Discharge</a>	Bankruptcy Forms
B 4100N	<a href="#">Notice of Final Cure Payment</a>	Bankruptcy Forms
B 4100R	<a href="#">Response to Notice of Final Cure Payment</a>	Bankruptcy Forms
B 4100S	<a href="#">Supplemental Proof of Claim for CARES Forbearance Claim</a>	Bankruptcy Forms
B 4170	<a href="#">Declaration of Inmate Filing</a>	Bankruptcy Forms



Required Lists, Schedules,  
Statements, and Fees –  
Chapters 7, 11, 12, and 13  
(Form 2000)

# AMERICAN BANKRUPTCY INSTITUTE

B2000 (Form 2000) (04/22)

## UNITED STATES BANKRUPTCY COURT REQUIRED LISTS, SCHEDULES, STATEMENTS, AND FEES Voluntary Chapter 7 Case

- Filing Fee of \$245.** If the fee is to be paid in installments or the debtor requests a waiver of the fee, the debtor must be an individual and must file a signed application for court approval. Official Form 103A or 103B and Fed.R.Bankr.P. 1006(b), (c).
- Administrative fee of \$78 and trustee surcharge of \$15.** If the debtor is an individual and the court grants the debtor's request, these fees are payable in installments or may be waived.
- Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101) or Voluntary Petition for Non-Individuals Filing for Bankruptcy (Official Form 201); Names and addresses of all creditors of the debtor.** Must be filed WITH the petition. Fed.R.Bankr.P. 1007(a)(1).
- Notice to Individual Debtor with Primarily Consumer Debts** under 11 U.S.C. § 342(b) (Director's Form 2010), if applicable. Required if the debtor is an individual with primarily consumer debts. The notice must be GIVEN to the debtor before the petition is filed. Certification that the notice has been given must be FILED with the petition or within 15 days. 11 U.S.C. §§ 342(b), 521(a)(1)(B)(iii), 707(a)(3). Official Form 101 contains spaces for the certification.
- Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).** Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(b)(2).
- Statement About Your Social Security Numbers (Official Form 121).** Required if the debtor is an individual. Must be submitted WITH the petition. Fed.R.Bankr.P. 1007(f).
- Credit Counseling Requirement (Official Form 101); Certificate of Credit Counseling and Debt Repayment Plan, if applicable; Section 109(h)(3) certification or § 109(h)(4) request, if applicable.** If applicable, the Certificate of Credit Counseling and Debt Repayment Plan must be filed with the petition or within 14 days. If applicable, the § 109(h)(3) certification or the § 109(h)(4) request must be filed WITH the petition. Fed.R.Bankr.P. 1007(b)(3), (c).
- Statement disclosing compensation paid or to be paid to a "bankruptcy petition preparer" (Director's Form 2800).** Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(h)(2).
- Statement of Your Current Monthly Income (Official Form 122A).** Required if the debtor is an individual. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Schedules of assets and liabilities (Official Forms 106 or 206).** Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b),(c).
- Schedule of Executory Contracts and Unexpired Leases (Schedule G of Official Form 106 or 206).** Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Schedules of Your Income and Your Expenses (Schedules I and J of Official Form 106).** If the debtor is an individual, Schedules I and J of Official Form 106 must be filed with the petition or within 14 days. 11 U.S.C. § 521(1) and Fed.R.Bankr.P. 1007(b), (c).
- Statement of financial affairs (Official Form 107 or 207).** Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Copies of all payment advices or other evidence of payment received by the debtor from any employer within 60 days before the filing of the petition.** Required if the debtor is an individual. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Statement of Intention for Individuals Filing Under Chapter 7 (Official Form 108).** Required ONLY if the debtor is an individual and the schedules of assets and liabilities contain debts secured by property of the estate or personal property subject to an unexpired lease. Must be filed within 30 days or by the date set for the Section 341 meeting of creditors, whichever is earlier. 11 U.S.C. §§ 362(h) and 521(a)(2).
- Statement disclosing compensation paid or to be paid to the attorney for the debtor (Director's Form 2030).** Required if the debtor is represented by an attorney. Must be filed within 14 days or any other date set by the court. 11 U.S.C. § 329 and Fed.R.Bankr.P. 2016(b).
- Certification About a Financial Management Course (Official Form 423), if applicable.** Required if the debtor is an individual, unless the course provider has notified the court that the debtor has completed the course. Must be filed within 60 days of the first date set for the meeting of creditors. 11 U.S.C. § 727(a)(11) and Fed.R.Bankr.P. 1007(b)(7), (c).

## 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

B2000 (Form 2000) (04/22)

### REQUIRED LISTS, SCHEDULES, STATEMENTS, AND FEES Voluntary Chapter 11 Case

- Filing fee of \$1,167.** If the fee is to be paid in installments, the debtor must be an individual and must file a signed application for court approval. Official Form 103A and Fed.R.Bankr.P. 1006(b).
- Administrative fee of \$571.** If the debtor is an individual and the court grants the debtor's request, this fee is payable in installments.
- United States Trustee quarterly fee.** The debtor, or trustee if one is appointed, is required also to pay a fee to the United States trustee at the conclusion of each calendar quarter until the case is dismissed or converted to another chapter. The calculation of the amount to be paid is set out in 28 U.S.C. § 1930(a)(6). As authorized by 28 U.S.C. § 1930(a)(7), the quarterly fee is paid to the clerk of court in chapter 11 cases in Alabama and North Carolina.
- Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101) or Voluntary Petition for Non-Individuals Filing for Bankruptcy (Official Form 201); Names and addresses of all creditors of the debtor.** Must be filed WITH the petition. Fed.R.Bankr.P. 1007(a)(1).
- Notice to Individual Debtor with Primarily Consumer Debts** under 11 U.S.C. § 342(b) (Director's Form 2010), if applicable. Required if the debtor is an individual with primarily consumer debts. The notice must be GIVEN to the debtor before the petition is filed. Certification that the notice has been given must be FILED with the petition or within 15 days. 11 U.S.C. §§ 342(b), 521(a)(1)(B)(iii), 1112(e). Official Form 101 contains spaces for the certification.
- Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).** Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(b)(2).
- Statement About Your Social Security Numbers (Official Form 121).** Required if the debtor is an individual. Must be submitted WITH the petition. Fed.R.Bankr.P. 1007(f).
- Credit Counseling Requirement (Official Form 101); Certificate of Credit Counseling and Debt Repayment Plan, if applicable; Section 109(h)(3) certification or § 109(h)(4) request, if applicable.** If applicable, the Certificate of Credit Counseling and Debt Repayment Plan must be filed with the petition or within 14 days. If applicable, the § 109(h)(3) certification or the § 109(h)(4) request must be filed WITH the petition. Fed.R.Bankr.P. 1007(b)(3), (c).
- Statement disclosing compensation paid or to be paid to a "bankruptcy petition preparer" (Director's Form 2800).** Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(b)(2).
- Statement of Your Current Monthly Income (Official Form 122B).** Required if the debtor is an individual unless the case is filed under subchapter V. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders (Official Form 104) or Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204).** Must be filed WITH the petition. Fed.R.Bankr.P. 1007(d).
- Names and addresses of equity security holders of the debtor.** Must be filed with the petition or within 14 days, unless the court orders otherwise. Fed.R.Bankr.P. 1007(a)(3).
- Schedules of Assets and Liabilities (Official Form 106 or 206).** Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Schedule of Executory Contracts and Unexpired Leases (Schedule G of Official Form 106 or 206).** Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Schedules of Current Income and Expenditures.** If the debtor is an individual, Schedules I and J of Official Form 106 must be used for this purpose. Must be filed with the petition or within 14 days. 11 U.S.C. § 521(1) and Fed.R.Bankr.P. 1007(b), (c).
- Statement of Financial Affairs (Official Form 107 or 207).** Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Copies of all payment advices or other evidence of payment received by debtor from any employer within 60 days before the filing of the petition.** Required if the debtor is an individual. Must be filed WITH the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Statement disclosing compensation paid or to be paid to the attorney for the debtor (Director's Form 2030), if applicable.** Required if the debtor is represented by an attorney. Must be filed within 14 days or any other date set by the court. 11 U.S.C. § 329 and Fed.R.Bankr.P. 2016(b).
- Certification About a Financial Management Course (Official Form 423), if applicable.** Required if the debtor is an individual and § 1141(d)(3) applies, unless the course provider has notified the court that the debtor has completed the course. Must be filed no later than the date of the last payment under the plan or the filing of a motion for a discharge under § 1141(d)(5)(B). 11 U.S.C. § 1141(d)(3) and Fed.R.Bankr.P. 1007(b)(7), (c).
- Statement concerning pending proceedings of the kind described in § 522(q)(1), if applicable.** Required if the debtor is an individual and has claimed exemptions under state or local law as described in § 522(b)(3) in excess of \$189,050\*. Must be filed no later than the date of the last payment made under the plan or the date of the filing of a motion for a discharge under § 1141(d)(5)(B). 11 U.S.C. § 1141(d)(5)(C) and Fed.R.Bankr.P. 1007(b)(8), (c).

\* Amount subject to adjustment on 4/01/25, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

# AMERICAN BANKRUPTCY INSTITUTE

B2000 (Form 2000) (04/22)

## REQUIRED LISTS, SCHEDULES, STATEMENTS, AND FEES Chapter 12 Case

- Filing Fee of \$200.** If the fee is to be paid in installments, the debtor must be an individual and must file a signed application for court approval. Official Form 103A and Fed.R.Bankr.P. 1006(b).
- Administrative fee of \$78.** If the debtor is an individual and the court grants the debtor's request, this fee is payable in installments.
- Voluntary Petition for Individuals Filing for Bankruptcy** (Official Form 101) or **Voluntary Petition for Non-Individuals Filing for Bankruptcy** (Official Form 201). Names and addresses of all creditors of the debtor. Must be filed WITH the petition. Fed.R.Bankr.P. 1007(a)(1).
- Notice to Individual Debtor with Primarily Consumer Debts** under 11 U.S.C. § 342(b) (Director's Form 2010), if applicable. Required if the debtor is an individual with primarily consumer debts. The notice must be GIVEN to the debtor before the petition is filed. Certification that the notice has been given must be FILED with the court in a timely manner. 11 U.S.C. §§ 342(b), 521(a)(1)(B)(iii). Official Form 101 contains spaces for the certification.
- Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(b)(2).
- Statement of Your Social Security Numbers** (Official Form 121). Required if the debtor is an individual. Must be submitted WITH the petition. Fed.R.Bankr.P. 1007(f).
- Credit Counseling Requirement** (Official Form 101); **Certificate of Credit Counseling and Debt Repayment Plan**, if applicable; **Section 109(h)(3) certification or § 109(h)(4) request**, if applicable. If applicable, the Certificate of Credit Counseling and Debt Repayment Plan must be filed with the petition or within 14 days. If applicable, the § 109(h)(3) certification or the § 109(h)(4) request must be filed WITH the petition. Fed.R.Bankr.P. 1007(b)(3), (c).
- Statement disclosing compensation paid or to be paid to a "bankruptcy petition preparer"** (Director's Form 2800). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(b)(2).
- Schedules of Assets and Liabilities** (Official Form 106 or 206). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Schedule of Executory Contracts and Unexpired Leases** (Schedule G of Official Form 106 or 206). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Schedules of Current Income and Expenditures.** If the debtor is an individual, Schedule I and J of Official Form 106 must be used for this purpose. Must be filed with the petition or within 14 days. 11 U.S.C. § 521(1) and Fed.R.Bankr.P. 1007(b), (c).
- Statement of Financial Affairs** (Official Form 107 or 207). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Copies of all payment advices** or other evidence of payment received by the debtor from any employer within 60 days before the filing of the petition if the debtor is an individual. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Statement disclosing compensation paid or to be paid to the attorney** for the debtor (Director's Form 2030), if applicable. Must be filed within 14 days or any other date set by the court. 11 U.S.C. § 329 and Fed.R.Bankr.P. 2016(b).
- Chapter 12 Plan.** Must be filed within 90 days. 11 U.S.C. § 1221.
- Statement concerning pending proceedings of the kind described in § 522(q)(1)**, if applicable. Required if the debtor is an individual and has claimed exemptions under state or local law as described in § 522(b)(3) in excess of \$189,050\*. Must be filed no later than the date of the last payment made under the plan or the date of the filing of a motion for a discharge under § 1228(b). 11 U.S.C. § 1228(f) and Fed.R.Bankr.P. 1007(b)(8), (c).

\* Amount subject to adjustment on 4/01/25, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

# 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

B2000 (Form 2000) (04/22)

## REQUIRED LISTS, SCHEDULES, STATEMENTS, AND FEES Chapter 13 Case

- Filing fee of \$235.** If the fee is to be paid in installments, the debtor must file a signed application for court approval. Official Form 103A and Fed.R.Bankr.P. 1006(b).
- Administrative fee of \$78.** If the court grants the debtor's request, this fee is payable in installments.
- Voluntary Petition for Individuals Filing for Bankruptcy** (Official Form 101). Names and addresses of all creditors of the debtor. Must be filed WITH the petition. Fed.R.Bankr.P. 1007(a)(1).
- Notice to Individual Debtor with Primarily Consumer Debts** under 11 U.S.C. § 342(b) (Director's Form 2010), if applicable. Required if the debtor is an individual with primarily consumer debts. The notice must be GIVEN to the debtor before the petition is filed. Certification that the notice has been given must be FILED with the petition or within 15 days. 11 U.S.C. §§ 342(b), 521(a)(1)(B)(iii), 1307(c)(9). Official Form 101 contains spaces for the certification.
- Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(b)(2).
- Statement of Social Security Number** (Official Form 121). Must be submitted WITH the petition. Fed.R.Bankr.P. 1007(f).
- Credit Counseling Requirement** (Official Form 101); **Certificate of Credit Counseling and Debt Repayment Plan**, if applicable; **Section 109(h)(3) certification or § 109(h)(4) request**, if applicable. If applicable, the Certificate of Credit Counseling and Debt Repayment Plan must be filed with the petition or within 14 days. If applicable, the § 109(h)(3) certification or the § 109(h)(4) request must be filed WITH the petition. Fed.R.Bankr.P. 1007(b)(3), (c).
- Statement disclosing compensation paid or to be paid to a "bankruptcy petition preparer"** (Director's Form 2800). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(h)(2).
- Statement of Your Current Monthly Income** (Official Form 122C). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007.
- Schedules of Assets and Liabilities** (Official Form 106). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Schedule of Executory Contracts and Unexpired Leases** (Schedule G of Official Form 106). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Schedules of Current Income and Expenditures** (Schedules I and J of Official Form 106). Must be filed with the petition or within 14 days. 11 U.S.C. § 521(1) and Fed.R.Bankr.P. 1007(b), (c).
- Statement of Financial Affairs** (Official Form 107). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Copies of all payment advices or other evidence of payment** received by the debtor from any employer within 60 days before the filing of the petition. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- Chapter 13 Plan.** (Official Form 113), or local form plan (check with your local court for required plan version). Fed.R.Bankr.P. 3015.1. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 3015.
- Statement disclosing compensation paid or to be paid to the attorney for the debtor** (Director's Form 2030), if applicable. Must be filed within 14 days or any other date set by the court. 11 U.S.C. § 329 and Fed.R.Bankr.P. 2016(b).
- Certification About a Financial Management Course** (Official Form 423), if applicable. Must be filed no later than the date of the last payment made under the plan or the date of the filing of a motion for a discharge under § 1328(b), unless the course provider has notified the court that the debtor has completed the course. 11 U.S.C. § 1328(g)(1) and Fed.R.Bankr.P. 1007(b)(7), (c).
- Statement concerning pending proceedings of the kind described in § 522(q)(1)**, if applicable. Required if the debtor has claimed exemptions under state or local law as described in § 522(b)(3) in excess of \$189,050\*. Must be filed no later than the date of the last payment made under the plan or the date of the filing of a motion for a discharge under § 1328(b). 11 U.S.C. § 1328(h) and Fed.R.Bankr.P. 1007(b)(8), (c).

\* Amount subject to adjustment on 4/01/25, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



# Individual Bankruptcy Filing

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

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

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

Case number (if known): \_\_\_\_\_ Chapter you are filing under:  
 Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<p><b>1. Your full name</b></p> <p>Write the name that is on your government-issued picture identification (for example, your driver's license or passport).</p> <p>Bring your picture identification to your meeting with the trustee.</p>	<p>First name _____</p> <p>Middle name _____</p> <p>Last name _____</p> <p>Suffix (Sr., Jr., II, III) _____</p>	<p>First name _____</p> <p>Middle name _____</p> <p>Last name _____</p> <p>Suffix (Sr., Jr., II, III) _____</p>
<p><b>2. All other names you have used in the last 8 years</b></p> <p>Include your married or maiden names and any assumed, trade names and <i>doing business as</i> names.</p> <p>Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.</p>	<p>First name _____</p> <p>Middle name _____</p> <p>Last name _____</p> <p>First name _____</p> <p>Middle name _____</p> <p>Last name _____</p> <p>Business name (if applicable) _____</p> <p>Business name (if applicable) _____</p>	<p>First name _____</p> <p>Middle name _____</p> <p>Last name _____</p> <p>First name _____</p> <p>Middle name _____</p> <p>Last name _____</p> <p>Business name (if applicable) _____</p> <p>Business name (if applicable) _____</p>
<p><b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b></p>	<p>XXX - XX - _____</p> <p>OR</p> <p>9 XX - XX - _____</p>	<p>XXX - XX - _____</p> <p>OR</p> <p>9 XX - XX - _____</p>

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Debtor 1 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

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

2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1 \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Tell the Court About Your Bankruptcy Case**

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  
 Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. How you will pay the fee  I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?  No  
 Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?  No  
 Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

11. Do you rent your residence?  No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

## Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

- No. Go to Part 4.  
 Yes. Name and location of business

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

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

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

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

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

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?

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

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

- No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  
 Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1 \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

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

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  
*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No  
 Yes. What is the hazard? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Where is the property?  
 Number Street  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP Code

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1

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

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

## Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- No. Go to line 16b.  
 Yes. Go to line 17.
- 16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- No. Go to line 16c.  
 Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts.
- 

17. Are you filing under Chapter 7?
- No. I am not filing under Chapter 7. Go to line 18.
- Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- No  
 Yes
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?
- 

18. How many creditors do you estimate that you owe?
- |                                  |  |  |
|----------------------------------|--|--|
| <input type="checkbox"/> 1-49    | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99   | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 |  |  |
- 

19. How much do you estimate your assets to be worth?
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
- 

20. How much do you estimate your liabilities to be?
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
- 

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of Debtor 1 Signature of Debtor 2

Executed on \_\_\_\_\_ Executed on \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

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

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

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

X

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

Date

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

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

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

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

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

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

\_\_\_\_\_  
State

2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1 \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**If you are filing this bankruptcy without an attorney**

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

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

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- No
- Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

- No
- Yes

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

- No

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

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Debtor 1 Signature of Debtor 2  
Date MM / DD / YYYY Date MM / DD / YYYY  
Contact phone \_\_\_\_\_ Contact phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email address \_\_\_\_\_ Email address \_\_\_\_\_

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

Debtor 1  
 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

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

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

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

	Your assets Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$ _____
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$ _____
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$ _____

#### Part 2: Summarize Your Liabilities

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

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

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



AMERICAN BANKRUPTCY INSTITUTE

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

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

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

Case number \_\_\_\_\_

Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

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

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

\_\_\_\_\_

\_\_\_\_\_

City State ZIP Code

\_\_\_\_\_

County

What is the property? Check all that apply.

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

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

Current value of the entire property? \$ \_\_\_\_\_  
 Current value of the portion you own? \$ \_\_\_\_\_

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

Who has an interest in the property? Check one.

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

Check if this is community property (see instructions)

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

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

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

\_\_\_\_\_

\_\_\_\_\_

City State ZIP Code

\_\_\_\_\_

County

What is the property? Check all that apply.

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

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

Current value of the entire property? \$ \_\_\_\_\_  
 Current value of the portion you own? \$ \_\_\_\_\_

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

Who has an interest in the property? Check one.

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

Check if this is community property (see instructions)

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



# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Case number (*# known*) \_\_\_\_\_

3.3. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:

Who has an interest in the property? Check one.

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

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

Current value of the entire property? \$ \_\_\_\_\_ Current value of the portion you own? \$ \_\_\_\_\_

Check if this is community property (see instructions)

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

3.4. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:

Who has an interest in the property? Check one.

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

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

Current value of the entire property? \$ \_\_\_\_\_ Current value of the portion you own? \$ \_\_\_\_\_

Check if this is community property (see instructions)

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

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

4.1. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:

Who has an interest in the property? Check one.

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

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

Current value of the entire property? \$ \_\_\_\_\_ Current value of the portion you own? \$ \_\_\_\_\_

Check if this is community property (see instructions)

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

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

4.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:

Who has an interest in the property? Check one.

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

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

Current value of the entire property? \$ \_\_\_\_\_ Current value of the portion you own? \$ \_\_\_\_\_

Check if this is community property (see instructions)

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

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

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

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

**Part 3: Describe Your Personal and Household Items**

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

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

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

No

Yes. Describe.....

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

**7. Electronics**

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

No

Yes. Describe.....

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

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

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

**9. Equipment for sports and hobbies**

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

No

Yes. Describe.....

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

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

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

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

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

**12. Jewelry**

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

No

Yes. Describe.....

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

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

No

Yes. Describe.....

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

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

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

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** .....

\$

AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

**Part 4: Describe Your Financial Assets**

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

Current value of the  
portion you own?  
Do not deduct secured claims  
or exemptions.

16. Cash

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

No

Yes .....

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

17. Deposits of money

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

No

Yes .....

Institution name:

17.1. Checking account:	_____	\$ _____
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks

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

No

Yes .....

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

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

No

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

Name of entity:

% of ownership:

_____	0% %	\$ _____
_____	0% %	\$ _____
_____	0% %	\$ _____

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

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

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

No

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

Issuer name:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

**21. Retirement or pension accounts**

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

No

Yes. List each account separately.

Type of account:	Institution name:	
401(k) or similar plan:	_____	\$ _____
Pension plan:	_____	\$ _____
IRA:	_____	\$ _____
Retirement account:	_____	\$ _____
Keogh:	_____	\$ _____
Additional account:	_____	\$ _____
Additional account:	_____	\$ _____

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.....

Institution name or individual:	
Electric:	_____ \$ _____
Gas:	_____ \$ _____
Heating oil:	_____ \$ _____
Security deposit on rental unit:	_____ \$ _____
Prepaid rent:	_____ \$ _____
Telephone:	_____ \$ _____
Water:	_____ \$ _____
Rented furniture:	_____ \$ _____
Other:	_____ \$ _____

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes.....

Issuer name and description:	
_____	\$ _____
_____	\$ _____
_____	\$ _____

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**  
 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

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

	\$ _____
	\$ _____
	\$ _____

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

No

Yes. Give specific information about them....  \$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**  
*Examples: Internet domain names, websites, proceeds from royalties and licensing agreements*

No

Yes. Give specific information about them....  \$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**  
*Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*

No

Yes. Give specific information about them....  \$ \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

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

Federal: \$ \_\_\_\_\_  
 State: \$ \_\_\_\_\_  
 Local: \$ \_\_\_\_\_

**29. Family support**

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

No

Yes. Give specific information.....

Alimony: \$ \_\_\_\_\_  
 Maintenance: \$ \_\_\_\_\_  
 Support: \$ \_\_\_\_\_  
 Divorce settlement: \$ \_\_\_\_\_  
 Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you**

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

No

Yes. Give specific information.....  \$ \_\_\_\_\_







**AMERICAN BANKRUPTCY INSTITUTE**

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

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

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

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

Check if this is an amended filing

Official Form 106C

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

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

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

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
  - No
  - Yes



**AMERICAN BANKRUPTCY INSTITUTE**

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

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

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

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

Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?
- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

		Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any
<b>2.1</b>	<p>Describe the property that secures the claim: \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p>			
<b>2.2</b>	<p>Describe the property that secures the claim: \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p>			
Add the dollar value of your entries in Column A on this page. Write that number here:		\$ _____		

# 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1

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

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

<b>Part 1:</b>	<b>Additional Page</b> After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	<i>Column A</i> <b>Amount of claim</b> <small>Do not deduct the value of collateral.</small>	<i>Column B</i> <b>Value of collateral that supports this claim</b>	<i>Column C</i> <b>Unsecured portion</b> <small>If any</small>
1	<p><b>Describe the property that secures the claim:</b> _____ \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____                      _____                      Number Street _____                      _____                      City State ZIP Code _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p>	\$	\$	\$
2	<p><b>Describe the property that secures the claim:</b> _____ \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____                      _____                      Number Street _____                      _____                      City State ZIP Code _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p>	\$	\$	\$
3	<p><b>Describe the property that secures the claim:</b> _____ \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____                      _____                      Number Street _____                      _____                      City State ZIP Code _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p>	\$	\$	\$
<p>Add the dollar value of your entries in Column A on this page. Write that number here: _____</p> <p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____</p>		\$	\$	\$

AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 First Name Middle Name Last Name

Case number (if known)

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

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

Form with 6 rows of creditor information fields. Each row includes: Name, Number Street, City State ZIP Code, On which line in Part 1 did you enter the creditor?, and Last 4 digits of account number.

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

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

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

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

Check if this is an amended filing

Official Form 106E/F

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

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

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

- Do any creditors have priority unsecured claims against you?  
 No. Go to Part 2.  
 Yes.
- List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

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

AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

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

Table with 3 columns: Total claim, Priority amount, Nonpriority amount. Includes fields for creditor name, address, debt amount, and type of claim.

Table with 3 columns: Total claim, Priority amount, Nonpriority amount. Includes fields for creditor name, address, debt amount, and type of claim.

Table with 3 columns: Total claim, Priority amount, Nonpriority amount. Includes fields for creditor name, address, debt amount, and type of claim.

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

Debtor 1

First Name Middle Name Last Name

Case number (if known)

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

3. Do any creditors have nonpriority unsecured claims against you?  
 No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

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

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

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

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

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

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

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

2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1

First Name Middle Name Last Name

Case number (if known)

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

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

Name

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

Number Street

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

City State ZIP Code

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

Name

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

Number Street

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

City State ZIP Code

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

Name

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

Number Street

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

City State ZIP Code

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

Name

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

Number Street

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

City State ZIP Code

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

Name

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

Number Street

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

City State ZIP Code

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

Name

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

Number Street

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

City State ZIP Code

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

Name

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

Number Street

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

City State ZIP Code

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

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

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

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

		Total claim
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. \$ _____
	6b. Taxes and certain other debts you owe the government	6b. \$ _____
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ _____
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____
	6e. Total. Add lines 6a through 6d.	6e. \$ _____

		Total claim
<b>Total claims from Part 2</b>	6f. Student loans	6f. \$ _____
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ _____
	6j. Total. Add lines 6f through 6i.	6j. \$ _____

2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

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

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

Debtor 2 \_\_\_\_\_  
(Spouse if filing) First Name Middle Name Last Name

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

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

Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____
2.2	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____
2.3	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____
2.4	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____
2.5	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

## Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

2.2	Name _____ Number Street _____ City State ZIP Code _____	
2.	Name _____ Number Street _____ City State ZIP Code _____	
2.	Name _____ Number Street _____ City State ZIP Code _____	
2.	Name _____ Number Street _____ City State ZIP Code _____	
2.	Name _____ Number Street _____ City State ZIP Code _____	
2.	Name _____ Number Street _____ City State ZIP Code _____	
2.	Name _____ Number Street _____ City State ZIP Code _____	
2.	Name _____ Number Street _____ City State ZIP Code _____	
2.	Name _____ Number Street _____ City State ZIP Code _____	

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

Debtor 1  
 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

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

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

Check if this is an amended filing

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

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

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  
 No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ . Fill in the name and current address of that person.

\_\_\_\_\_  
Name of your spouse, former spouse, or legal equivalent

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

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

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

<b>Column 1: Your codebtor</b>	<b>Column 2: The creditor to whom you owe the debt</b>
	Check all schedules that apply:
<b>3.1</b>	<input type="checkbox"/> Schedule D, line _____
Name _____	<input type="checkbox"/> Schedule E/F, line _____
Number Street _____	<input type="checkbox"/> Schedule G, line _____
City State ZIP Code _____	
<b>3.2</b>	<input type="checkbox"/> Schedule D, line _____
Name _____	<input type="checkbox"/> Schedule E/F, line _____
Number Street _____	<input type="checkbox"/> Schedule G, line _____
City State ZIP Code _____	
<b>3.3</b>	<input type="checkbox"/> Schedule D, line _____
Name _____	<input type="checkbox"/> Schedule E/F, line _____
Number Street _____	<input type="checkbox"/> Schedule G, line _____
City State ZIP Code _____	

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

## Additional Page to List More Codebtors

Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
3_ Name _____ Number Street _____ City State ZIP Code _____	Check all schedules that apply: <input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3_ Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3_ Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3_ Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3_ Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3_ Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3_ Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3_ Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____

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

Debtor 1  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Debtor 2  
 (Spouse, if filing) First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

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

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date: \_\_\_\_\_

MM / DD / YYYY

Official Form 1061

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

1. Fill in your employment information.

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

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

Occupation may include student or homemaker, if it applies.

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

**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. \$ _____	\$ _____

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 First Name Middle Name Last Name Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ _____	\$ _____
<b>5. List all payroll deductions:</b>		
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. \$ _____	\$ _____
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>	8a. \$ _____	\$ _____
8b. Interest and dividends	8b. \$ _____	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>	8c. \$ _____	\$ _____
8d. Unemployment compensation	8d. \$ _____	\$ _____
8e. Social Security	8e. \$ _____	\$ _____
8f. Other government assistance that you regularly receive <small>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.</small> 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. <span style="border: 1px solid black; padding: 2px;">\$ _____</span>	<span style="border: 1px solid black; padding: 2px;">\$ _____</span>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <span style="border: 1px solid black; padding: 2px;">\$ _____</span> +	<span style="border: 1px solid black; padding: 2px;">\$ _____</span> = <span style="border: 1px solid black; padding: 2px;">\$ _____</span>
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . <small>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 <i>Schedule J</i>.</small> 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. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies		12. <span style="border: 1px solid black; padding: 2px;">\$ _____</span> <b>Combined monthly income</b>
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input type="checkbox"/> 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: \_\_\_\_\_ District of \_\_\_\_\_

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

Check if this is:

- An amended filing
- A supplement showing postpetition chapter 13 expenses as of the following date:  
 MM / DD / YYYY \_\_\_\_\_

Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

- No. Go to line 2.
- Yes. Does Debtor 2 live in a separate household?
  - No
  - Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

<input type="checkbox"/> No	<input type="checkbox"/> 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?
	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
- Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

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

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

	Your expenses
4.	\$ _____
4a.	\$ _____
4b.	\$ _____
4c.	\$ _____
4d.	\$ _____

If not included in line 4:

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

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

### Your expenses

- |  |               |
|--|---------------|
| 5. <b>Additional mortgage payments for your residence, such as home equity loans</b>   | 5. \$ _____   |
| <b>6. Utilities:</b>   |               |
| 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. \$ _____  |
| <b>7. Food and housekeeping supplies</b>   | 7. \$ _____   |
| <b>8. Childcare and children's education costs</b>   | 8. \$ _____   |
| <b>9. Clothing, laundry, and dry cleaning</b>  | 9. \$ _____   |
| <b>10. Personal care products and services</b>   | 10. \$ _____  |
| <b>11. Medical and dental expenses</b>   | 11. \$ _____  |
| <b>12. Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12. \$ _____  |
| <b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13. \$ _____  |
| <b>14. Charitable contributions and religious donations</b>  | 14. \$ _____  |
| <b>15. Insurance.</b><br>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. \$ _____ |
| <b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  | 16. \$ _____  |
| <b>17. Installment or lease payments:</b>  |               |
| 17a. Car payments for Vehicle 1  | 17a. \$ _____ |
| 17b. Car payments for Vehicle 2  | 17b. \$ _____ |
| 17c. Other. Specify: _____   | 17c. \$ _____ |
| 17d. Other. Specify: _____   | 17d. \$ _____ |
| <b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b> | 18. \$ _____  |
| <b>19. Other payments you make to support others who do not live with you.</b><br>Specify: _____   | 19. \$ _____  |
| <b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |               |
| 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. \$ _____ |

# 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

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

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

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

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

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

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

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

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

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

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

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

23c. Subtract your monthly expenses from your monthly income.  
 The result is your *monthly net income*.

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

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

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

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

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

No.

Yes.

Explain here:

AMERICAN BANKRUPTCY INSTITUTE

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

Debtor 1 \_\_\_\_\_  
 First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing) First Name Middle Name Last Name

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

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

Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

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

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

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

**X** \_\_\_\_\_  
Signature of Debtor 1

**X** \_\_\_\_\_  
Signature of Debtor 2

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

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

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

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

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

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

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

Check if this is an amended filing

Official Form 107

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

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

1. What is your current marital status?

- Married
- Not married

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

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

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

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

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

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

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

**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)	
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<b>From January 1 of current year until the date you filed for bankruptcy:</b>
<b>For last calendar year:</b> (January 1 to December 31, _____) <small>YYYY</small>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<b>For last calendar year:</b> (January 1 to December 31, _____) <small>YYYY</small>
<b>For the calendar year before that:</b> (January 1 to December 31, _____) <small>YYYY</small>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<b>For the calendar year before that:</b> (January 1 to December 31, _____) <small>YYYY</small>

**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)	
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
<b>For last calendar year:</b> (January 1 to December 31, _____) <small>YYYY</small>	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
<b>For the calendar year before that:</b> (January 1 to December 31, _____) <small>YYYY</small>	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____





# 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1 First Name      Middle Name      Last Name Case number (if known)

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

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No
- Yes. Fill in the details.

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

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
Check all that apply and fill in the details below.

- No. Go to line 11.
- Yes. Fill in the information below.

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



**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

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

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

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

**Part 6: List Certain Losses**

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

- No  
 Yes. Fill in the details.

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

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

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

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

- No  
 Yes. Fill in the details.

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

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1

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

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

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

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

- No  
 Yes. Fill in the details.

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

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
 Do not include gifts and transfers that you have already listed on this statement.

- No  
 Yes. Fill in the details.

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

# 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1 First Name Middle Name Last Name Case number (if known)

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

- No  
 Yes. Fill in the details.

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

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

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

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

- No  
 Yes. Fill in the details.

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

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

- No  
 Yes. Fill in the details.

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

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 First Name Middle Name Last Name Case number (if known)

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

No  
 Yes. Fill in the details.

	Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility _____  Number Street _____  _____  City State ZIP Code _____	Name _____  Number Street _____  _____  City State ZIP Code _____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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

No  
 Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name _____  Number Street _____  _____  City State ZIP Code _____	Number Street _____  _____  City State ZIP Code _____	\$ _____  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

**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	Governmental unit	Environmental law, if you know it	Date of notice
Name of site _____  Number Street _____  _____  City State ZIP Code _____	Governmental unit _____  Number Street _____  _____  City State ZIP Code _____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	_____

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Debtor 1 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

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

- No  
 Yes. Fill in the details.

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site _____	Governmental unit _____		_____
Number Street _____	Number Street _____		
_____	City State ZIP Code _____		
City State ZIP Code _____			

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

- No  
 Yes. Fill in the details.

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

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

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

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

- No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

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



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

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

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

Official Form 121

**Statement About Your Social Security Numbers**

12/15

Use this form to tell the court about any Social Security or federal Individual Taxpayer Identification numbers you have used. Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

To protect your privacy, the court will not make this form available to the public. You should not include a full Social Security Number or Individual Taxpayer Number on any other document filed with the court. The court will make only the last four digits of your numbers known to the public. However, the full numbers will be available to your creditors, the U.S. Trustee or bankruptcy administrator, and the trustee assigned to your case.

Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Part 1: Tell the Court About Yourself and Your spouse if Your Spouse is Filing With You**

	For Debtor 1:	For Debtor 2 (Only if Spouse Is Filing):
1. Your name	_____	_____
	First name	First name
	_____	_____
	Middle name	Middle name
	_____	_____
	Last name	Last name

**Part 2: Tell the Court About all of Your Social Security or Federal Individual Taxpayer Identification Numbers**

2. All Social Security Numbers you have used	____-____-____-____	____-____-____-____
	____-____-____-____	____-____-____-____
	<input type="checkbox"/> You do not have a Social Security number.	<input type="checkbox"/> You do not have a Social Security number.
3. All federal Individual Taxpayer Identification Numbers (ITIN) you have used	9 ____-____-____-____	9 ____-____-____-____
	9 ____-____-____-____	9 ____-____-____-____
	<input type="checkbox"/> You do not have an ITIN.	<input type="checkbox"/> You do not have an ITIN.

**Part 3: Sign Below**

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

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

**X** \_\_\_\_\_  
Signature of Debtor 1

**X** \_\_\_\_\_  
Signature of Debtor 2

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

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

**Notice Required by 11 U.S.C. § 342(b) for  
Individuals Filing for Bankruptcy (Form 2010)**

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**This notice is for you if:**

You are an individual filing for bankruptcy,  
and

Your debts are 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.”

**The types of bankruptcy that are  
available to individuals**

Individuals who meet the qualifications may file  
under one of four different chapters of the  
Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11 — Reorganization
- Chapter 12 — Voluntary repayment plan  
for family farmers or  
fishermen
- Chapter 13 — Voluntary repayment plan  
for individuals with regular  
income

You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.

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**Chapter 7: Liquidation**

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	\$245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial  
difficulty preventing them from paying their  
debts and who are willing to allow their non-  
exempt property to be used to pay their  
creditors. The primary purpose of filing under  
chapter 7 is to have your debts discharged. The  
bankruptcy discharge relieves you after  
bankruptcy from having to pay many of your  
pre-bankruptcy debts. Exceptions exist for  
particular debts, and liens on property may still  
be enforced after discharge. For example, a  
creditor may have the right to foreclose a home  
mortgage or repossess an automobile.

However, if the court finds that you have  
committed certain kinds of improper conduct  
described in the Bankruptcy Code, the court  
may deny your discharge.

You should know that even if you file  
chapter 7 and you receive a discharge, some  
debts are not discharged under the law.  
Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement  
obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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### Chapter 11: Reorganization

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\$1,167	filing fee
+	\$571 administrative fee
\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

**Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Chapter 12: Repayment plan for family farmers or fishermen**

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

**Chapter 13: Repayment plan for individuals with regular income**

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

**Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
<http://www.uscourts.gov/forms/bankruptcy-forms>

**Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

**Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

**Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

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

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

Check if this is an amended filing

Official Form 108

**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. 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).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

Debtor 1

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

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

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases** **Will the lease be assumed?**

Lessor's name: \_\_\_\_\_  No  
 \_\_\_\_\_  Yes  
 Description of leased property: \_\_\_\_\_

Lessor's name: \_\_\_\_\_  No  
 \_\_\_\_\_  Yes  
 Description of leased property: \_\_\_\_\_

Lessor's name: \_\_\_\_\_  No  
 \_\_\_\_\_  Yes  
 Description of leased property: \_\_\_\_\_

Lessor's name: \_\_\_\_\_  No  
 \_\_\_\_\_  Yes  
 Description of leased property: \_\_\_\_\_

Lessor's name: \_\_\_\_\_  No  
 \_\_\_\_\_  Yes  
 Description of leased property: \_\_\_\_\_

Lessor's name: \_\_\_\_\_  No  
 \_\_\_\_\_  Yes  
 Description of leased property: \_\_\_\_\_

Lessor's name: \_\_\_\_\_  No  
 \_\_\_\_\_  Yes  
 Description of leased property: \_\_\_\_\_

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X** \_\_\_\_\_  
 Signature of Debtor 1

**X** \_\_\_\_\_  
 Signature of Debtor 2

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

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

**AMERICAN BANKRUPTCY INSTITUTE**

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

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

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

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

**Check one box only as directed in this form and in Form 122A-1Supp:**

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

**Official Form 122A-1**

**Chapter 7 Statement of Your Current Monthly Income**

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

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

1. What is your marital and filing status? Check one only.
- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
- Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

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

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

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Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

	<i>Column A</i> Debtor 1	<i>Column B</i> Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b>	\$ _____	\$ _____
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: _____ ↓		
For you .....	\$ _____	
For your spouse .....	\$ _____	
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ _____	\$ _____
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total amounts from separate pages, if any.	+ \$ _____	+ \$ _____
<b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ _____	+ \$ _____ = \$ _____
		Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year. Follow these steps:**

12a. Copy your total current monthly income from line 11 ..... Copy line 11 here → \$ \_\_\_\_\_

Multiply by 12 (the number of months in a year). x 12

12b. The result is your annual income for this part of the form. 12b. \$ \_\_\_\_\_

**13. Calculate the median family income that applies to you. Follow these steps:**

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household. ....13. \$ \_\_\_\_\_

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

**14. How do the lines compare?**

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2

14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

## Part 3: Sign Below

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

**X**

\_\_\_\_\_  
Signature of Debtor 1

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

**X**

\_\_\_\_\_  
Signature of Debtor 2

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

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

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

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

Check if this is an amended filing

**Official Form 122A-1Supp**

**Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15**

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

**Part 1: Identify the Kind of Debts You Have**

1. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).
- No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- Yes. Go to Part 2.

**Part 2: Determine Whether Military Service Provisions Apply to You**

2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?
- No. Go to line 3.
- Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- No. Go to line 3.
- Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
3. Are you or have you been a Reservist or member of the National Guard?
- No. Complete Form 122A-1. Do not submit this supplement.
- Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- No. Complete Form 122A-1. Do not submit this supplement.
- Yes. Check any one of the following categories that applies:
- I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
  - I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.
  - I am performing a homeland defense activity for at least 90 days.
  - I performed a homeland defense activity for at least 90 days, ending on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.
- If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).
- If your exclusion period ends before your case is closed, you may have to file an amended form later.

**AMERICAN BANKRUPTCY INSTITUTE**

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

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

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

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

**Check the appropriate box as directed in lines 40 or 42:**

According to the calculations required by this Statement:

1. There is no presumption of abuse.

2. There is a presumption of abuse.

Check if this is an amended filing

Official Form 122A-2

**Chapter 7 Means Test Calculation**

04/22

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Determine Your Adjusted Income**

1. Copy your total current monthly income ..... Copy line 11 from Official Form 122A-1 here → ..... \$ \_\_\_\_\_

2. Did you fill out Column B in Part 1 of Form 122A-1?

- No. Fill in \$0 for the total on line 3.
- Yes. Is your spouse filing with you?
  - No. Go to line 3.
  - Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

- No. Fill in 0 for the total on line 3.
- Yes. Fill in the information below:

State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents	Fill in the amount you are subtracting from your spouse's income
_____	\$ _____
_____	\$ _____
_____	+ \$ _____
<b>Total</b> .....	\$ _____

Copy total here ..... → -- \$ \_\_\_\_\_

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

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

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Debtor 1 \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

**5. The number of people used in determining your deductions from income**

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

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

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ \_\_\_\_\_
7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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

- 7a. Out-of-pocket health care allowance per person \$ \_\_\_\_\_
- 7b. Number of people who are under 65 X \_\_\_\_\_
- 7c. **Subtotal.** Multiply line 7a by line 7b. \$ \_\_\_\_\_ Copy here → \$ \_\_\_\_\_

**People who are 65 years of age or older**

- 7d. Out-of-pocket health care allowance per person \$ \_\_\_\_\_
- 7e. Number of people who are 65 or older X \_\_\_\_\_
- 7f. **Subtotal.** Multiply line 7d by line 7e. \$ \_\_\_\_\_ Copy here → + \$ \_\_\_\_\_

- 7g. **Total.** Add lines 7c and 7f..... \$ \_\_\_\_\_ Copy total here → \$ \_\_\_\_\_

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \_\_\_\_\_ \$ \_\_\_\_\_

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \_\_\_\_\_ \$ \_\_\_\_\_

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
_____	\$ _____
_____	\$ _____
_____	+ \$ _____
Total average monthly payment	\$ _____

Copy here → — \$ \_\_\_\_\_ Repeat this amount on line 33a.

9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0. \_\_\_\_\_ \$ \_\_\_\_\_ Copy here →

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \_\_\_\_\_ \$ \_\_\_\_\_

Explain why: \_\_\_\_\_

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
- 1. Go to line 12.
- 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \_\_\_\_\_ \$ \_\_\_\_\_

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Debtor 1 \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1** Describe Vehicle 1: \_\_\_\_\_  
 \_\_\_\_\_

13a. Ownership or leasing costs using IRS Local Standard. .... \$ \_\_\_\_\_

13b. Average monthly payment for all debts secured by Vehicle 1.  
 Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
_____	\$ _____
_____	+ \$ _____

Total average monthly payment \$ \_\_\_\_\_ Copy here → — \$ \_\_\_\_\_ Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense  
 Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0. .... \$ \_\_\_\_\_ Copy net Vehicle 1 expense here .... → \$ \_\_\_\_\_

**Vehicle 2** Describe Vehicle 2: \_\_\_\_\_  
 \_\_\_\_\_

13d. Ownership or leasing costs using IRS Local Standard. .... \$ \_\_\_\_\_

13e. Average monthly payment for all debts secured by Vehicle 2.  
 Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
_____	\$ _____
_____	+ \$ _____

Total average monthly payment \$ \_\_\_\_\_ Copy here → — \$ \_\_\_\_\_ Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense  
 Subtract line 13e from 13d. If this amount is less than \$0, enter \$0. .... \$ \_\_\_\_\_ Copy net Vehicle 2 expense here ... → \$ \_\_\_\_\_

**14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ \_\_\_\_\_

**15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ \_\_\_\_\_

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Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$ \_\_\_\_\_  
Do not include real estate, sales, or use taxes.

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$ \_\_\_\_\_  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ \_\_\_\_\_

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$ \_\_\_\_\_  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

20. **Education:** The total monthly amount that you pay for education that is either required:  
■ as a condition for your job, or  
■ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ \_\_\_\_\_

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$ \_\_\_\_\_  
Do not include payments for any elementary or secondary school education.

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$ \_\_\_\_\_  
Payments for health insurance or health savings accounts should be listed only in line 25.

23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ \_\_\_\_\_  
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.

24. **Add all of the expenses allowed under the IRS expense allowances.** \$ \_\_\_\_\_  
Add lines 6 through 23.

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Debtor 1 \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Additional Expense Deductions** These are additional deductions allowed by the Means Test.  
*Note: Do not include any expense allowances listed in lines 6-24.*

**25. Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	\$ _____	
Disability insurance	\$ _____	
Health savings account	+ \$ _____	
<b>Total</b>	\$ _____	Copy total here → ..... \$ _____

Do you actually spend this total amount?

No. How much do you actually spend? \$ \_\_\_\_\_  
 Yes

**26. Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLÉ program. 26 U.S.C. § 529A(b). \$ \_\_\_\_\_

**27. Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ \_\_\_\_\_  
 By law, the court must keep the nature of these expenses confidential.

**28. Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. \$ \_\_\_\_\_  
 You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

**29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$ \_\_\_\_\_  
 You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.  
 \* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.

**30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$ \_\_\_\_\_  
 To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.  
 You must show that the additional amount claimed is reasonable and necessary.

**31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). + \$ \_\_\_\_\_

**32. Add all of the additional expense deductions.** \$ \_\_\_\_\_  
 Add lines 25 through 31.

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

### Deductions for Debt Payment

**33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

**Mortgages on your home:**

33a. Copy line 9b here ..... → \$ \_\_\_\_\_

**Loans on your first two vehicles:**

33b. Copy line 13b here. .... → \$ \_\_\_\_\_

33c. Copy line 13e here. .... → \$ \_\_\_\_\_

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	Average monthly payment
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	+ \$ _____

33e. Total average monthly payment. Add lines 33a through 33d. .... \$ \_\_\_\_\_ Copy total here → \$ \_\_\_\_\_

**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

- No. Go to line 35.
- Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	+ 60 =	Monthly cure amount
_____	_____	\$ _____	+ 60 =	\$ _____
_____	_____	\$ _____	+ 60 =	\$ _____
_____	_____	\$ _____	+ 60 =	+ \$ _____
Total				\$ _____ <span style="border: 1px solid black; padding: 2px;">Copy total here →</span> \$ _____

**35. Do you owe any priority claims such as a priority tax, child support, or alimony – that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.**

- No. Go to line 36.
- Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims ..... \$ \_\_\_\_\_ ÷ 60 = \$ \_\_\_\_\_

# 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

**36. Are you eligible to file a case under Chapter 13?** 11 U.S.C. § 109(e).  
For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

- No. Go to line 37.
- Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$ \_\_\_\_\_

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). X \_\_\_\_\_

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13 \$ \_\_\_\_\_ Copy total here → \$ \_\_\_\_\_

**37. Add all of the deductions for debt payment.** \$ \_\_\_\_\_

Add lines 33e through 36. ....

**Total Deductions from Income**

**38. Add all of the allowed deductions.**

Copy line 24, *All of the expenses allowed under IRS expense allowances* ..... \$ \_\_\_\_\_

Copy line 32, *All of the additional expense deductions* ..... \$ \_\_\_\_\_

Copy line 37, *All of the deductions for debt payment* ..... + \$ \_\_\_\_\_

Total deductions \$ \_\_\_\_\_ Copy total here → \$ \_\_\_\_\_

**Part 3: Determine Whether There Is a Presumption of Abuse**

**39. Calculate monthly disposable income for 60 months**

39a. Copy line 4, *adjusted current monthly income* ..... \$ \_\_\_\_\_

39b. Copy line 38, *Total deductions* ..... - \$ \_\_\_\_\_

39c. Monthly disposable income, 11 U.S.C. § 707(b)(2). \$ \_\_\_\_\_ Copy here → \$ \_\_\_\_\_  
Subtract line 39b from line 39a.

For the next 60 months (5 years) ..... x 60

39d. Total. Multiply line 39c by 60. \$ \_\_\_\_\_ Copy here → \$ \_\_\_\_\_

**40. Find out whether there is a presumption of abuse. Check the box that applies:**

- The line 39d is less than \$9,075\*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.
- The line 39d is more than \$15,150\*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.
- The line 39d is at least \$9,075\*, but not more than \$15,150\*. Go to line 41.

\* Subject to adjustment on 4/01/25, and every 3 years after that for cases filed on or after the date of adjustment.

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.....

\$ \_\_\_\_\_  
 x .25

41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I).  
 Multiply line 41a by 0.25. ....

\$ _____	Copy here →	\$ _____
----------	----------------	----------

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

- Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

**Part 4: Give Details About Special Circumstances**

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

- No. Go to Part 5.
- Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment
	\$ _____
	\$ _____
	\$ _____
	\$ _____

**Part 5: Sign Below**

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

**X** \_\_\_\_\_  
 Signature of Debtor 1

**X** \_\_\_\_\_  
 Signature of Debtor 2

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

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

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

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

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

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

Check if this is an amended filing

Official Form 104

**For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders**

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is 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 percent 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. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

**Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.**

		Unsecured claim
<b>1</b>	<p>What is the nature of the claim? _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p>Value of security: - \$ _____</p> <p>Unsecured claim \$ _____</p>
<b>2</b>	<p>What is the nature of the claim? _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p>Value of security: - \$ _____</p> <p>Unsecured claim \$ _____</p>

AMERICAN BANKRUPTCY INSTITUTE

Debtor 1

First Name Middle Name Last Name

Case number (# known)

Unsecured claim

**3** What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name \_\_\_\_\_

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

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_

---

**4** What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name \_\_\_\_\_

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

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_

---

**5** What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name \_\_\_\_\_

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

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_

---

**6** What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name \_\_\_\_\_

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

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_

---

**7** What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name \_\_\_\_\_

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

Contingent

Unliquidated

Disputed

None of the above apply

Does the creditor have a lien on your property?

No

Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_



# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

**Unsecured claim**

<b>13</b>	<p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="padding-left: 40px;">Value of security: - \$ _____</p> <p style="padding-left: 40px;">Unsecured claim \$ _____</p>	
<b>14</b>	<p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="padding-left: 40px;">Value of security: - \$ _____</p> <p style="padding-left: 40px;">Unsecured claim \$ _____</p>	
<b>15</b>	<p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="padding-left: 40px;">Value of security: - \$ _____</p> <p style="padding-left: 40px;">Unsecured claim \$ _____</p>	
<b>16</b>	<p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="padding-left: 40px;">Value of security: - \$ _____</p> <p style="padding-left: 40px;">Unsecured claim \$ _____</p>	
<b>17</b>	<p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="padding-left: 40px;">Value of security: - \$ _____</p> <p style="padding-left: 40px;">Unsecured claim \$ _____</p>	

# 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1 Case number (if known)

		Unsecured claim
<b>18</b>	<p>What is the nature of the claim? _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="margin-left: 40px;">Value of security: - \$ _____</p> <p style="margin-left: 40px;">Unsecured claim \$ _____</p>
<b>19</b>	<p>What is the nature of the claim? _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="margin-left: 40px;">Value of security: - \$ _____</p> <p style="margin-left: 40px;">Unsecured claim \$ _____</p>
<b>20</b>	<p>What is the nature of the claim? _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="margin-left: 40px;">Value of security: - \$ _____</p> <p style="margin-left: 40px;">Unsecured claim \$ _____</p>

**Part 2: Sign Below**

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

**X** \_\_\_\_\_  
 Signature of Debtor 1
 

**X** \_\_\_\_\_  
 Signature of Debtor 2

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

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

# AMERICAN BANKRUPTCY INSTITUTE

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

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

Check if this is an amended filing

Official Form 122B

## Chapter 11 Statement of Your Current Monthly Income

12/21

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11 (other than under Subchapter V). If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

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

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

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. Fill out Column A, lines 2-11.

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

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

# 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1

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

Case number (if known)

\_\_\_\_\_

	Column A Debtor 1	Column B Debtor 2
<b>7. Interest, dividends, and royalties</b>	\$ _____	\$ _____
<b>8. Unemployment compensation</b>	\$ _____	\$ _____
<p>Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:..... ↓</p> <p>For you ..... \$ _____</p> <p>For your spouse ..... \$ _____</p>		
<p><b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.</p>	\$ _____	\$ _____
<p><b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>Total amounts from separate pages, if any.      + \$ _____</p>	\$ _____	\$ _____
<p><b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ _____</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ _____</div>
	+	=
	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 0 auto;">\$ _____</div>	
	<p><b>Total current monthly income</b></p>	

**Part 2: Sign Below**

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

<p><b>X</b> _____                  Signature of Debtor 1</p> <p>Date _____  <small>MM / DD / YYYY</small></p>	<p><b>X</b> _____                  Signature of Debtor 2</p> <p>Date _____  <small>MM / DD / YYYY</small></p>
---	---

**AMERICAN BANKRUPTCY INSTITUTE**

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

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

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

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

**Check as directed in lines 17 and 21:**

According to the calculations required by this Statement:

1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).

2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

---

3. The commitment period is 3 years.

4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

**Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

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

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

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

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

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

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

# 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1 First Name Middle Name Last Name Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ _____	\$ _____
8. Unemployment compensation	\$ _____	\$ _____
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: <span style="float: right;">↓</span>		
For you .....	\$ _____	
For your spouse .....	\$ _____	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ _____	\$ _____
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total amounts from separate pages, if any.	+ \$ _____	+ \$ _____
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ _____	+ \$ _____ = \$ _____
		Total average monthly income

**Part 2: Determine How to Measure Your Deductions from Income**

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

13. Calculate the marital adjustment. Check one:

You are not married. Fill in 0 below.

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

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

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

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

If this adjustment does not apply, enter 0 below.

_____	\$ _____	
_____	\$ _____	
_____	+ \$ _____	
Total .....	\$ _____	Copy here → _____

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

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 First Name Middle Name Last Name Case number (# known)

**15. Calculate your current monthly income for the year. Follow these steps:**

15a. Copy line 14 here → ..... \$ \_\_\_\_\_  
 Multiply line 15a by 12 (the number of months in a year). x 12  
 15b. The result is your current monthly income for the year for this part of the form. \$ \_\_\_\_\_

**16. Calculate the median family income that applies to you. Follow these steps:**

16a. Fill in the state in which you live. \_\_\_\_\_  
 16b. Fill in the number of people in your household. \_\_\_\_\_  
 16c. Fill in the median family income for your state and size of household. .... \$ \_\_\_\_\_  
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

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

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

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

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.  
 19a. If the marital adjustment does not apply, fill in 0 on line 19a. .... - \$ \_\_\_\_\_  
 19b. Subtract line 19a from line 18. \$ \_\_\_\_\_

**20. Calculate your current monthly income for the year. Follow these steps:**

20a. Copy line 19b..... \$ \_\_\_\_\_  
 Multiply by 12 (the number of months in a year). x 12  
 20b. The result is your current monthly income for the year for this part of the form. \$ \_\_\_\_\_  
 20c. Copy the median family income for your state and size of household from line 16c..... \$ \_\_\_\_\_

**21. How do the lines compare?**

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

2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

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

**Part 4: Sign Below**

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

**X** \_\_\_\_\_  
Signature of Debtor 1

**X** \_\_\_\_\_  
Signature of Debtor 2

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

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

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

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

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

Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/22

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

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

National Standards

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

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

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

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

# 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1

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

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

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

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

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

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

**People who are 65 years of age or older**

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

7e. Number of people who are 65 or older X \_\_\_\_\_

7f. Subtotal. Multiply line 7d by line 7e. \$ \_\_\_\_\_ Copy here → + \$ \_\_\_\_\_

7g. Total. Add lines 7c and 7f. \$ \_\_\_\_\_ Copy here → ..... \$ \_\_\_\_\_

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. Housing and utilities – Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ \_\_\_\_\_

**9. Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ \_\_\_\_\_

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
_____	\$ _____
_____	\$ _____
_____	+ \$ _____

9b. Total average monthly payment \$ \_\_\_\_\_ Copy here → — \$ \_\_\_\_\_ Repeat this amount on line 33a.

9c. Net mortgage or rent expense.  
Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0. \$ \_\_\_\_\_ Copy here → ..... \$ \_\_\_\_\_

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ \_\_\_\_\_

Explain why: \_\_\_\_\_  
\_\_\_\_\_

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1

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

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

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
- 1. Go to line 12.
- 2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ \_\_\_\_\_

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: \_\_\_\_\_  
 \_\_\_\_\_

13a. Ownership or leasing costs using IRS Local Standard ..... \$ \_\_\_\_\_

13b. Average monthly payment for all debts secured by Vehicle 1.  
 Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment		
_____	\$ _____		
_____	+ \$ _____		
Total average monthly payment		\$ _____	Copy here → — \$ _____ Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense  
 Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. .... \$ \_\_\_\_\_ Copy net Vehicle 1 expense here → \$ \_\_\_\_\_

Vehicle 2 Describe Vehicle 2: \_\_\_\_\_  
 \_\_\_\_\_

13d. Ownership or leasing costs using IRS Local Standard ..... \$ \_\_\_\_\_

13e. Average monthly payment for all debts secured by Vehicle 2.  
 Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment		
_____	\$ _____		
_____	+ \$ _____		
Total average monthly payment		\$ _____	Copy here → — \$ _____ Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense  
 Subtract line 13e from line 13d. If this number is less than \$0, enter \$0..... \$ \_\_\_\_\_ Copy net Vehicle 2 expense here → \$ \_\_\_\_\_

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ \_\_\_\_\_

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ \_\_\_\_\_

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

Debtor 1

First Name Middle Name Last Name

Case number (if known)

**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

- 16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$ \_\_\_\_\_  
Do not include real estate, sales, or use taxes.
- 17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$ \_\_\_\_\_  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
- 18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. \$ \_\_\_\_\_  
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.
- 19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$ \_\_\_\_\_  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
- 20. **Education:** The total monthly amount that you pay for education that is either required: \$ \_\_\_\_\_  
  - as a condition for your job, or
  - for your physically or mentally challenged dependent child if no public education is available for similar services.
- 21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$ \_\_\_\_\_  
Do not include payments for any elementary or secondary school education.
- 22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$ \_\_\_\_\_  
Payments for health insurance or health savings accounts should be listed only in line 25.
- 23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ \_\_\_\_\_  
Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted.
- 24. **Add all of the expenses allowed under the IRS expense allowances.** \$ \_\_\_\_\_  
Add lines 6 through 23.

**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.  
Note: Do not include any expense allowances listed in lines 6-24.

- 25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
 

Health insurance	\$ _____	
Disability insurance	\$ _____	
Health savings account	+ \$ _____	
<b>Total</b>	<b>\$ _____</b>	<b>Copy total here →</b> .....

Do you actually spend this total amount?  
 No. How much do you actually spend? \$ \_\_\_\_\_  
 Yes
- 26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$ \_\_\_\_\_
- 27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ \_\_\_\_\_  
By law, the court must keep the nature of these expenses confidential.

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1

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

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

**28. Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. \$ \_\_\_\_\_  
 You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

**29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$ \_\_\_\_\_  
 You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.  
 \* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.

**30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$ \_\_\_\_\_  
 To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.  
 You must show that the additional amount claimed is reasonable and necessary.

**31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). + \$ \_\_\_\_\_  
 Do not include any amount more than 15% of your gross monthly income.

**32. Add all of the additional expense deductions.** \$ \_\_\_\_\_  
 Add lines 25 through 31.

**Deductions for Debt Payment**

**33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**  
 To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

	Average monthly payment
<b>Mortgages on your home</b>	
33a. Copy line 9b here..... →	\$ _____
<b>Loans on your first two vehicles</b>	
33b. Copy line 13b here. .... →	\$ _____
33c. Copy line 13e here. .... →	\$ _____
33d. List other secured debts:	

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	+ \$ _____

33e. Total average monthly payment. Add lines 33a through 33d. \$ \_\_\_\_\_ **Copy total here →** \$ \_\_\_\_\_

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

Debtor 1

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

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

**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

- No. Go to line 35.
- Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	\$ _____	÷ 60 = \$ _____
_____	_____	\$ _____	÷ 60 = \$ _____
_____	_____	\$ _____	÷ 60 = + \$ _____
			Total
			\$ _____

Copy total here →

**35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.**

- No. Go to line 36.
- Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. .... \$ \_\_\_\_\_ ÷ 60 \$ \_\_\_\_\_

**36. Projected monthly Chapter 13 plan payment**

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

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X \_\_\_\_\_

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

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

Copy total here →

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

**37. Add all of the deductions for debt payment. Add lines 33e through 36.**

**Total Deductions from Income**

**38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances ..... \$ \_\_\_\_\_

Copy line 32, All of the additional expense deductions ..... \$ \_\_\_\_\_

Copy line 37, All of the deductions for debt payment ..... + \$ \_\_\_\_\_

Total deductions ..... \$ \_\_\_\_\_

Copy total here →

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

# AMERICAN BANKRUPTCY INSTITUTE

Debtor 1 \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. \$ \_\_\_\_\_

40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ \_\_\_\_\_

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ \_\_\_\_\_

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here → \$ \_\_\_\_\_

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
_____	\$ _____
_____	\$ _____
_____	+ \$ _____
<b>Total</b>	\$ _____

Copy here → + \$ \_\_\_\_\_

44. Total adjustments. Add lines 40 through 43. \$ \_\_\_\_\_ Copy here → - \$ \_\_\_\_\_

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$ \_\_\_\_\_

**Part 3: Change in Income or Expenses**

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____

2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor 1 \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Sign Below**

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

**X** \_\_\_\_\_  
Signature of Debtor 1

**X** \_\_\_\_\_  
Signature of Debtor 2

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

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

# AMERICAN BANKRUPTCY INSTITUTE

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

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

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

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

## Official Form 423

### Certification About a Financial Management Course

12/15

If you are an individual, you must take an approved course about personal financial management if:

- you filed for bankruptcy under chapter 7 or 13, or
- you filed for bankruptcy under chapter 11 and § 1141 (d)(3) applies.

In a joint case, each debtor must take the course. 11 U.S.C. §§ 727(a)(11) and 1328(g).

After you finish the course, the provider will give you a certificate. The provider may notify the court that you have completed the course. If the provider does not notify the court, you need not file this form. If the provider does not notify the court, then Debtor 1 and Debtor 2 must each file this form with the certificate number before your debts will be discharged.

- If you filed under chapter 7 and you need to file this form, file it within 60 days after the first date set for the meeting of creditors under § 341 of the Bankruptcy Code.
- If you filed under chapter 11 or 13 and you need to file this form, file it before you make the last payment that your plan requires or before you file a motion for a discharge under § 1141(d)(5)(B) or § 1328(b) of the Bankruptcy Code. Fed. R. Bankr. P. 1007(c).

In some cases, the court can waive the requirement to take the financial management course. To have the requirement waived, you must file a motion with the court and obtain a court order.

#### Part 1: Tell the Court About the Required Course

You must check one:

- I completed an approved course in personal financial management:

Date I took the course \_\_\_\_\_  
MM / DD / YYYY

Name of approved provider \_\_\_\_\_

Certificate number \_\_\_\_\_

- I am not required to complete a course in personal financial management because the court has granted my motion for a waiver of the requirement based on (check one):
- Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
  - Disability. My physical disability causes me to be unable to complete a course in personal financial management in person, by phone, or through the internet, even after I reasonably tried to do so.
  - Active duty. I am currently on active military duty in a military combat zone.
  - Residence. I live in a district in which the United States trustee (or bankruptcy administrator) has determined that the approved instructional courses cannot adequately meet my needs.

#### Part 2: Sign Here

I certify that the information I have provided is true and correct.

Signature of debtor named on certificate \_\_\_\_\_ Printed name of debtor \_\_\_\_\_ Date \_\_\_\_\_  
MM / DD / YYYY



# Business Bankruptcy Filing

AMERICAN BANKRUPTCY INSTITUTE

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

United States Bankruptcy Court for the:

\_\_\_\_\_ District of \_\_\_\_\_  
(State)

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

Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name \_\_\_\_\_

2. All other names debtor used in the last 8 years \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) \_\_\_\_\_

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	Number Street _____	Number Street _____
	_____	P.O. Box _____
	City State ZIP Code _____	City State ZIP Code _____
	Location of principal assets, if different from principal place of business	
	Number Street _____	
	_____	
	City State ZIP Code _____	

5. Debtor's website (URL) \_\_\_\_\_

2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

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

- 6. Type of debtor
- [ ] Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- [ ] Partnership (excluding LLP)
- [ ] Other. Specify: \_\_\_\_\_

- 7. Describe debtor's business
A. Check one:
- [ ] Health Care Business (as defined in 11 U.S.C. § 101(27A))
- [ ] Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- [ ] Railroad (as defined in 11 U.S.C. § 101(44))
- [ ] Stockbroker (as defined in 11 U.S.C. § 101(53A))
- [ ] Commodity Broker (as defined in 11 U.S.C. § 101(6))
- [ ] Clearing Bank (as defined in 11 U.S.C. § 781(3))
- [ ] None of the above
B. Check all that apply:
- [ ] Tax-exempt entity (as described in 26 U.S.C. § 501)
- [ ] Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- [ ] Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))
C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.uscourts.gov/four-digit-national-association-naics-codes .

- 8. Under which chapter of the Bankruptcy Code is the debtor filing?
Check one:
- [ ] Chapter 7
- [ ] Chapter 9
- [ ] Chapter 11. Check all that apply:
- [ ] The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- [ ] The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- [ ] A plan is being filed with this petition.
- [ ] Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- [ ] The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- [ ] The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- [ ] Chapter 12

AMERICAN BANKRUPTCY INSTITUTE

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

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?
[ ] No
[ ] Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_
MM / DD / YYYY
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_
MM / DD / YYYY
If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
[ ] No
[ ] Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_
District \_\_\_\_\_ When \_\_\_\_\_
Case number, if known \_\_\_\_\_
MM / DD / YYYY
List all cases. If more than 1, attach a separate list.

11. Why is the case filed in this district?
Check all that apply:
[ ] Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
[ ] A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
[ ] No
[ ] Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)
[ ] It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? \_\_\_\_\_
[ ] It needs to be physically secured or protected from the weather.
[ ] It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
[ ] Other \_\_\_\_\_

Where is the property?
Number \_\_\_\_\_ Street \_\_\_\_\_
City \_\_\_\_\_ State ZIP Code \_\_\_\_\_

Is the property insured?
[ ] No
[ ] Yes. Insurance agency \_\_\_\_\_
Contact name \_\_\_\_\_
Phone \_\_\_\_\_

Statistical and administrative information

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

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

**13. Debtor's estimation of available funds** *Check one:*  
 Funds will be available for distribution to unsecured creditors.  
 After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

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

**15. Estimated assets**

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

**16. Estimated liabilities**

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

**Request for Relief, Declaration, and Signatures**

**WARNING** – Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**      The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
MM / DD / YYYY

**X**

\_\_\_\_\_  
Signature of authorized representative of debtor      Printed name

\_\_\_\_\_  
Title

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

18. Signature of attorney

X

Signature of attorney for debtor \_\_\_\_\_

Date \_\_\_\_\_

MM / DD / YYYY

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

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

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

City \_\_\_\_\_

State \_\_\_\_\_

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

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

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

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

State \_\_\_\_\_

**Fill in this information to identify the case and this filing:**

Debtor Name \_\_\_\_\_

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

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

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. 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 \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
MM / DD / YYYY

**x** \_\_\_\_\_  
Signature of individual signing on behalf of debtor

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

\_\_\_\_\_  
Position or relationship to debtor

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

Debtor name \_\_\_\_\_

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

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

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

**Part 1: Summary of Assets**

1. *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)

1a. Real property:  
Copy line 88 from *Schedule A/B*..... \$ \_\_\_\_\_

1b. Total personal property:  
Copy line 91A from *Schedule A/B*..... \$ \_\_\_\_\_

1c. Total of all property:  
Copy line 92 from *Schedule A/B*..... \$ \_\_\_\_\_

**Part 2: Summary of Liabilities**

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ \_\_\_\_\_

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:  
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ \_\_\_\_\_

3b. Total amount of claims of nonpriority amount of unsecured claims:  
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... + \$ \_\_\_\_\_

4. Total liabilities..... \$ \_\_\_\_\_  
Lines 2 + 3a + 3b

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

Debtor name \_\_\_\_\_

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

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

Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

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

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. _____	_____	____-____-____-____	\$ _____
3.2. _____	_____	____-____-____-____	\$ _____

4. Other cash equivalents (*Identify all*)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

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

**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____



**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

Debtor \_\_\_\_\_  
Name

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

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.  
 Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies	_____ MM / DD / YYYY	\$ _____	_____	\$ _____

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ _____
----------

24. Is any of the property listed in Part 5 perishable?

- No  
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No  
 Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____



**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

Debtor \_\_\_\_\_  
Name

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

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.  
 Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
_____	\$ _____	_____	\$ _____

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____
----------

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No  
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No  
 Yes







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

Debtor name \_\_\_\_\_  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
 (State)

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

Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?  
 No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<p><b>2.1</b> Creditor's name _____</p> <p>Creditor's mailing address _____</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien _____</p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is:                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p><b>2.2</b> Creditor's name _____</p> <p>Creditor's mailing address _____</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien _____</p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is:                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</p>		<p>\$ _____</p>	

# AMERICAN BANKRUPTCY INSTITUTE

Debtor Name \_\_\_\_\_

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

**Part 1: Additional Page**

*Column A*  
Amount of claim  
Do not deduct the value  
of collateral.

*Column B*  
Value of collateral  
that supports this  
claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.</b>	<p><b>Creditor's name</b></p> <p>_____</p> <p><b>Creditor's mailing address</b></p> <p>_____</p> <p>_____</p> <p><b>Creditor's email address, if known</b></p> <p>_____</p> <p><b>Date debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p style="margin-left: 20px;"><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>_____ \$ _____ \$ _____</p> <p>_____</p> <p><b>Describe the lien</b></p> <p>_____</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>
<b>2.</b>	<p><b>Creditor's name</b></p> <p>_____</p> <p><b>Creditor's mailing address</b></p> <p>_____</p> <p>_____</p> <p><b>Creditor's email address, if known</b></p> <p>_____</p> <p><b>Date debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p style="margin-left: 20px;"><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p>_____ \$ _____ \$ _____</p> <p>_____</p> <p><b>Describe the lien</b></p> <p>_____</p> <p><b>Is the creditor an insider or related party?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>



**AMERICAN BANKRUPTCY INSTITUTE**

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

Debtor \_\_\_\_\_  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
 (State)  
 Case number \_\_\_\_\_  
 (If known)

Check if this is an amended filing

Official Form 206E/F

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

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).  
 No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
<b>2.1</b>	Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		
<b>2.2</b>	Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		
<b>2.3</b>	Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		





2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor Name \_\_\_\_\_

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

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <u>   </u>	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>   </u>	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>   </u>	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>   </u>	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>   </u>	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Name \_\_\_\_\_

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

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.2. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.3. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.1. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.5. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.6. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.7. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.8. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.9. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.10. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.11. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____



# AMERICAN BANKRUPTCY INSTITUTE

Debtor \_\_\_\_\_  
Name

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

## Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts	
5a. Total claims from Part 1	5a.	\$ _____	
5b. Total claims from Part 2	5b. +	\$ _____	
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ <table border="1"><tr><td>_____</td></tr></table>	_____
_____			

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

Debtor name \_\_\_\_\_

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

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

Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

	2. List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____
2.2	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____
2.3	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____
2.4	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____
2.5	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____



**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

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

Debtor name \_\_\_\_\_

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

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

Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?  
 No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G



**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

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

Debtor name \_\_\_\_\_

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

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

Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From \_\_\_\_\_ to Filing date  
MM/DD/YYYY

Operating a business  
 Other \_\_\_\_\_

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

For prior year:

From \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Operating a business  
 Other \_\_\_\_\_

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

For the year before that:

From \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Operating a business  
 Other \_\_\_\_\_

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

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From \_\_\_\_\_ to Filing date  
MM/DD/YYYY

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

For prior year:

From \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

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

For the year before that:

From \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

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



2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor Name \_\_\_\_\_

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

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____
5.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____
Last 4 digits of account number: XXXX- _____			

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Case title _____ Case number _____	_____	Name _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Case title _____ Case number _____	_____	Court or agency's name and address _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded



# 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor \_\_\_\_\_  
Name

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

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	_____	_____	_____	\$ _____
	Address	_____		
	Street	_____		
	City State ZIP Code	_____		
	Email or website address	_____		
	Who made the payment, if not debtor?	_____		

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	_____	_____	_____	\$ _____
	Address	_____		
	Street	_____		
	City State ZIP Code	_____		
	Email or website address	_____		
	Who made the payment, if not debtor?	_____		

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____	_____	_____	\$ _____
Trustee	_____		
_____	_____		

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Debtor \_\_\_\_\_  
Name

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

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____ Address Street City State ZIP Code Relationship to debtor _____	_____	_____	\$ _____
13.2. _____ Address Street City State ZIP Code Relationship to debtor _____	_____	_____	\$ _____

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
14.1. _____ Street City State ZIP Code	From _____ To _____
14.2. _____ Street City State ZIP Code	From _____ To _____

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

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

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name _____ _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____ Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____ _____	_____ How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.2. _____ Facility name _____ _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____ Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____ _____	_____ How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

No.

Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

No

Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

No. Go to Part 10.

Yes. Fill in below:

Name of plan \_\_\_\_\_ Employer identification number of the plan \_\_\_\_\_

EIN: \_\_\_\_\_

Has the plan been terminated?

No

Yes



**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

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

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____	_____	_____	\$ _____
Street _____	_____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____			

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No  
 Yes. Provide details below.

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

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

# AMERICAN BANKRUPTCY INSTITUTE

Debtor \_\_\_\_\_  
Name

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

24. Has the debtor notified any governmental unit of any release of hazardous material?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ - _____ - _____
25.1. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	Dates business existed From _____ To _____
25.2. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	Dates business existed From _____ To _____
25.3. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	Dates business existed From _____ To _____



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Debtor Name \_\_\_\_\_

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

Name and address		If any books of account and records are unavailable, explain why
26c.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____
26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.		
<input type="checkbox"/> None		
Name and address		
26d.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	
Name and address		
26d.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	
27. Inventories		
Have any inventories of the debtor's property been taken within 2 years before filing this case?		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes. Give the details about the two most recent inventories.		
Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
_____	_____	\$ _____
Name and address of the person who has possession of inventory records		
27.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	



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Debtor Name \_\_\_\_\_

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

**Name and address of recipient**

30.2 \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

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

Relationship to debtor \_\_\_\_\_

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No

Yes. Identify below.

Name of the parent corporation \_\_\_\_\_

Employer Identification number of the parent corporation

EIN: \_\_\_\_\_ - \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No

Yes. Identify below.

Name of the pension fund \_\_\_\_\_

Employer Identification number of the pension fund

EIN: \_\_\_\_\_ - \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. 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 \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

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

MM / DD / YYYY

**X** \_\_\_\_\_ Printed name \_\_\_\_\_

Signature of individual signing on behalf of the debtor

Position or relationship to debtor \_\_\_\_\_

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No

Yes

2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

United States Bankruptcy Court  
Northern District of Florida, Pensacola Division

In re \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor(s) Chapter \_\_\_\_\_

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
--	----------------	----------------------	------------------

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ of the \_\_\_\_\_ named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

**AMERICAN BANKRUPTCY INSTITUTE**

**United States Bankruptcy Court  
Northern District of Florida, Pensacola Division**

In re \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor(s) Chapter \_\_\_\_\_

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for \_\_\_\_\_ in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

.....  
 None [*Check if applicable*]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney or Litigant  
Counsel for \_\_\_\_\_

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

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

Debtor name \_\_\_\_\_

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

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

Check if this is an amended filing

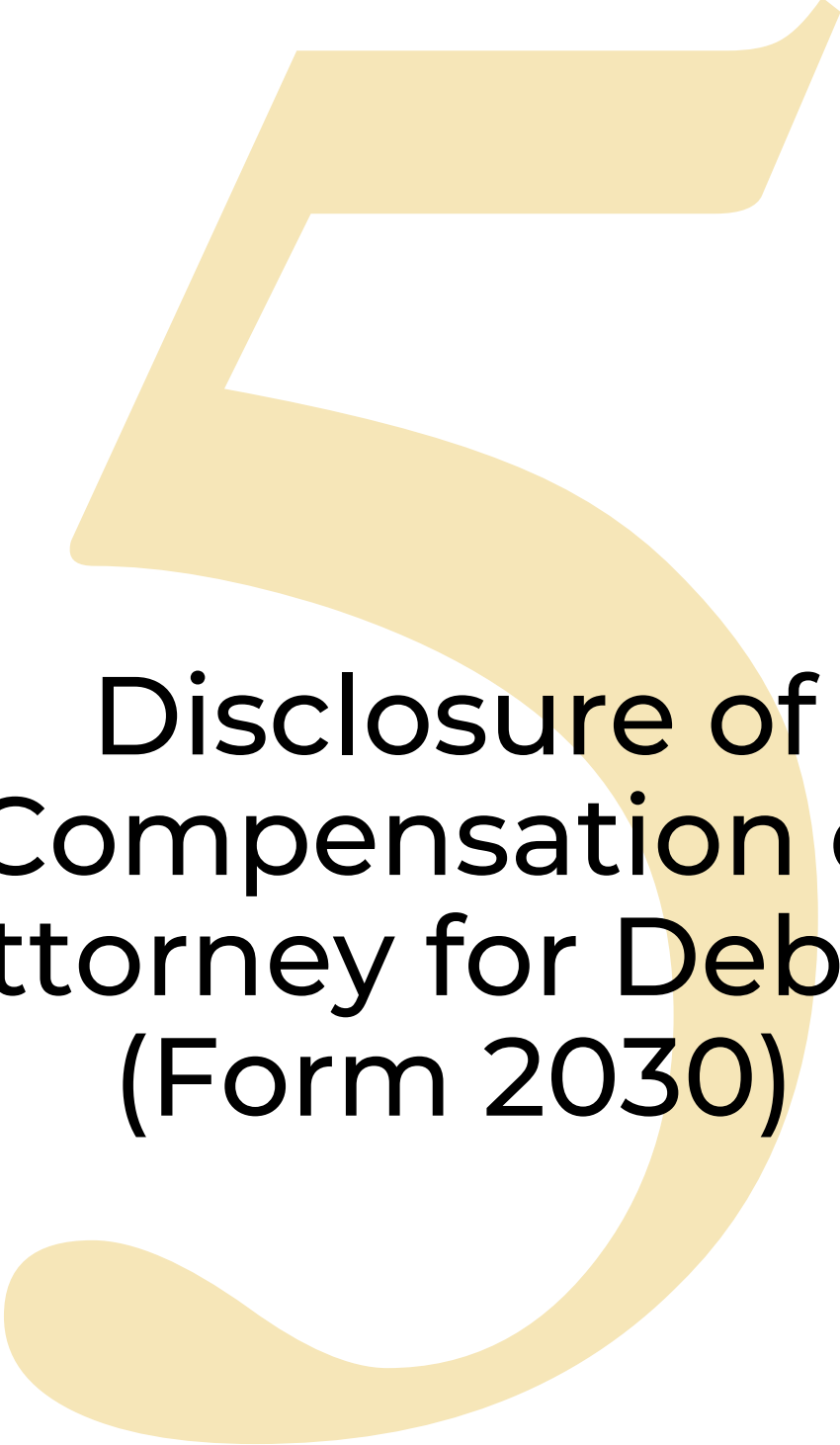
**Official Form 204**  
**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1							
2							
3							
4							
5							
6							
7							
8							



A large, stylized, light yellow number '5' is positioned in the background, partially overlapping the text. The number has a thick, rounded stroke and a slight shadow effect.

# Disclosure of Compensation of Attorney for Debtor (Form 2030)

AMERICAN BANKRUPTCY INSTITUTE

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

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

In re

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

Debtor

Chapter \_\_\_\_\_

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept . . . . . \$ \_\_\_\_\_

Prior to the filing of this statement I have received . . . . . \$ \_\_\_\_\_

Balance Due . . . . . \$ \_\_\_\_\_

2. The source of the compensation paid to me was:

Debtor  Other (specify)

3. The source of compensation to be paid to me is:

Debtor  Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

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

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

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

<b>CERTIFICATION</b>	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.	
_____ <i>Date</i>	_____ <i>Signature of Attorney</i>
	_____ <i>Name of law firm</i>



# Suggestion of Bankruptcy Form

IN THE \_\_\_\_\_ COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

\_\_\_\_\_

Plaintiff,

vs.

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

Division \_\_\_\_\_

\_\_\_\_\_

Defendant.

\_\_\_\_\_ /

**NOTICE OF CASE UNDER CHAPTER [7/11/13] OF UNITED STATES BANKRUPTCY CODE AND NOTICE OF AUTOMATIC STAY**

[INSERT NAME] \_\_\_\_\_ (the “Debtor”), respectfully gives notice that on \_\_\_\_\_, 2023, [he/she/it] filed a voluntary petition for relief under Chapter [7/11/13] of the United States Bankruptcy Code (11 U.S.C. § 1101 *et seq.*) in the United States Bankruptcy Court for the Middle District of Florida, Tampa Division, as Case No. \_\_\_\_\_.

Section 362(a) of the Bankruptcy Code provides as follows:

[A] petition filed under section 301, 302, or 303 of this title [11] ... operates as a stay, applicable to all entities, of—

(1) the commencement or continuation, including the issuance or employment of process, of a judicial, administrative, or other proceeding against the debtors that was or could have been commenced before the commencement of the case under this title, or to recover a claim against the debtors that arose before the commencement of the case under this title;

(2) the enforcement, against the debtors or against property of the estate, of a judgment obtained before the commencement of the case under this title;

(3) any act to obtain possession of property of the estate or property from the estate or to exercise control over property of the estate;

...

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(6) any act to collect, assess, or recover a claim against the debtors that arose before the commencement of the case under this title....

The Debtor respectfully requests that this Court and all parties to this action take note of the filing of the bankruptcy petition by  [INSERT NAME] , and of the applicability of the automatic stay to this proceeding.

/s/   
[INSERT ATTORNEY SIGNATURE BLOCK]  
Attorneys for Debtor

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that true and correct copies of the foregoing *Notice of Case Under Chapter [7/11/13] of United States Bankruptcy Code and Notice of Automatic Stay* has been furnished on this \_\_\_\_\_ day of \_\_\_\_\_, 2023, to all parties receiving electronic service.

[NOTE TO FORM: CONSULT LOCAL SERVICE RULES TO ENSURE SERVICE IS CORRECT]

/s/   
[INSERT ATTORNEY NAME]

A large, stylized, gold-colored number '7' is positioned in the background, partially obscured by the text. The number has a thick, blocky appearance with a slight curve at the top left and a diagonal stroke extending downwards to the right.

# Order of Discharge (Ch. 7) (Form 318)

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**Information to identify the case:**

Debtor 1 \_\_\_\_\_ Last 4 digits of Social Security number or ITIN \_\_\_\_\_  
 First Name Middle Name Last Name EIN \_\_\_\_ - \_\_\_\_\_

Debtor 2 \_\_\_\_\_ Last 4 digits of Social Security number or ITIN \_\_\_\_\_  
 (Spouse, if filing) First Name Middle Name Last Name EIN \_\_\_\_ - \_\_\_\_\_

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

Case number: \_\_\_\_\_

**Order of Discharge**

12/15

IT IS ORDERED: A discharge under 11 U.S.C. § 727 is granted to:

\_\_\_\_\_ ]  
 [include all names used by each debtor, including trade names, within the 8 years prior to the filing of the petition]

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

By the court: \_\_\_\_\_  
United States Bankruptcy Judge

**Explanation of Bankruptcy Discharge in a Chapter 7 Case**

This order does not close or dismiss the case, and it does not determine how much money, if any, the trustee will pay creditors.

This order does not prevent debtors from paying any debt voluntarily or from paying reaffirmed debts according to the reaffirmation agreement. 11 U.S.C. § 524(c), (f).

**Creditors cannot collect discharged debts**

This order means that no one may make any attempt to collect a discharged debt from the debtors personally. For example, creditors cannot sue, garnish wages, assert a deficiency, or otherwise try to collect from the debtors personally on discharged debts. Creditors cannot contact the debtors by mail, phone, or otherwise in any attempt to collect the debt personally. Creditors who violate this order can be required to pay debtors damages and attorney's fees.

**Most debts are discharged**

Most debts are covered by the discharge, but not all. Generally, a discharge removes the debtors' personal liability for debts owed before the debtors' bankruptcy case was filed.

However, a creditor with a lien may enforce a claim against the debtors' property subject to that lien unless the lien was avoided or eliminated. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

Also, if this case began under a different chapter of the Bankruptcy Code and was later converted to chapter 7, debts owed before the conversion are discharged.

In a case involving community property: Special rules protect certain community property owned by the debtor's spouse, even if that spouse did not file a bankruptcy case.

For more information, see page 2 ►

**Some debts are not discharged**

Examples of debts that are not discharged are:

debts that are domestic support obligations;

debts for most student loans;

debts for most taxes;

debts that the bankruptcy court has decided or will decide are not discharged in this bankruptcy case;

debts for most fines, penalties, forfeitures, or criminal restitution obligations;

some debts which the debtors did not properly list;

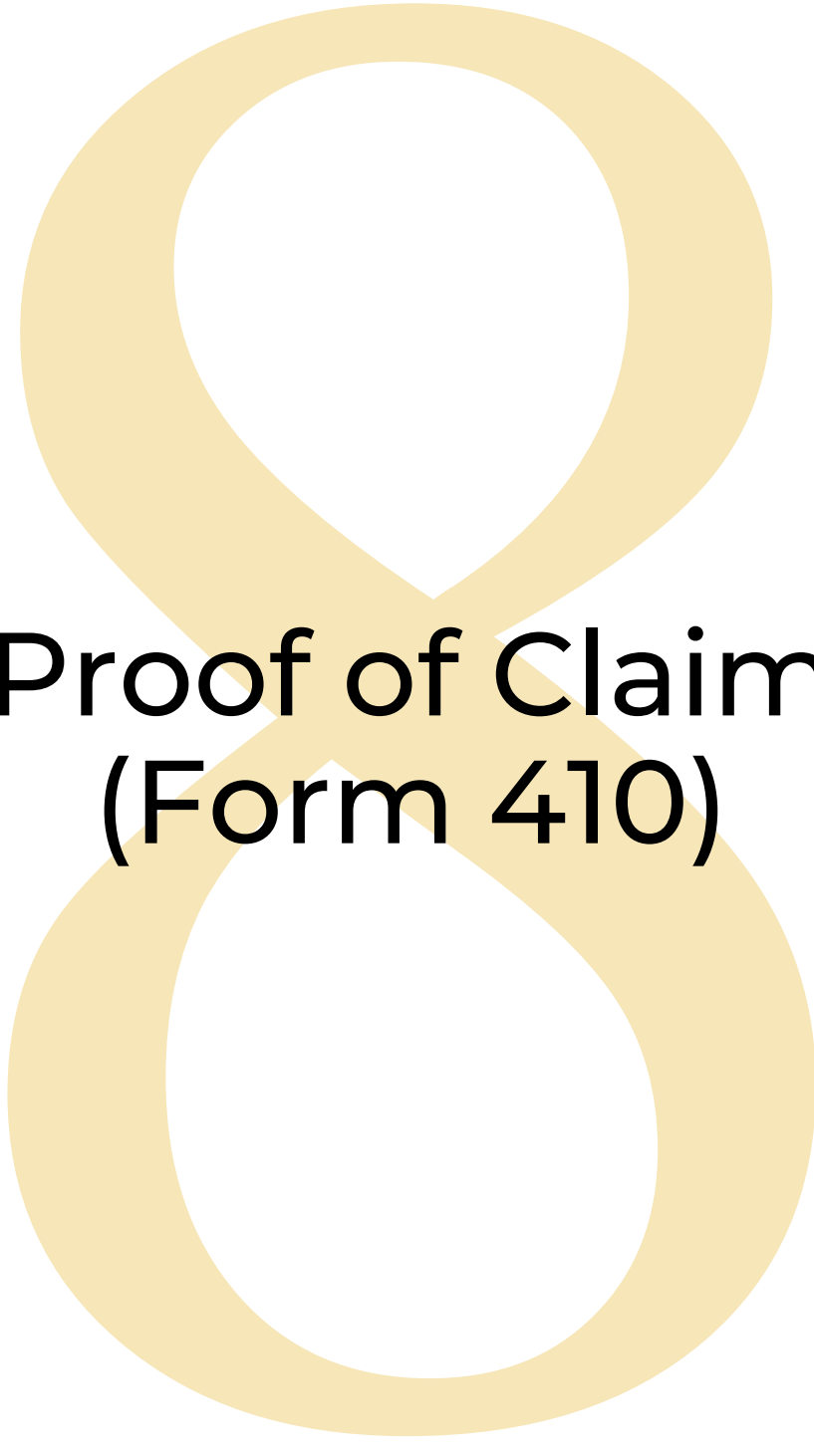
debts for certain types of loans owed to pension, profit sharing, stock bonus, or retirement plans; and

debts for death or personal injury caused by operating a vehicle while intoxicated.

Also, debts covered by a valid reaffirmation agreement are not discharged.

In addition, this discharge does not stop creditors from collecting from anyone else who is also liable on the debt, such as an insurance company or a person who cosigned or guaranteed a loan.

**This information is only a general summary of the bankruptcy discharge; some exceptions exist. Because the law is complicated, you should consult an attorney to determine the exact effect of the discharge in this case.**



**Proof of Claim  
(Form 410)**

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

Debtor 1 \_\_\_\_\_

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

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

Case number \_\_\_\_\_

Official Form 410

**Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?  
 Name of the current creditor (the person or entity to be paid for this claim) \_\_\_\_\_  
 Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  
 No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p><b>Where should notices to the creditor be sent?</b></p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
---	---

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
 \_\_\_\_\_

4. Does this claim amend one already filed?  
 No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  
 No  
 Yes. Who made the earlier filing? \_\_\_\_\_

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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ _____ Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  _____
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate (when case was filed)</b> _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?  No

Yes. Check one:

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150* earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature

Print the name of the person who is completing and signing this claim:

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

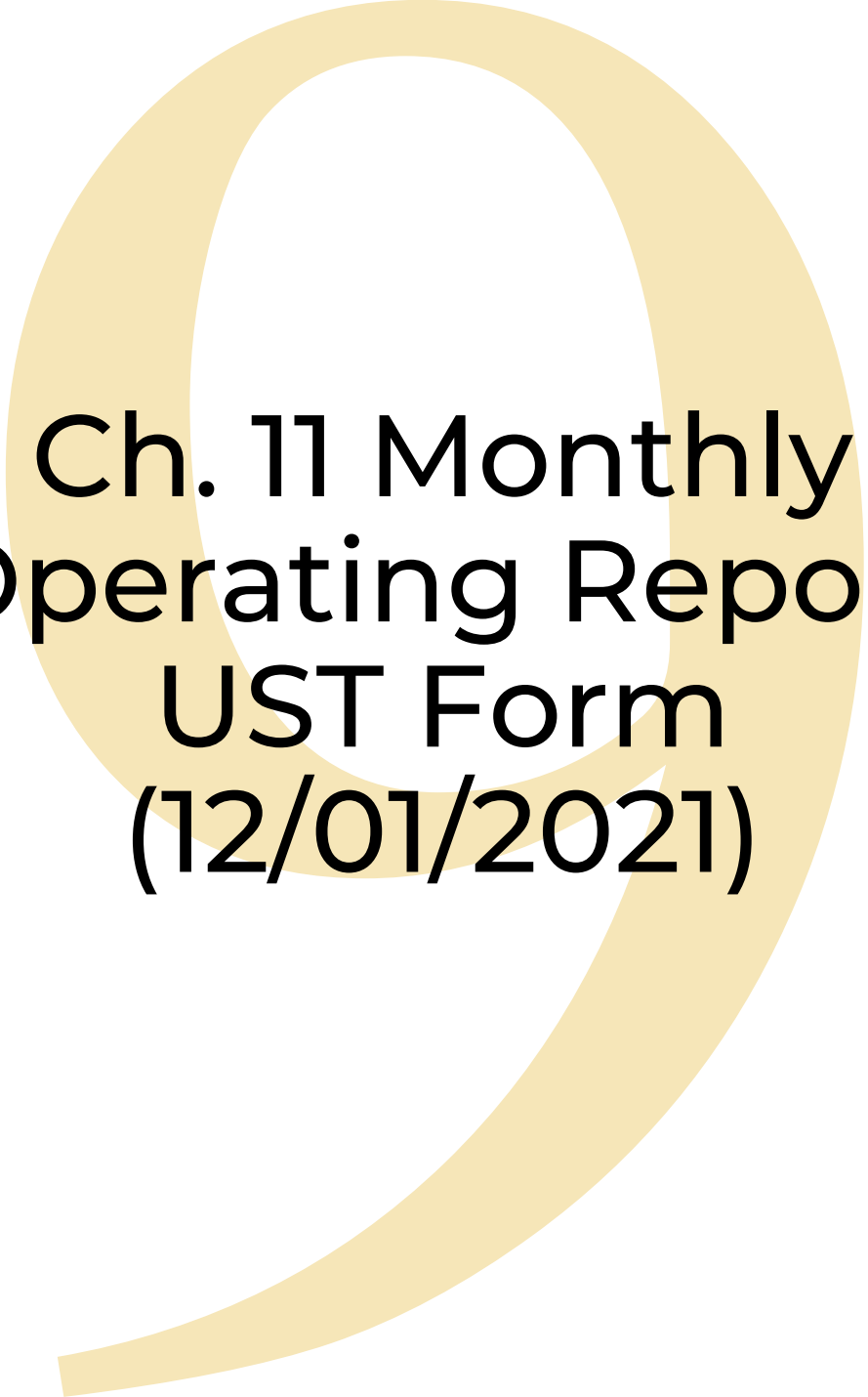
Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

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

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

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



**Ch. 11 Monthly  
Operating Report  
UST Form  
(12/01/2021)**

UNITED STATES BANKRUPTCY COURT

DISTRICT OF \_\_\_\_\_

Clear All Fields

<Enter Division name if applicable, else delete this text>

Save

In Re. \_\_\_\_\_ §  
 \_\_\_\_\_ §  
 Debtor(s) §

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

Jointly Administered

< select a report type >

Chapter 11

Reporting Period Ended: \_\_\_\_\_ Petition Date: \_\_\_\_\_

Months Pending: 0 \_\_\_\_\_ Industry Classification: [ ][ ][ ][ ]

Reporting Method: Accrual Basis  Cash Basis

Debtor's Full-Time Employees (current): \_\_\_\_\_

Debtor's Full-Time Employees (as of date of order for relief): \_\_\_\_\_

**Supporting Documentation** (check all that are attached):

(For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor)

- Statement of cash receipts and disbursements
- Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit
- Statement of operations (profit or loss statement)
- Accounts receivable aging
- Postpetition liabilities aging
- Statement of capital assets
- Schedule of payments to professionals
- Schedule of payments to insiders
- All bank statements and bank reconciliations for the reporting period
- Description of the assets sold or transferred and the terms of the sale or transfer

Signature of Responsible Party \_\_\_\_\_

Printed Name of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Click "Generate PDF"  
 to Remove Watermark

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

# AMERICAN BANKRUPTCY INSTITUTE

Debtor's Name \_\_\_\_\_

Save

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

Part 1: Cash Receipts and Disbursements	Current Month	Cumulative
a. Cash balance beginning of month	_____	_____
b. Total receipts (net of transfers between accounts)	_____	_____
c. Total disbursements (net of transfers between accounts)	_____	_____
d. Cash balance end of month (a+b-c)	_____	_____
e. Disbursements made by third party for the benefit of the estate	_____	_____
f. Total disbursements for quarterly fee calculation (c+e)	_____	_____

Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.)	Current Month
a. Accounts receivable (total net of allowance)	_____
b. Accounts receivable over 90 days outstanding (net of allowance)	_____
c. Inventory (Book <input type="checkbox"/> Market <input type="checkbox"/> Other <input type="checkbox"/> (attach explanation))	_____
d. Total current assets	_____
e. Total assets	_____
f. Postpetition payables (excluding taxes)	_____
g. Postpetition payables past due (excluding taxes)	_____
h. Postpetition taxes payable	_____
i. Postpetition taxes past due	_____
j. Total postpetition debt (f+h)	_____
k. Prepetition secured debt	_____
l. Prepetition priority debt	_____
m. Prepetition unsecured debt	_____
n. Total liabilities (debt) (j+k+l+m)	_____
o. Ending equity/net worth (e-n)	_____

Part 3: Assets Sold or Transferred	Current Month	Cumulative
a. Total cash sales price for assets sold/transferred outside the ordinary course of business	_____	_____
b. Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business	_____	_____
c. Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b)	_____	_____

Part 4: Income Statement (Statement of Operations) (Not generally applicable to Individual Debtors. See Instructions.)	Current Month	Cumulative
a. Gross income/sales (net of returns and allowances)	_____	_____
b. Cost of goods sold (inclusive of depreciation, if applicable)	_____	_____
c. Gross profit (a-b)	_____	_____
d. Selling expenses	_____	_____
e. General and administrative expenses	_____	_____
f. Other expenses	_____	_____
g. Depreciation and/or amortization (not included in 4b)	_____	_____
h. Interest	_____	_____
i. Taxes (local, state, and federal)	_____	_____
j. Reorganization items	_____	_____
k. Profit (loss)	_____	_____

Click "Generate PDF" to Remove Watermark

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

Debtor's Name \_\_\_\_\_

**Save**

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

**Part 5: Professional Fees and Expenses**

			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
a.	Debtor's professional fees & expenses (bankruptcy) <i>Aggregate Total</i>					
	<i>Itemized Breakdown by Firm</i>					
<b>Add</b>	Firm Name	Role				
<b>Delete</b>	i					
<hr/>						
			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
b.	Debtor's professional fees & expenses (nonbankruptcy) <i>Aggregate Total</i>					
	<i>Itemized Breakdown by Firm</i>					
<b>Add</b>	Firm Name	Role				
<b>Delete</b>	i					
<hr/>						
c. All professional fees and expenses (debtor & committees)						

**Part 6: Postpetition Taxes**

	Current Month	Cumulative
a. Postpetition income taxes accrued (local, state, and federal)	_____	_____
b. Postpetition income taxes paid (local, state, and federal)	_____	_____
c. Postpetition employer payroll taxes accrued	_____	_____
d. Postpetition employer payroll taxes paid	_____	_____
e. Postpetition property taxes paid	_____	_____
f. Postpetition other taxes accrued (local, state, and federal)	_____	_____
g. Postpetition other taxes paid (local, state, and federal)	_____	_____

**Part 7: Questionnaire - During this reporting period:**

- a. Were any payments made on prepetition debt? (if yes, see Instructions)      Yes  No
- b. Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions)      Yes  No
- c. Were any payments made to or on behalf of insiders?      Yes  No
- d. Are you current on postpetition tax return filings?      Yes  No
- e. Are you current on postpetition estimated tax payments?      Yes  No
- f. Were all trust fund taxes remitted on a current basis?      Yes  No
- g. Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions)      Yes  No
- h. Were all payments made to or on behalf of professionals approved by the court?      Yes  No  N/A
- i. Do you have:
  - Worker's compensation insurance?      Yes  No
  - If yes, are your premiums current?      Yes  No  N/A  (if no, see Instructions)
  - Casualty/property insurance?      Yes  No
  - If yes, are your premiums current?      Yes  No  N/A  (if no, see Instructions)
  - General liability insurance?      Yes  No
  - If yes, are your premiums current?      Yes  No  N/A  (if no, see Instructions)
- j. Has a plan of reorganization been filed with the court?      Yes  No
- k. Has a disclosure statement been filed with the court?      Yes  No

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Debtor's Name

Save

Case No.

l. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?

Yes  No

Part 8: Individual Chapter 11 Debtors (Only)

- a. Gross income (receipts) from salary and wages
b. Gross income (receipts) from self-employment
c. Gross income from all other sources
d. Total income in the reporting period (a+b+c)
e. Payroll deductions
f. Self-employment related expenses
g. Living expenses
h. All other expenses
i. Total expenses in the reporting period (e+f+g+h)
j. Difference between total income and total expenses (d-i)
k. List the total amount of all postpetition debts that are past due
l. Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)?
m. If yes, have you made all Domestic Support Obligation payments?

Privacy Act Statement

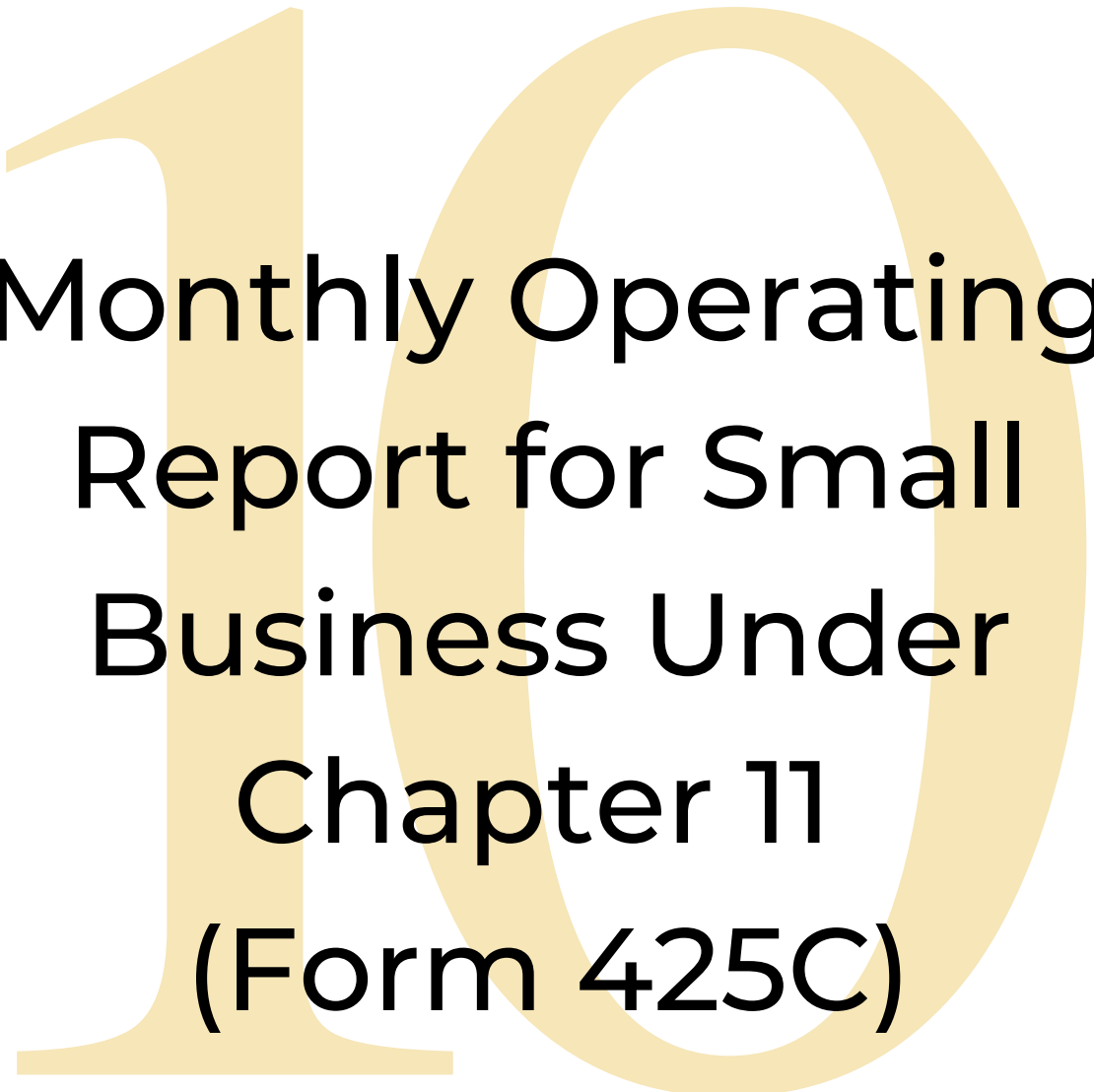
28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith.

I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.

Signature of Responsible Party
Printed Name of Responsible Party
Title
Date

Save

Generate PDF for Court Filing and Remove Watermark



Monthly Operating  
Report for Small  
Business Under  
Chapter 11  
(Form 425C)

**AMERICAN BANKRUPTCY INSTITUTE**

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

Debtor Name \_\_\_\_\_

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

Case number: \_\_\_\_\_

Check if this is an amended filing

Official Form 425C

**Monthly Operating Report for Small Business Under Chapter 11** 12/17

Month: \_\_\_\_\_ Date report filed: \_\_\_\_\_  
MM / DD / YYYY

Line of business: \_\_\_\_\_ NAISC code: \_\_\_\_\_

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: \_\_\_\_\_

Original signature of responsible party \_\_\_\_\_

Printed name of responsible party \_\_\_\_\_

**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

	Yes	No	N/A
<b><u>If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.</u></b>			
1. Did the business operate during the entire reporting period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you plan to continue to operate the business next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you paid all of your bills on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you pay your employees on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you timely filed your tax returns and paid all of your taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you timely filed all other required government filings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you timely paid all of your insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.</u></b>			
10. Do you have any bank accounts open other than the DIP accounts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you sold any assets other than inventory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did any insurance company cancel your policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you have any unusual or significant unanticipated expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you borrowed money from anyone or has anyone made any payments on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has anyone made an investment in your business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

- 17. Have you paid any bills you owed before you filed bankruptcy?
- 18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

**2. Summary of Cash Activity for All Accounts**

**19. Total opening balance of all accounts**

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case. \$ \_\_\_\_\_

**20. Total cash receipts**

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here. \$ \_\_\_\_\_

**21. Total cash disbursements**

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here. - \$ \_\_\_\_\_

**22. Net cash flow**

Subtract line 21 from line 20 and report the result here. + \$ \_\_\_\_\_  
This amount may be different from what you may have calculated as *net profit*.

**23. Cash on hand at the end of the month**

Add line 22 + line 19. Report the result here. = \$ \_\_\_\_\_  
Report this figure as the *cash on hand at the beginning of the month* on your next operating report.  
This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

**3. Unpaid Bills**

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

**24. Total payables** \$ \_\_\_\_\_  
(*Exhibit E*)

# AMERICAN BANKRUPTCY INSTITUTE

Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

## 4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables \$ \_\_\_\_\_  
*(Exhibit F)*

## 5. Employees

26. What was the number of employees when the case was filed? \_\_\_\_\_  
 27. What is the number of employees as of the date of this monthly report? \_\_\_\_\_

## 6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ \_\_\_\_\_  
 29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ \_\_\_\_\_  
 30. How much have you paid this month in other professional fees? \$ \_\_\_\_\_  
 31. How much have you paid in total other professional fees since filing the case? \$ \_\_\_\_\_

## 7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	<i>Column A</i>	-	<i>Column B</i>	=	<i>Column C</i>
	Projected		Actual		Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ _____	-	\$ _____	=	\$ _____
33. Cash disbursements	\$ _____	-	\$ _____	=	\$ _____
34. Net cash flow	\$ _____	-	\$ _____	=	\$ _____
35. Total projected cash receipts for the next month:					\$ _____
36. Total projected cash disbursements for the next month:					- \$ _____
37. Total projected net cash flow for the next month:					= \$ _____

# 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor Name \_\_\_\_\_

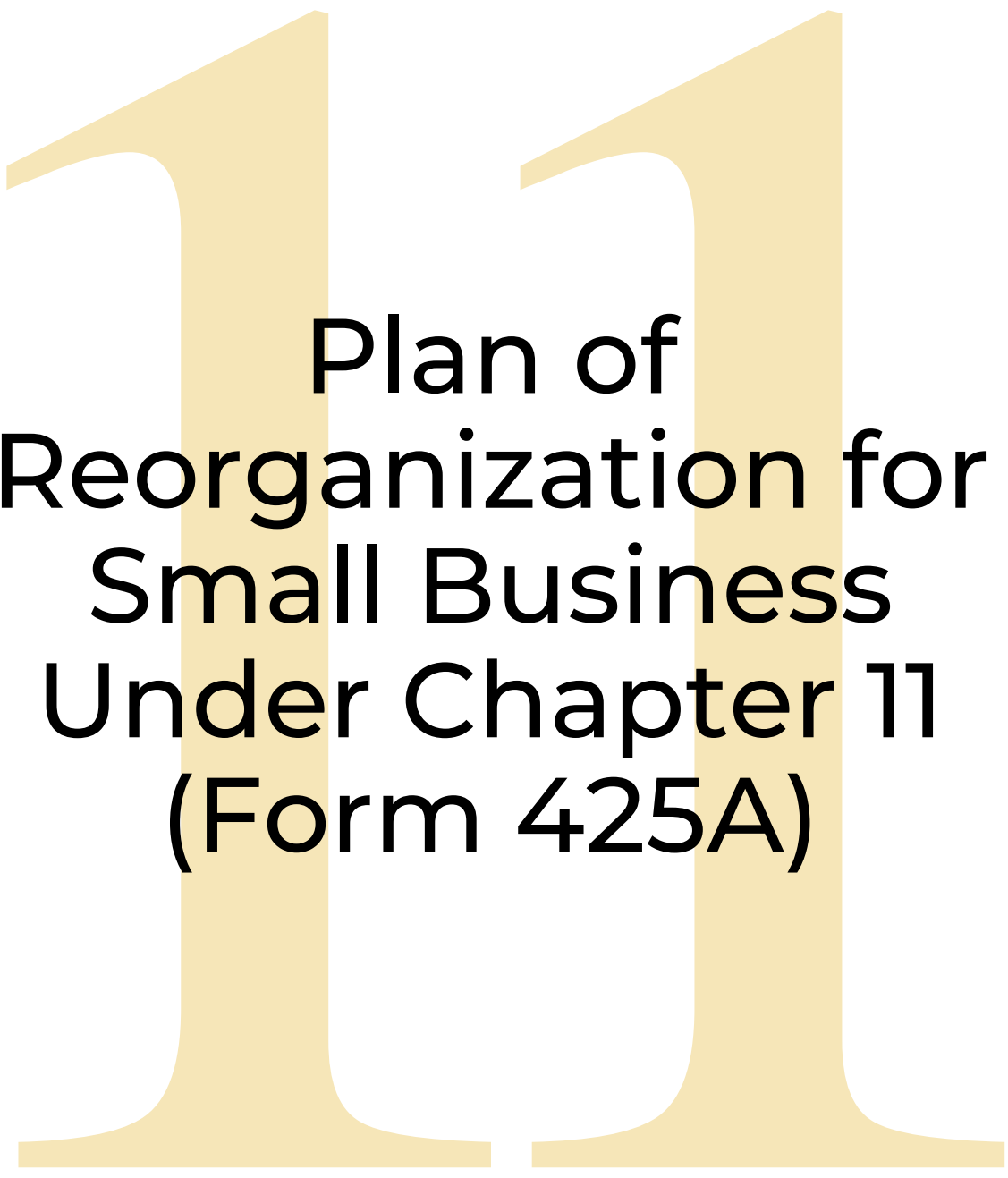
Case number \_\_\_\_\_

## 8. Additional Information

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If available, check the box to the left and attach copies of the following documents.

- 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- 39. Bank reconciliation reports for each account.
- 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- 41. Budget, projection, or forecast reports.
- 42. Project, job costing, or work-in-progress reports.



**Plan of  
Reorganization for  
Small Business  
Under Chapter 11  
(Form 425A)**

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

Debtor Name \_\_\_\_\_  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
 (State)  
 Case number: \_\_\_\_\_

Check if this is an amended filing

Official Form 425A

**Plan of Reorganization for Small Business Under Chapter 11**

02/20

[Name of Proponent]’s Plan of Reorganization, Dated [Insert Date]

[If this plan is for a small business debtor under Subchapter V, 11 U.S.C. § 1190 requires that it include “(A) a brief history of the business operations of the debtor; (B) a liquidation analysis; and (C) projections with respect to the ability of the debtor to make payments under the proposed plan of reorganization.” The Background section below may be used for that purpose. Otherwise, the Background section can be deleted from the form, and the Plan can start with “Article 1: Summary”]

**Background for Cases Filed Under Subchapter V**

**A. Description and History of the Debtor’s Business**

The Debtor is a [corporation, partnership, etc.]. Since [insert year operations commenced], the Debtor has been in the business of \_\_\_\_\_. [Describe the Debtor’s business].

**B. Liquidation Analysis**

To confirm the Plan, the Court must find that all creditors and equity interest holders who do not accept the Plan will receive at least as much under the Plan as such claim and equity interest holders would receive in a chapter 7 liquidation. A liquidation analysis is attached to the Plan as Exhibit \_\_\_\_.

**C. Ability to make future plan payments and operate without further reorganization**

The Plan Proponent must also show that it will have enough cash over the life of the Plan to make the required Plan payments and operate the debtor’s business.

The Plan Proponent has provided projected financial information as Exhibit \_\_\_\_.

The Plan Proponent’s financial projections show that the Debtor will have projected disposable income (as defined by § 1191(d) of the Bankruptcy Code) for the period described in § 1191(c)(2) of \$ \_\_\_\_\_.

The final Plan payment is expected to be paid on \_\_\_\_\_.

[Summarize the numerical projections, and highlight any assumptions that are not in accord with past experience. Explain why such assumptions should now be made.]

**You should consult with your accountant or other financial advisor if you have any questions pertaining to these projections.**

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Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

Article 1: Summary

This Plan of Reorganization (the Plan) under chapter 11 of the Bankruptcy Code (the Code) proposes to pay creditors of [insert the name of the Debtor] (the Debtor) from [Specify sources of payment, such as an infusion of capital, loan proceeds, sale of assets, cash flow from operations, or future income].

This Plan provides for: [ ] classes of priority claims; [ ] classes of secured claims; [ ] classes of non-priority unsecured claims; and [ ] classes of equity security holders.

Non-priority unsecured creditors holding allowed claims will receive distributions, which the proponent of this Plan has valued at approximately [ ] cents on the dollar. This Plan also provides for the payment of administrative and priority claims.

All creditors and equity security holders should refer to Articles 3 through 6 of this Plan for information regarding the precise treatment of their claim. A disclosure statement that provides more detailed information regarding this Plan and the rights of creditors and equity security holders has been circulated with this Plan. Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one. (If you do not have an attorney, you may wish to consult one.)

Article 2: Classification of Claims and Interests

2.01 Class 1 ..... All allowed claims entitled to priority under § 507(a) of the Code (except administrative expense claims under § 507(a)(2), ["gap" period claims in an involuntary case under § 507(a)(3),] and priority tax claims under § 507(a)(8)).

[Add classes of priority claims, if applicable]

2.02 Class 2 ..... The claim of [ ] to the extent allowed as a secured claim under § 506 of the Code.

[Add other classes of secured creditors, if any. Note: Section 1129(a)(9)(D) of the Code provides that a secured tax claim which would otherwise meet the description of a priority tax claim under § 507(a)(8) of the Code is to be paid in the same manner and over the same period as prescribed in § 507(a)(8).]

2.03 Class 3 ..... All non-priority unsecured claims allowed under § 502 of the Code.

[Add other classes of unsecured claims, if any.]

2.04 Class 4 ..... Equity interests of the Debtor. [If the Debtor is an individual, change this heading to The interests of the individual Debtor in property of the estate.]

Article 3: Treatment of Administrative Expense Claims, Priority Tax Claims, and Quarterly and Court Fees

3.01 Unclassified claims Under section § 1123(a)(1), administrative expense claims, ["gap" period claims in an involuntary case allowed under § 502(f) of the Code,] and priority tax claims are not in classes.

3.02 Administrative expense claims Each holder of an administrative expense claim allowed under § 503 of the Code, [and a "gap" claim in an involuntary case allowed under § 502(f) of the Code,] will be paid in full on the effective date of this Plan, in cash, or upon such other terms as may be agreed upon by the holder of the claim and the Debtor.

Or

Each holder of an administrative expense claim allowed under § 503 of the Code, [and a "gap" claim in an involuntary case allowed under § 502(f) of the Code,] will be paid [specify terms of treatment, including the form, amount, and timing of distribution, consistent with section 1191(e) of the

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

Debtor Name \_\_\_\_\_ Case number \_\_\_\_\_

Code).

[Note: the second provision is appropriate only in a subchapter V plan that is confirmed non-consensually under section 1191(b).]

- 3.03 **Priority tax claims** Each holder of a priority tax claim will be paid [Specify terms of treatment consistent with § 1129(a)(9)(C) of the Code].

---

- 3.04 **Statutory fees** All fees required to be paid under 28 U.S.C. § 1930 that are owed on or before the effective date of this Plan have been paid or will be paid on the effective date.

---

- 3.05 **Prospective quarterly fees** All quarterly fees required to be paid under 28 U.S.C. § 1930(a)(6) or (a)(7) will accrue and be timely paid until the case is closed, dismissed, or converted to another chapter of the Code.

**Article 4: Treatment of Claims and Interests Under the Plan**

4.01 Claims and interests shall be treated as follows under this Plan:

Class	Impairment	Treatment
Class 1 - Priority claims excluding those in Article 3	<input type="checkbox"/> Impaired <input type="checkbox"/> Unimpaired	[Insert treatment of priority claims in this Class, including the form, amount and timing of distribution, if any. For example: "Class 1 is unimpaired by this Plan, and each holder of a Class 1 Priority Claim will be paid in full, in cash, upon the later of the effective date of this Plan, or the date on which such claim is allowed by a final non-appealable order. Except: _____."] [Add classes of priority claims if applicable]
Class 2 – Secured claim of [Insert name of secured creditor.]	<input type="checkbox"/> Impaired <input type="checkbox"/> Unimpaired	[Insert treatment of secured claim in this Class, including the form, amount and timing of distribution, if any.] [Add classes of secured claims if applicable]
Class 3 – Non-priority unsecured creditors	<input type="checkbox"/> Impaired <input type="checkbox"/> Unimpaired	[Insert treatment of unsecured creditors in this Class, including the form, amount and timing of distribution, if any.] [Add administrative convenience class if applicable]
Class 4 - Equity security holders of the Debtor	<input type="checkbox"/> Impaired <input type="checkbox"/> Unimpaired	[Insert treatment of equity security holders in this Class, including the form, amount and timing of distribution, if any.]

**Article 5: Allowance and Disallowance of Claims**

- 5.01 **Disputed claim** A *disputed claim* is a claim that has not been allowed or disallowed [by a final non-appealable order], and as to which either:
  - (i) a proof of claim has been filed or deemed filed, and the Debtor or another party in interest has filed an objection; or
  - (ii) no proof of claim has been filed, and the Debtor has scheduled such claim as disputed, contingent, or unliquidated.

---

- 5.02 **Delay of distribution on a disputed claim** No distribution will be made on account of a disputed claim unless such claim is allowed [by a final non-appealable order].

---

- 5.03 **Settlement of disputed claims** The Debtor will have the power and authority to settle and compromise a disputed claim with court approval and compliance with Rule 9019 of the Federal Rules of Bankruptcy Procedure.

**Article 6: Provisions for Executory Contracts and Unexpired Leases**

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Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

**8.01 Assumed executory contracts and unexpired leases**

(a) The Debtor assumes, and if applicable assigns, the following executory contracts and unexpired leases as of the effective date:

[List assumed, or if applicable assigned, executory contracts and unexpired leases.]

(b) Except for executory contracts and unexpired leases that have been assumed, and if applicable assigned, before the effective date or under section 6.01(a) of this Plan, or that are the subject of a pending motion to assume, and if applicable assign, the Debtor will be conclusively deemed to have rejected all executory contracts and unexpired leases as of the effective date.

A proof of a claim arising from the rejection of an executory contract or unexpired lease under this section must be filed no later than \_\_\_\_\_ days after the date of the order confirming this Plan.

**Article 7: Means for Implementation of the Plan**

[Insert here provisions regarding how the plan will be implemented as required under § 1123(a)(5) of the Code. For example, provisions may include those that set out how the plan will be funded, including any claims reserve to be established in connection with the plan, as well as who will be serving as directors, officers or voting trustees of the reorganized Debtor.]

**Article 8: General Provisions**

**8.01 Definitions and rules of construction**

The definitions and rules of construction set forth in §§ 101 and 102 of the Code shall apply when terms defined or construed in the Code are used in this Plan, and they are supplemented by the following definitions:

[Insert additional definitions if necessary].

**8.02 Effective date**

The effective date of this Plan is the first business day following the date that is 14 days after the entry of the confirmation order. If, however, a stay of the confirmation order is in effect on that date, the effective date will be the first business day after the date on which the stay expires or is otherwise terminated.

**8.03 Severability**

If any provision in this Plan is determined to be unenforceable, the determination will in no way limit or affect the enforceability and operative effect of any other provision of this Plan.

**8.04 Binding effect**

The rights and obligations of any entity named or referred to in this Plan will be binding upon, and will inure to the benefit of the successors or assigns of such entity.

**8.05 Captions**

The headings contained in this Plan are for convenience of reference only and do not affect the meaning or interpretation of this Plan.

**8.06 Controlling effect**

Unless a rule of law or procedure is supplied by federal law (including the Code or the Federal Rules of Bankruptcy Procedure), the laws of the State of \_\_\_\_\_ govern this Plan and any agreements, documents, and instruments executed in connection with this Plan, except as otherwise provided in this Plan.]

**8.07 Corporate governance**

[If the Debtor is a corporation include provisions required by § 1123(a)(6) of the Code.]

2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor Name \_\_\_\_\_ Case number \_\_\_\_\_

§.08 Retention of Jurisdiction Language addressing the extent and the scope of the bankruptcy court's jurisdiction after the effective date of the plan.]

Article 9: Discharge

[Include the appropriate provision in the Plan]

[No Discharge -- Section 1141(d)(3) IS applicable.]

In accordance with § 1141(d)(3) of the Code, the Debtor will not receive any discharge of debt in this bankruptcy case.

[Discharge -- Section 1141(d)(3) IS NOT applicable; use one of the alternatives below]

[The following 3 alternatives apply to cases in which a discharge is applicable and the Debtor DID NOT elect to proceed under Subchapter V of Chapter 11.]

[Discharge if the Debtor is an individual and did not proceed under Subchapter V]

Confirmation of this Plan does not discharge any debt provided for in this Plan until the court grants a discharge on completion of all payments under this Plan, or as otherwise provided in § 1141(d)(5) of the Code. The Debtor will not be discharged from any debt excepted from discharge under § 523 of the Code, except as provided in Rule 4007(c) of the Federal Rules of Bankruptcy Procedure.

[Discharge if the Debtor is a partnership and did not proceed under Subchapter V]

On the effective date of this Plan, the Debtor will be discharged from any debt that arose before confirmation of this Plan, to the extent specified in § 1141(d)(1)(A) of the Code. The Debtor will not be discharged from any debt imposed by this Plan.

[Discharge if the Debtor is a corporation and did not proceed under Subchapter V]

On the effective date of this Plan, the Debtor will be discharged from any debt that arose before confirmation of this Plan, to the extent specified in § 1141(d)(1)(A) of the Code, except that the Debtor will not be discharged of any debt: (i) imposed by this Plan; or (ii) to the extent provided in § 1141(d)(6).

[The following 3 alternatives apply to cases in which the Debtor DID elect to proceed under Subchapter V of Chapter 11.]

[Discharge if the Debtor is an individual under Subchapter V]

If the Debtor's Plan is confirmed under § 1191(a), on the effective date of the Plan, the Debtor will be discharged from any debt that arose before confirmation of this Plan, to the extent specified in § 1141(d)(1)(A) of the Code. The Debtor will not be discharged from any debt: (i) imposed by this Plan; or (ii) excepted from discharge under § 523(a) of the Code, except as provided in Rule 4007(c) of the Federal Rules of Bankruptcy Procedure.

AMERICAN BANKRUPTCY INSTITUTE

Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

If the Debtor's Plan is confirmed under § 1191(b), confirmation of the Plan does not discharge any debt provided for in this Plan until the court grants a discharge on completion of all payments due within the first 3 years of this Plan, or as otherwise provided in § 1192 of the Code. The Debtor will not be discharged from any debt:

- (i) on which the last payment is due after the first 3 years of the plan, or as otherwise provided in § 1192; or
- (ii) excepted from discharge under § 523(a) of the Code, except as provided in Rule 4007(c) of the Federal Rules of Bankruptcy Procedure.

**[Discharge if the Debtor is a partnership under Subchapter V]**

If the Debtor's Plan is confirmed under § 1191(a), on the effective date of the Plan, the Debtor will be discharged from any debt that arose before confirmation of this Plan, to the extent specified in § 1141(d)(1)(A) of the Code. The Debtor will not be discharged from any debt imposed by this Plan.

If the Debtor's Plan is confirmed under § 1191(b), confirmation of the Plan does not discharge any debt provided for in this Plan until the court grants a discharge on completion of all payments due within the first 3 years of this Plan, or as otherwise provided in § 1192 of the Code. The Debtor will not be discharged from any debt:

- (i) on which the last payment is due after the first 3 years of the plan, or as otherwise provided in § 1192; or
- (ii) excepted from discharge under § 523(a) of the Code, except as provided in Rule 4007(c) of the Federal Rules of Bankruptcy Procedure.

**[Discharge if the Debtor is a corporation under Subchapter V]**

If the Debtor's Plan is confirmed under § 1191(a), on the effective date of the Plan, the Debtor will be discharged from any debt that arose before confirmation of this Plan, to the extent specified in § 1141(d)(1)(A) of the Code, except that the Debtor will not be discharged of any debt:

- (i) imposed by this Plan; or
- (ii) to the extent provided in § 1141(d)(6).

If the Debtor's Plan is confirmed under § 1191(b), confirmation of this Plan does not discharge any debt provided for in this Plan until the court grants a discharge on completion of all payments due within the first 3 years of this Plan, or as otherwise provided in § 1192 of the Code. The Debtor will not be discharged from any debt:

- (i) on which the last payment is due after the first 3 years of the plan, or as otherwise provided in § 1192; or
- (ii) excepted from discharge under § 523(a) of the Code, except as provided in Rule 4007(c) of the Federal Rules of Bankruptcy Procedure.

**Article 10: Other Provisions**

[Insert other provisions, as applicable.]

Respectfully submitted,

2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor Name \_\_\_\_\_ Case number \_\_\_\_\_

**X**

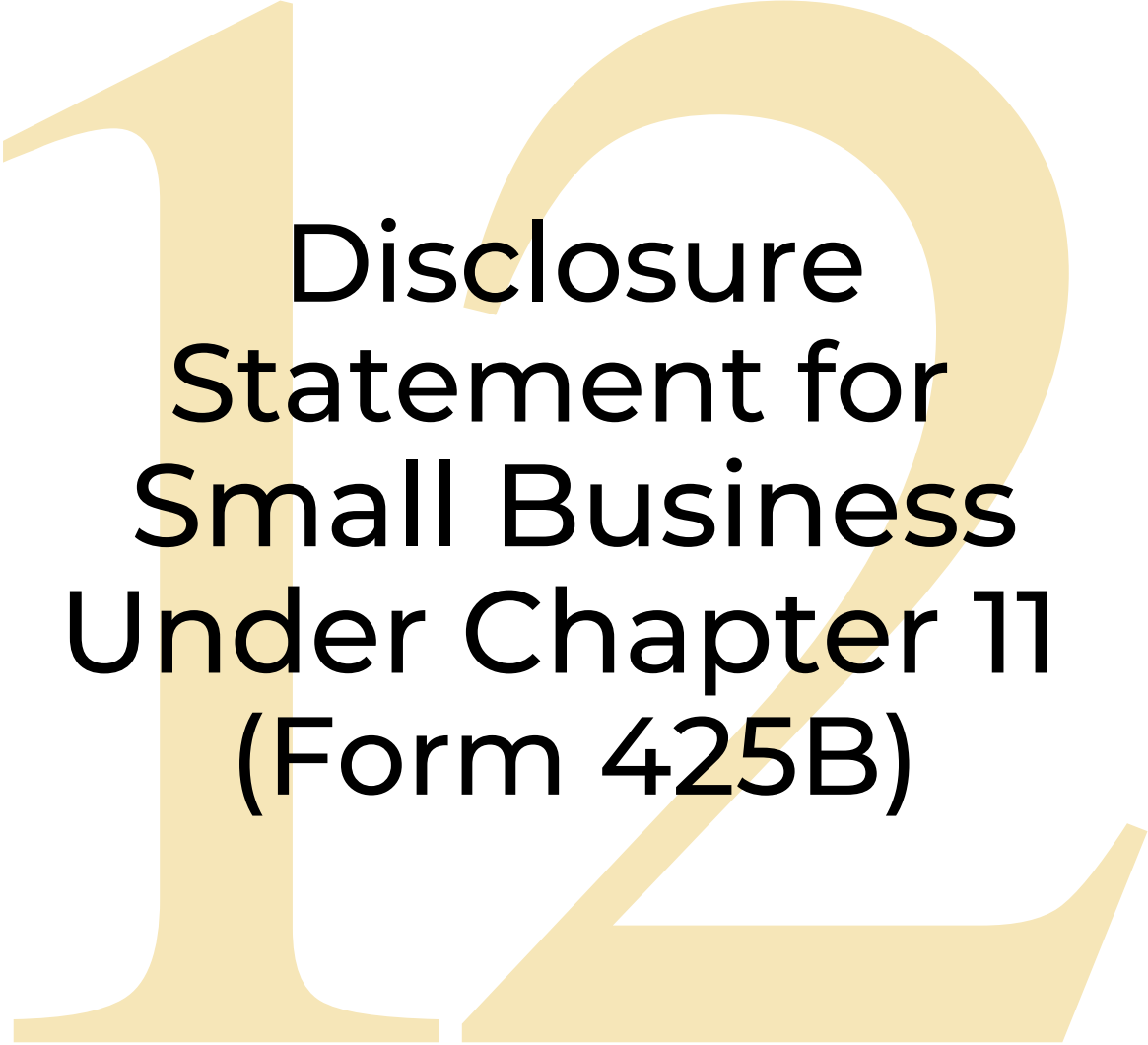
\_\_\_\_\_  
[Signature of the Plan Proponent]

\_\_\_\_\_  
[Printed Name]

**X**

\_\_\_\_\_  
[Signature of the Attorney for the Plan Proponent]

\_\_\_\_\_  
[Printed Name]



**Disclosure  
Statement for  
Small Business  
Under Chapter 11  
(Form 425B)**

**2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR**

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

Debtor Name \_\_\_\_\_

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

Case number: \_\_\_\_\_

Check if this is an amended filing

**Official Form 425B**

**Disclosure Statement for Small Business Under Chapter 11**

12/17

[Name of Proponent]’s Disclosure Statement, Dated [Insert Date]

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Case number \_\_\_\_\_

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# 2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

## I. Introduction

This is the disclosure statement (the *Disclosure Statement*) in the small business chapter 11 case of \_\_\_\_\_ (the *Debtor*). This Disclosure Statement provides information about the Debtor and the Plan filed on [insert date] (the *Plan*) to help you decide how to vote.

A copy of the Plan is attached as *Exhibit A*. **Your rights may be affected.** You should read the Plan and this Disclosure Statement carefully. You may wish to consult an attorney about your rights and your treatment under the Plan.

The proposed distributions under the Plan are discussed at pages \_\_\_\_\_ of this Disclosure Statement. [General unsecured creditors are classified in Class \_\_\_\_\_ and will receive a distribution of \_\_\_\_\_ % of their allowed claims, to be distributed as follows \_\_\_\_\_.]

### A. Purpose of This Document

This Disclosure Statement describes:

- The Debtor and significant events during the bankruptcy case,
- How the Plan proposes to treat claims or equity interests of the type you hold (*i.e.*, what you will receive on your claim or equity interest if the plan is confirmed),
- Who can vote on or object to the Plan,
- What factors the Bankruptcy Court (the *Court*) will consider when deciding whether to confirm the Plan,
- Why [the proponent] believes the Plan is feasible, and how the treatment of your claim or equity interest under the Plan compares to what you would receive on your claim or equity interest in liquidation, and
- The effect of confirmation of the Plan.

Be sure to read the Plan as well as the Disclosure Statement. This Disclosure Statement describes the Plan, but it is the Plan itself that will, if confirmed, establish your rights.

### B. Deadlines for Voting and Objecting; Date of Plan Confirmation Hearing

The Court has not yet confirmed the Plan described in this Disclosure Statement. A separate order has been entered setting the following information:

- Time and place of the hearing to [finally approve this disclosure statement and] confirm the plan,
- Deadline for voting to accept or reject the plan, and
- Deadline for objecting to the [adequacy of disclosure and] confirmation of the plan.

If you want additional information about the Plan or the voting procedure, you should contact [insert name and address of representative of plan proponent].

AMERICAN BANKRUPTCY INSTITUTE

Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

C. Disclaimer

The Court has [conditionally] approved this Disclosure Statement as containing adequate information to enable parties affected by the Plan to make an informed judgment about its terms. The Court has not yet determined whether the Plan meets the legal requirements for confirmation, and the fact that the Court has approved this Disclosure Statement does not constitute an endorsement of the Plan by the Court, or a recommendation that it be accepted.

II. Background

A. Description and History of the Debtor's Business

The Debtor is a [corporation, partnership, etc.]. Since [insert year operations commenced], the Debtor has been in the business of [\_\_\_\_\_] [Describe the Debtor's business].

B. Insiders of the Debtor

[Insert a detailed list of the names of Debtor's insiders as defined in § 101(31) of the United States Bankruptcy Code (the Code) and their relationship to the Debtor.

For each insider, list all compensation paid by the Debtor or its affiliates to that person or entity during the 2 years prior to the commencement of the Debtor's bankruptcy case, as well as compensation paid during the pendency of this chapter 11 case.]

C. Management of the Debtor During the Bankruptcy

List the name and position of all current officers, directors, managing members, or other persons in control (collectively the Management) who will not have a position post-confirmation that you list in III D 2.

Name	Position

D. Events Leading to Chapter 11 Filing

[Describe the events that led to the commencement of the Debtor's bankruptcy case.]

2023 ALEXANDER L. PASKAY MEMORIAL BANKRUPTCY SEMINAR

Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

**E. Significant Events During the Bankruptcy Case**

[Describe significant events during the Debtor's bankruptcy case:

- Describe any asset sales outside the ordinary course of business, Debtor in Possession financing, or cash collateral orders.
- Identify the professionals approved by the court.
- Describe any adversary proceedings that have been filed or other significant litigation that has occurred (including contested claim disallowance proceedings), and any other significant legal or administrative proceedings that are pending or have been pending during the case in a forum other than the Court.
- Describe any steps taken to improve operations and profitability of the Debtor.
- Describe other events as appropriate.]

**F. Projected Recovery of Avoidable Transfers**

Check one box.

The Debtor does not intend to pursue preference, fraudulent conveyance, or other avoidance actions.

The Debtor estimates that up to \$\_\_\_\_\_ may be realized from the recovery of fraudulent, preferential or other avoidable transfers. While the results of litigation cannot be predicted with certainty and it is possible that other causes of action may be identified, the following is a summary of the preference, fraudulent conveyance and other avoidance actions filed or expected to be filed in this case:

Transaction	Defendant	Amount Claimed

The Debtor has not yet completed its investigation with regard to prepetition transactions. If you received a payment or other transfer within 90 days of the bankruptcy, or other transfer avoidable under the Code, the Debtor may seek to avoid such transfer.

**G. Claims Objections**

Except to the extent that a claim is already allowed pursuant to a final non-appealable order, the Debtor reserves the right to object to claims. Therefore, even if your claim is allowed for voting purposes, you may not be entitled to a distribution if an objection to your claim is later upheld. Disputed claims are treated in Article 5 of the Plan.

# AMERICAN BANKRUPTCY INSTITUTE

Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

## H. Current and Historical Financial Conditions

The identity and fair market value of the estate's assets are listed in *Exhibit B*. [Identify source and basis of valuation.]

The Debtor's most recent financial statements [if any] issued before bankruptcy, each of which was filed with the Court, are set forth in *Exhibit C*.

[The most recent post-petition operating report filed since the commencement of the Debtor's bankruptcy case is set forth in *Exhibit D*.]

[A summary of the Debtor's periodic operating reports filed since the commencement of the Debtor's bankruptcy case is set forth in *Exhibit D*.]

## III. Summary of the Plan of Reorganization and Treatment of Claims and Equity Interests

### A. What Is the Purpose of the Plan of Reorganization?

As required by the Code, the Plan places claims and equity interests in various classes and describes the treatment each class will receive. The Plan also states whether each class of claims or equity interests is impaired or unimpaired. If the Plan is confirmed, your recovery will be limited to the amount provided by the Plan.

### B. Unclassified Claims

Certain types of claims are automatically entitled to specific treatment under the Code. They are not considered impaired, and holders of such claims do not vote on the Plan. They may, however, object if, in their view, their treatment under the Plan does not comply with that required by the Code. Therefore, the Plan Proponent has *not* placed the following claims in any class:

#### 1. Administrative expenses, involuntary gap claims, and quarterly and Court fees

Administrative expenses are costs or expenses of administering the Debtor's chapter 11 case which are allowed under § 503(b) of the Code. Administrative expenses include the value of any goods sold to the Debtor in the ordinary course of business and received within 20 days before the date of the bankruptcy petition, and compensation for services and reimbursement of expenses awarded by the court under § 330(a) of the Code. The Code requires that all administrative expenses be paid on the effective date of the Plan, unless a particular claimant agrees to a different treatment. Involuntary gap claims allowed under § 502(f) of the Code are entitled to the same treatment as administrative expense claims. The Code also requires that fees owed under section 1930 of title 28, including quarterly and court fees, have been paid or will be paid on the effective date of the Plan.

The following chart lists the Debtor's estimated administrative expenses, and quarterly and court fees, and their proposed treatment under the Plan:

Type	Estimated Amount Owed	Proposed Treatment
Administrative expenses		Paid in full on the effective date of the Plan, unless the holder of a particular claim has agreed to different treatment
Involuntary gap claims		Paid in full on the effective date of the Plan, unless the holder of a particular claim has agreed to different treatment
Statutory Court fees		Paid in full on the effective date of the Plan

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Statutory quarterly fees \_\_\_\_\_ Paid in full on the effective date of the Plan

Total

**2. Priority tax claims**

Priority tax claims are unsecured income, employment, and other taxes described by § 507(a)(8) of the Code. Unless the holder of such a § 507(a)(8) priority tax claim agrees otherwise, it must receive the present value of such claim pursuant to 11 U.S.C. § 511, in regular installments paid over a period not exceeding 5 years from the order of relief. The following chart lists the Debtor's estimated § 507(a)(8) priority tax claims and their proposed treatment under the Plan:

Description (Name and type of tax)	Estimated Amount Owed	Date of Assessment	Treatment
	\$		Payment interval [Monthly] payment \$ Begin date End date Interest rate % Total payout amount \$
	\$		Payment interval [Monthly] payment \$ Begin date End date Interest rate % Total payout amount \$

**C. Classes of Claims and Equity Interests**

The following are the classes set forth in the Plan, and the proposed treatment that they will receive under the Plan:

**1. Classes of secured claims**

Allowed Secured Claims are claims secured by property of the Debtor's bankruptcy estate (or that are subject to setoff) to the extent allowed as secured claims under § 506 of the Code. If the value of the collateral or setoffs securing the creditor's claim is less than the amount of the creditor's allowed claim, the deficiency will [be classified as a general unsecured claim].

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The following chart lists all classes containing Debtor's secured prepetition claims and their proposed treatment under the Plan:

Class #	Description	Impairment?	Treatment
1	Secured claim of: Name _____ Collateral description _____ Allowed secured amount \$ _____ Priority of lien _____ Principal owed _____ Pre-pet. arrearage _____ Total claim \$ _____	<input type="checkbox"/> Impaired <input type="checkbox"/> Unimpaired	[Monthly] payment \$ _____ _____ Payments begin _____ _____ Payments end _____ _____ [Balloon payment] _____ _____ Interest rate _____ % _____ Treatment of lien _____ _____ [Additional payment required to cure defaults] \$ _____
2	Secured claim of: Name _____ Collateral description _____ Allowed secured amount \$ _____ Priority of lien _____ Principal owed _____ Pre-pet. arrearage _____ Total claim \$ _____	<input type="checkbox"/> Impaired <input type="checkbox"/> Unimpaired	[Monthly] payment \$ _____ _____ Payment begin _____ _____ Payments end _____ _____ [Balloon payment] _____ _____ Interest rate _____ % _____ Treatment of lien _____ _____ [Additional payment required to cure defaults] \$ _____

**2. Classes of priority unsecured claims**

The Code requires that, with respect to a class of claims of a kind referred to in §§ 507(a)(1), (4), (5), (6), and (7), each holder of such a claim receive cash on the effective date of the Plan equal to the allowed amount of such claim, unless a particular claimant agrees to a different treatment or the class agrees to deferred cash payments.

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The following chart lists all classes containing claims under §§ 507(a)(1), (4), (5), (6), and (7) of the Code and their proposed treatment under the Plan:

Class #	Description	Impairment?	Treatment
	Priority unsecured claim pursuant to section [insert]	<input type="checkbox"/> Impaired <input type="checkbox"/> Unimpaired	
	Total amount of claims \$		
	Priority unsecured claim pursuant to section [insert]	<input type="checkbox"/> Impaired <input type="checkbox"/> Unimpaired	
	Total amount of claims \$		

**3. Classes of general unsecured claims**

General unsecured claims are not secured by property of the estate and are not entitled to priority under § 507(a) of the Code. [Insert description of § 1122(b) convenience class if applicable.]

The following chart identifies the Plan's proposed treatment of classes  through , which contain general unsecured claims against the Debtor:

Class #	Description	Impairment?	Treatment
	[1122(b) Convenience Class]	<input type="checkbox"/> Impaired <input type="checkbox"/> Unimpaired	[Insert proposed treatment, such as "Paid in full in cash on effective date of the Plan or when due under contract or applicable nonbankruptcy law"]
	General unsecured class	<input type="checkbox"/> Impaired <input type="checkbox"/> Unimpaired	[Monthly] payment \$ Payments begin Payments end [Balloon payment] \$ Interest rate from [date] % Estimated percent of claim paid %