Additional Documents

Chapter 13 Individual

U. S. Bankruptcy Court Northern District of Illinois

Last Updated: April 1, 2025

REMINDER: PLEASE SIGN ALL PAGES THAT REQUIRE A SIGNATURE

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. *Schedule A/B: Property* (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from *Schedule A/B*	$ _____
1b. Copy line 62, Total personal property, from *Schedule A/B*	$ _____
1c. Copy line 63, Total of all property on *Schedule A/B*	$ _____

Part 2: Summarize Your Liabilities

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

Part 3: Summarize Your Income and Expenses

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

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

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

❑ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
❑ Yes

7. **What kind of debt do you have?**

❑ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

❑ **Your debts are not primarily consumer debts**. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the *Statement of Your Current Monthly Income***: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. $ _____

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F***:

	Total claim
From Part 4 on *Schedule E/F*, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	$_____
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	$_____
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	$_____
9d. Student loans. (Copy line 6f.)	$_____
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	$_____
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ $_____
9g. **Total.** Add lines 9a through 9f.	$_____

Print Save As... Add Attachment Reset

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 _____

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? $_____

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

❑ **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 _____

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? $_____

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

❑ **Check if this is community property** (see instructions)

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

1.3. _____
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 _____

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?** $_____

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

❑ **Check if this is community property** (see instructions)

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

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.** ……➔ $_____

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases.*

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**
- ❑ No
- ❑ Yes

3.1. 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

❑ **Check if this is community property** (see instructions)

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?** $_____

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

3.2. 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

❑ **Check if this is community property** (see instructions)

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?** $_____

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

❑ **Check if this is community property** (see instructions)

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?**
$_____	$_____

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

❑ **Check if this is community property** (see instructions)

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?**
$_____	$_____

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

❑ **Check if this is community property** (see instructions)

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?**
$_____	$_____

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

❑ **Check if this is community property** (see instructions)

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?**
$_____	$_____

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** ..... ➔ $_____

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** ..... ➔ $_____

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% %	$_____

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:

_____ $_____
_____ $_____
_____ $_____

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..... **$**_____

31. **Interests in insurance policies**
Examples: Health, disability**,** or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

❑ No
❑ Yes. Name the insurance company of each policy and list its value. ...

Company name:	Beneficiary:	Surrender or refund value:
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

32. **Any interest in property that is due you from someone who has died**
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

❑ No
❑ Yes. Give specific information..... $_____

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**
Examples: Accidents, employment disputes, insurance claims, or rights to sue

❑ No
❑ Yes. Describe each claim. ..... $_____

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

❑ No
❑ Yes. Describe each claim. ..... $_____

35. **Any financial assets you did not already list**

❑ No
❑ Yes. Give specific information..... **$**_____

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** ..... ➔ **$**_____

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

❑ No. Go to Part 6.
❑ Yes. Go to line 38.

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

38. **Accounts receivable or commissions you already earned**

❑ No
❑ Yes. Describe..... $_____

39. **Office equipment, furnishings, and supplies**
Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

❑ No
❑ Yes. Describe..... $_____

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

❑ No
❑ Yes. Describe..... $_____

41. **Inventory**

❑ No
❑ Yes. Describe..... $_____

42. **Interests in partnerships or joint ventures**

❑ No
❑ Yes. Describe..... Name of entity: % of ownership:

_____ _____% $_____
_____ _____% $_____
_____ _____% $_____

43. **Customer lists, mailing lists, or other compilations**

❑ No
❑ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))**?**

❑ No
❑ Yes. Describe..... $_____

44. **Any business-related property you did not already list**

❑ No
❑ Yes. Give specific information .....

_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** ..... ➔ $_____

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

❑ No. Go to Part 7.
❑ Yes. Go to line 47.

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

47. **Farm animals**

Examples: Livestock, poultry, farm-raised fish

❑ No
❑ Yes..... $_____

48. **Crops—either growing or harvested**

- ☐ No
- ☐ Yes. Give specific information. .....

$_____

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☐ No
- ☐ Yes .....

$_____

50. **Farm and fishing supplies, chemicals, and feed**

- ☐ No
- ☐ Yes .....

$_____

51. **Any farm- and commercial fishing-related property you did not already list**

- ☐ No
- ☐ Yes. Give specific information. .....

$_____

52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** ..... ➔ $_____

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**
Examples: Season tickets, country club membership

- ☐ No
- ☐ Yes. Give specific information. .....

$_____
$_____
$_____

54. **Add the dollar value of all of your entries from Part 7. Write that number here** ..... ➔ $_____

Part 8: List the Totals of Each Part of this Form

55. **Part 1: Total real estate, line 2** ..... ➔ $_____

56. **Part 2: Total vehicles, line 5** $_____

57. **Part 3: Total personal and household items, line 15** $_____

58. **Part 4: Total financial assets, line 36** $_____

59. **Part 5: Total business-related property, line 45** $_____

60. **Part 6: Total farm- and fishing-related property, line 52** $_____

61. **Part 7: Total other property not listed, line 54** + $_____

62. **Total personal property.** Add lines 56 through 61. ..... $_____ Copy personal property total ➔ + $_____

63. **Total of all property on Schedule A/B.** Add line 55 + line 62. ..... $_____

Print Save As... Add Attachment Reset

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

04/25

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 *Schedule A/B* that lists this property	**Current value of the portion you own** Copy the value from *Schedule A/B*	**Amount of the exemption you claim** *Check only one box for each exemption.*	**Specific laws that allow exemption**
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____

3. **Are you claiming a homestead exemption of more than $214,000?**
   (Subject to adjustment on 4/01/28 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

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

Part 2: Additional Page

Brief description of the property and line on *Schedule A/B* that lists this property	**Current value of the portion you own** Copy the value from *Schedule A/B*	**Amount of the exemption you claim** *Check only one box for each exemption*	**Specific laws that allow exemption**
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from *Schedule A/B:* _____	$_____	❑ $ _____ ❑ 100% of fair market value, up to any applicable statutory limit	_____

Print Save As... Add Attachment Reset

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

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A **Amount of claim** Do not deduct the value of collateral.	*Column B* **Value of collateral that supports this claim**	*Column C* **Unsecured portion** If any

2.1

_____
Creditor's Name

_____
Number Street

_____

_____
City State ZIP Code

Who owes the debt? 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 claim relates to a community debt**

Date debt was incurred _____

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Nature of lien. Check all that apply.

❑ An agreement you made (such as mortgage or secured car loan)
❑ Statutory lien (such as tax lien, mechanic's lien)
❑ Judgment lien from a lawsuit
❑ Other (including a right to offset) _____

Last 4 digits of account number ___ ___ ___ ___

$_____ $_____ $_____

2.2

_____
Creditor's Name

_____
Number Street

_____

_____
City State ZIP Code

Who owes the debt? 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 claim relates to a community debt**

Date debt was incurred _____

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Nature of lien. Check all that apply.

❑ An agreement you made (such as mortgage or secured car loan)
❑ Statutory lien (such as tax lien, mechanic's lien)
❑ Judgment lien from a lawsuit
❑ Other (including a right to offset) _____

Last 4 digits of account number ___ ___ ___ ___

$_____ $_____ $_____

Add the dollar value of your entries in Column A on this page. Write that number here: $_____

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

Part 1: Additional Page

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

	Column A **Amount of claim** Do not deduct the value of collateral.	*Column B* **Value of collateral that supports this claim**	*Column C* **Unsecured portion** If any

☐ _____ **Describe the property that secures the claim:** $_____ $_____ $_____
Creditor's Name

_____
Number Street

_____

_____
City State ZIP Code

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? 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 claim relates to a community debt**

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Date debt was incurred _____ **Last 4 digits of account number** ___ ___ ___ ___

☐ _____ **Describe the property that secures the claim:** $_____ $_____ $_____
Creditor's Name

_____
Number Street

_____

_____
City State ZIP Code

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? 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 claim relates to a community debt**

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Date debt was incurred _____ **Last 4 digits of account number** ___ ___ ___ ___

☐ _____ **Describe the property that secures the claim:** $_____ $_____ $_____
Creditor's Name

_____
Number Street

_____

_____
City State ZIP Code

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? 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 claim relates to a community debt**

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Date debt was incurred _____ **Last 4 digits of account number** ___ ___ ___ ___

Add the dollar value of your entries in Column A on this page. Write that number here: $_____

If this is the last page of your form, add the dollar value totals from all pages. Write that number here: $_____

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

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.

☐ _____
Name
_____
Number Street
_____
_____
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number ___ ___ ___ ___

☐ _____
Name
_____
Number Street
_____
_____
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number ___ ___ ___ ___

☐ _____
Name
_____
Number Street
_____
_____
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number ___ ___ ___ ___

☐ _____
Name
_____
Number Street
_____
_____
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number ___ ___ ___ ___

☐ _____
Name
_____
Number Street
_____
_____
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number ___ ___ ___ ___

☐ _____
Name
_____
Number Street
_____
_____
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number ___ ___ ___ ___

Print Save As... Add Attachment Reset

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

1. **Do any creditors have priority unsecured claims against you?**
   - ❑ No. Go to Part 2.
   - ❑ Yes.

2. **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 _____ Number Street _____ _____ City State ZIP Code **Who incurred the debt?** 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 claim is for a community debt** **Is the claim subject to offset?** ❑ No ❑ Yes	**Last 4 digits of account number** ___ ___ ___ ___ **When was the debt incurred?** _____ **As of the date you file, the claim is:** Check all that apply. ❑ Contingent ❑ Unliquidated ❑ Disputed **Type of PRIORITY unsecured claim:** ❑ Domestic support obligations ❑ Taxes and certain other debts you owe the government ❑ Claims for death or personal injury while you were intoxicated ❑ Other. Specify _____	$_____	$_____	$_____
2.2	_____ Priority Creditor's Name _____ Number Street _____ _____ City State ZIP Code **Who incurred the debt?** 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 claim is for a community debt** **Is the claim subject to offset?** ❑ No ❑ Yes	**Last 4 digits of account number** ___ ___ ___ ___ **When was the debt incurred?** _____ **As of the date you file, the claim is:** Check all that apply. ❑ Contingent ❑ Unliquidated ❑ Disputed **Type of PRIORITY unsecured claim:** ❑ Domestic support obligations ❑ Taxes and certain other debts you owe the government ❑ Claims for death or personal injury while you were intoxicated ❑ Other. Specify _____	$_____	$_____	$_____

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.

Total claim	Priority amount	Nonpriority amount

☐

_____
Priority Creditor's Name

_____
Number Street

_____

_____
City State ZIP Code

Who incurred the debt? 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 claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

$_____ $_____ $_____

☐

_____
Priority Creditor's Name

_____
Number Street

_____

_____
City State ZIP Code

Who incurred the debt? 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 claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

$_____ $_____ $_____

☐

_____
Priority Creditor's Name

_____
Number Street

_____

_____
City State ZIP Code

Who incurred the debt? 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 claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

$_____ $_____ $_____

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

_____
Number Street

_____
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

$_____

Who incurred the debt? 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 claim is for a community debt**

Is the claim subject to offset?

- ❑ No
- ❑ Yes

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Type of NONPRIORITY unsecured claim:

- ❑ Student loans
- ❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ❑ Debts to pension or profit-sharing plans, and other similar debts
- ❑ Other. Specify _____

4.2

_____
Nonpriority Creditor's Name

_____
Number Street

_____
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

$_____

Who incurred the debt? 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 claim is for a community debt**

Is the claim subject to offset?

- ❑ No
- ❑ Yes

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Type of NONPRIORITY unsecured claim:

- ❑ Student loans
- ❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ❑ Debts to pension or profit-sharing plans, and other similar debts
- ❑ Other. Specify _____

4.3

_____
Nonpriority Creditor's Name

_____
Number Street

_____
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

$_____

Who incurred the debt? 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 claim is for a community debt**

Is the claim subject to offset?

- ❑ No
- ❑ Yes

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Type of NONPRIORITY unsecured claim:

- ❑ Student loans
- ❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ❑ Debts to pension or profit-sharing plans, and other similar debts
- ❑ Other. Specify _____

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

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

_____
Number Street

_____
City State ZIP Code

Who incurred the debt? 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 claim is for a community debt**

Is the claim subject to offset?

❑ No
❑ Yes

Last 4 digits of account number ___ ___ ___ ___ $_____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Type of **NONPRIORITY** unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
❑ Other. Specify_____

☐

_____
Nonpriority Creditor's Name

_____
Number Street

_____
City State ZIP Code

Who incurred the debt? 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 claim is for a community debt**

Is the claim subject to offset?

❑ No
❑ Yes

Last 4 digits of account number ___ ___ ___ ___ $_____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Type of **NONPRIORITY** unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
❑ Other. Specify_____

☐

_____
Nonpriority Creditor's Name

_____
Number Street

_____
City State ZIP Code

Who incurred the debt? 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 claim is for a community debt**

Is the claim subject to offset?

❑ No
❑ Yes

$_____

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

❑ Contingent
❑ Unliquidated
❑ Disputed

Type of **NONPRIORITY** unsecured claim:

❑ Student loans
❑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
❑ Debts to pension or profit-sharing plans, and other similar debts
❑ Other. Specify_____

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

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

_____
Number Street

_____

_____
City State ZIP Code

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

Line _____ of (*Check one*): ❑ Part 1: Creditors with Priority Unsecured Claims
❑ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

_____
Name

_____
Number Street

_____

_____
City State ZIP Code

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

Line _____ of (*Check one*): ❑ Part 1: Creditors with Priority Unsecured Claims
❑ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

_____
Name

_____
Number Street

_____

_____
City State ZIP Code

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

Line _____ of (*Check one*): ❑ Part 1: Creditors with Priority Unsecured Claims
❑ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

_____
Name

_____
Number Street

_____

_____
City State ZIP Code

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

Line _____ of (*Check one*): ❑ Part 1: Creditors with Priority Unsecured Claims
❑ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

_____
Name

_____
Number Street

_____

_____
City State ZIP Code

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

Line _____ of (*Check one*): ❑ Part 1: Creditors with Priority Unsecured Claims
❑ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

_____
Name

_____
Number Street

_____

_____
City State ZIP Code

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

Line _____ of (*Check one*): ❑ Part 1: Creditors with Priority Unsecured Claims
❑ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

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
Total claims from Part 1	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
Total claims from Part 2	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.	$_____

Print Save As... Add Attachment Reset

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).

1. **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).

2. **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	

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

[redacted] 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	

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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 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.**

Column 1: **Your codebtor**	*Column 2:* **The creditor to whom you owe the debt** Check all schedules that apply:
3.1 _____ Name _____ Number Street _____ City State ZIP Code	❑ Schedule D, line _____ ❑ Schedule E/F, line _____ ❑ Schedule G, line _____
3.2 _____ Name _____ Number Street _____ City State ZIP Code	❑ Schedule D, line _____ ❑ Schedule E/F, line _____ ❑ Schedule G, line _____
3.3 _____ Name _____ Number Street _____ City State ZIP Code	❑ Schedule D, line _____ ❑ Schedule E/F, line _____ ❑ Schedule G, line _____

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

Additional Page to List More Codebtors

	Column 1: **Your codebtor**	*Column 2:* **The creditor to whom you owe the debt** Check all schedules that apply:
3._	Name Number Street City State ZIP Code	❑ Schedule D, line _____ ❑ Schedule E/F, line _____ ❑ Schedule G, line _____
3._	Name Number Street City State ZIP Code	❑ Schedule D, line _____ ❑ Schedule E/F, line _____ ❑ Schedule G, line _____
3._	Name Number Street City State ZIP Code	❑ Schedule D, line _____ ❑ Schedule E/F, line _____ ❑ Schedule G, line _____
3._	Name Number Street City State ZIP Code	❑ Schedule D, line _____ ❑ Schedule E/F, line _____ ❑ Schedule G, line _____
3._	Name Number Street City State ZIP Code	❑ Schedule D, line _____ ❑ Schedule E/F, line _____ ❑ Schedule G, line _____
3._	Name Number Street City State ZIP Code	❑ Schedule D, line _____ ❑ Schedule E/F, line _____ ❑ Schedule G, line _____
3._	Name Number Street City State ZIP Code	❑ Schedule D, line _____ ❑ Schedule E/F, line _____ ❑ Schedule G, line _____
3._	Name Number Street City State ZIP Code	❑ Schedule D, line _____ ❑ Schedule E/F, line _____ ❑ Schedule G, line _____

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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

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

_____
MM / DD / YYYY

Official Form 106I

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	❑ Employed ❑ Not employed	❑ Employed ❑ Not employed
Occupation	_____	_____
Employer's name	_____	_____
Employer's address	_____ Number Street _____ _____ City State ZIP Code	_____ Number Street _____ _____ City State ZIP Code
How long employed there?	_____	_____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$_____	$_____
3. **Estimate and list monthly overtime pay.**	3.	+ $_____	+ $_____
4. **Calculate gross income.** Add line 2 + line 3.	4.	$_____	$_____

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

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... ➔	4.	$_____	$_____
5. **List all payroll deductions:**			
5a. **Tax, Medicare, and Social Security deductions**	5a.	$_____	$_____
5b. **Mandatory contributions for retirement plans**	5b.	$_____	$_____
5c. **Voluntary contributions for retirement plans**	5c.	$_____	$_____
5d. **Required repayments of retirement fund loans**	5d.	$_____	$_____
5e. **Insurance**	5e.	$_____	$_____
5f. **Domestic support obligations**	5f.	$_____	$_____
5g. **Union dues**	5g.	$_____	$_____
5h. **Other deductions.** Specify: _____	5h.	+ $_____	+ $_____
6. **Add the payroll deductions**. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	$_____	$_____
7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$_____	$_____
8. **List all other income regularly received:**			
8a. **Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$_____	$_____
8b. **Interest and dividends**	8b.	$_____	$_____
8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$_____	$_____
8d. **Unemployment compensation**	8d.	$_____	$_____
8e. **Social Security**	8e.	$_____	$_____
8f. **Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	$_____	$_____
8g. **Pension or retirement income**	8g.	$_____	$_____
8h. **Other monthly income.** Specify: _____	8h.	+ $_____	+ $_____
9. **Add all other income**. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	$_____	$_____
10. **Calculate monthly income.** Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	$_____ +	$_____ = $_____

11. **State all other regular contributions to the expenses that you list in *Schedule J*.**
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives**.**
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: _____ 11. + $_____

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.
Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information,* if it applies 12. $_____
Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**
☐ No.
☐ Yes. Explain:

Print Save As... Add Attachment Reset

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.

   ❑ No
   ❑ 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?
_____	_____	❑ No ❑ Yes
_____	_____	❑ No ❑ Yes
_____	_____	❑ No ❑ Yes
_____	_____	❑ No ❑ Yes
_____	_____	❑ No ❑ Yes

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

   ❑ No
   ❑ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

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

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

		Your expenses
4.	**The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4. $_____
	If not included in line 4:	
4a.	Real estate taxes	4a. $_____
4b.	Property, homeowner's, or renter's insurance	4b. $_____
4c.	Home maintenance, repair, and upkeep expenses	4c. $_____
4d.	Homeowner's association or condominium dues	4d. $_____

		Your expenses
5. **Additional mortgage payments for your residence**, such as home equity loans	5.	$_____
6. **Utilities:**		
6a. Electricity, heat, natural gas	6a.	$_____
6b. Water, sewer, garbage collection	6b.	$_____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	$_____
6d. Other. Specify: _____	6d.	$_____
7. **Food and housekeeping supplies**	7.	$_____
8. **Childcare and children's education costs**	8.	$_____
9. **Clothing, laundry, and dry cleaning**	9.	$_____
10. **Personal care products and services**	10.	$_____
11. **Medical and dental expenses**	11.	$_____
12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$_____
13. **Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$_____
14. **Charitable contributions and religious donations**	14.	$_____
15. **Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	$_____
15b. Health insurance	15b.	$_____
15c. Vehicle insurance	15c.	$_____
15d. Other insurance. Specify:_____	15d.	$_____
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	$_____
17. **Installment or lease payments:**		
17a. Car payments for Vehicle 1	17a.	$_____
17b. Car payments for Vehicle 2	17b.	$_____
17c. Other. Specify:_____	17c.	$_____
17d. Other. Specify:_____	17d.	$_____
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**	18.	$_____
19. **Other payments you make to support others who do not live with you.** Specify:_____	19.	$_____
20. **Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I*: *Your Income.***		
20a. Mortgages on other property	20a.	$_____
20b. Real estate taxes	20b.	$_____
20c. Property, homeowner's, or renter's insurance	20c.	$_____
20d. Maintenance, repair, and upkeep expenses	20d.	$_____
20e. Homeowner's association or condominium dues	20e.	$_____

21. **Other**. Specify: _____ 21. +$_____

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.	22a.	$_____
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	$_____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	$_____

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

23a. Copy line 12 (*your combined monthly income*) from *Schedule I.*	23a.	$_____
23b. Copy your monthly expenses from line 22c above.	23b.	−$_____
23c. Subtract your monthly expenses from your monthly income. The result is your *monthly net income*.	23c.	$_____

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

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

❑ No.
❑ Yes.

Explain here:

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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
- ❑ A supplement showing postpetition chapter 13 expenses as of the following date:

_____
MM / DD / YYYY

Official Form 106J-2

Schedule J-2: Expenses for Separate Household of Debtor 2

12/15

Use this form for Debtor 2's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. ***If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J.*** **Be as complete and accurate as possible. 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. **Do you and Debtor 1 maintain separate households?**
   - ❑ No. Do not complete this form.
   - ❑ Yes

2. **Do you have dependents?**

   Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.

   Do not state the dependents' names.

   - ❑ No
   - ❑ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 2:	Dependent's age	Does dependent live with you?
_____	_____	❑ No ❑ Yes
_____	_____	❑ No ❑ Yes
_____	_____	❑ No ❑ Yes
_____	_____	❑ No ❑ Yes
_____	_____	❑ No ❑ Yes

3. **Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?**
   - ❑ 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.

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.)

		Your expenses
4.	**The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4. $_____
	If not included in line 4:	
4a.	Real estate taxes	4a. $_____
4b.	Property, homeowner's, or renter's insurance	4b. $_____
4c.	Home maintenance, repair, and upkeep expenses	4c. $_____
4d.	Homeowner's association or condominium dues	4d. $_____

		Your expenses
5. **Additional mortgage payments for your residence**, such as home equity loans	5.	$_____
6. **Utilities:**		
6a. Electricity, heat, natural gas	6a.	$_____
6b. Water, sewer, garbage collection	6b.	$_____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	$_____
6d. Other. Specify: _____	6d.	$_____
7. **Food and housekeeping supplies**	7.	$_____
8. **Childcare and children's education costs**	8.	$_____
9. **Clothing, laundry, and dry cleaning**	9.	$_____
10. **Personal care products and services**	10.	$_____
11. **Medical and dental expenses**	11.	$_____
12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$_____
13. **Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$_____
14. **Charitable contributions and religious donations**	14.	$_____
15. **Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	$_____
15b. Health insurance	15b.	$_____
15c. Vehicle insurance	15c.	$_____
15d. Other insurance. Specify:_____	15d.	$_____
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	$_____
17. **Installment or lease payments:**		
17a. Car payments for Vehicle 1	17a.	$_____
17b. Car payments for Vehicle 2	17b.	$_____
17c. Other. Specify:_____	17c.	$_____
17d. Other. Specify:_____	17d.	$_____
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**	18.	$_____
19. **Other payments you make to support others who do not live with you.** Specify:_____	19.	$_____
20. **Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I*: *Your Income.***		
20a. Mortgages on other property	20a.	$_____
20b. Real estate taxes	20b.	$_____
20c. Property, homeowner's, or renter's insurance	20c.	$_____
20d. Maintenance, repair, and upkeep expenses	20d.	$_____
20e. Homeowner's association or condominium dues	20e.	$_____

21. **Other**. Specify: _____ 21. +$_____

22. **Your monthly expenses.** Add lines 5 through 21.
The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2. 22. $_____

23. Line not used on this form.

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:

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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 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.

✘ _____
Signature of Debtor 1

Date _____
MM / DD / YYYY

✘ _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

Print Save As... Add Attachment Reset

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 04/25

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**
		❑ Same as Debtor 1	❑ Same as Debtor 1
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____		_____	
_____ City State ZIP Code		_____ City State ZIP Code	
		❑ Same as Debtor 1	❑ 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

4. **Did you have any income from employment or from operating a business during this year or the two previous calendar years?**
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

❑ No
❑ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	**Gross income** (before deductions and exclusions)	**Sources of income** Check all that apply.	**Gross income** (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	❑ Wages, commissions, bonuses, tips ❑ Operating a business	$_____	❑ Wages, commissions, bonuses, tips ❑ Operating a business	$_____
For last calendar year: (January 1 to December 31, _____) YYYY	❑ Wages, commissions, bonuses, tips ❑ Operating a business	$_____	❑ Wages, commissions, bonuses, tips ❑ Operating a business	$_____
For the calendar year before that: (January 1 to December 31, _____) YYYY	❑ Wages, commissions, bonuses, tips ❑ Operating a business	$_____	❑ Wages, commissions, bonuses, tips ❑ Operating a business	$_____

5. **Did you receive any other income during this year or the two previous calendar years?**
Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

❑ No
❑ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	**Gross income from each source** (before deductions and exclusions)	**Sources of income** Describe below.	**Gross income from each source** (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	_____ _____ _____	$_____ $_____ $_____	_____ _____ _____	$_____ $_____ $_____
For last calendar year: (January 1 to December 31, _____) YYYY	_____ _____ _____	$_____ $_____ $_____	_____ _____ _____	$_____ $_____ $_____
For the calendar year before that: (January 1 to December 31, _____) YYYY	_____ _____ _____	$_____ $_____ $_____	_____ _____ _____	$_____ $_____ $_____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

❑ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $8,575* or more?

❑ No. Go to line 7.

❑ Yes. List below each creditor to whom you paid a total of $8,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.

❑ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $600 or more?

❑ No. Go to line 7.

❑ Yes. List below each creditor to whom you paid a total of $600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for…
_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code	_____ _____ _____	$_____	$_____	❑ Mortgage ❑ Car ❑ Credit card ❑ Loan repayment ❑ Suppliers or vendors ❑ Other _____
_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code	_____ _____ _____	$_____	$_____	❑ Mortgage ❑ Car ❑ Credit card ❑ Loan repayment ❑ Suppliers or vendors ❑ Other _____
_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code	_____ _____ _____	$_____	$_____	❑ Mortgage ❑ Car ❑ Credit card ❑ Loan repayment ❑ Suppliers or vendors ❑ Other _____

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

❑ No
❑ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
_____ Insider's Name _____ Number Street _____ _____ City State ZIP Code	_____ _____ _____	$_____	$_____	
_____ Insider's Name _____ Number Street _____ _____ City State ZIP Code	_____ _____ _____	$_____	$_____	

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
Include payments on debts guaranteed or cosigned by an insider.

❑ No
❑ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
_____ Insider's Name _____ Number Street _____ _____ City State ZIP Code	_____ _____ _____	$_____	$_____	
_____ Insider's Name _____ Number Street _____ _____ City State ZIP Code	_____ _____ _____	$_____	$_____	

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 _____		_____ Court Name _____ Number Street _____ City State ZIP Code	❑ Pending ❑ On appeal ❑ Concluded
Case title_____ _____ Case number _____		_____ Court Name _____ Number Street _____ City State ZIP Code	❑ Pending ❑ On appeal ❑ 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** ❑ Property was repossessed. ❑ Property was foreclosed. ❑ Property was garnished. ❑ Property was attached, seized, or levied.	_____	$_____
_____ Creditor's Name _____ Number Street _____ City State ZIP Code	**Explain what happened** ❑ Property was repossessed. ❑ Property was foreclosed. ❑ Property was garnished. ❑ Property was attached, seized, or levied.	_____	$_____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

❑ No
❑ Yes. Fill in the details.

	Describe the action the creditor took	Date action was taken	Amount
_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code		_____	$_____

Last 4 digits of account number: XXXX–___ ___ ___ ___

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

❑ No
❑ Yes

Part 5: List Certain Gifts and Contributions

13. **Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than $600 per person?**

❑ No
❑ Yes. Fill in the details for each gift.

Gifts with a total value of more than $600 per person	Describe the gifts	Dates you gave the gifts	Value
_____ Person to Whom You Gave the Gift _____ Number Street _____ City State ZIP Code Person's relationship to you _____		_____ _____	$_____ $_____

Gifts with a total value of more than $600 per person	Describe the gifts	Dates you gave the gifts	Value
_____ Person to Whom You Gave the Gift _____ Number Street _____ City State ZIP Code Person's relationship to you _____		_____ _____	$_____ $_____

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 Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property.*	Date of your loss	Value of property lost
		_____	$_____

Part 7: List Certain Payments or Transfers

16. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

❑ No
❑ Yes. Fill in the details.

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

	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 _____			_____

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–___ ___ ___ ___	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other_____	_____	$_____
_____ **Name of Financial Institution** _____ **Number Street** _____ _____ **City State ZIP Code**	XXXX–___ ___ ___ ___	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ 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**		☐ **No** ☐ **Yes**

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

- ☐ **No**
- ☐ **Yes. Fill in the details.**

Name of Storage Facility / Number Street / City State ZIP Code	Who else has or had access to it? (Name / Number Street / City State ZIP Code)	Describe the contents	Do you still have it?
			☐ No ☐ 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.**

Owner's Name / Number Street / City State ZIP Code	Where is the property? (Number Street / City State ZIP Code)	Describe the property	Value
			$_____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ***Environmental law*** **means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.**
- ***Site*** **means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.**
- ***Hazardous material*** **means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.**

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ **No**
- ☐ **Yes. Fill in the details.**

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

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

- ❑ No
- ❑ Yes. Fill in the details.

	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		❑ Pending
	Number Street		❑ On appeal
Case number	City State ZIP Code		❑ 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.

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

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

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

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ❑ **No**
- ❑ **Yes. Fill in the details below.**

_____ **Name** _____ **Number Street** _____ _____ **City State ZIP Code**	**Date issued** _____ **MM / DD / YYYY**

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✘ _____ ✘ _____

Signature of Debtor 1 **Signature of Debtor 2**

Date _____ **Date** _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ❑ No
- ❑ Yes

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

- ❑ No
- ❑ Yes. Name of person_____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Print Save As... Add Attachment Reset

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 plan, and list below the sections of the plan that have been changed.

_____

_____

Official Form 113
Chapter 13 Plan

12/17

Part 1: Notices

To Debtors: **This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable.**

In the following notice to creditors, you must check each box that applies.

To Creditors: **Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated.**

You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015. In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance. ***Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.***

1.1	**A limit on the amount of a secured claim, set out in Section 3.2, which may result in a partial payment or no payment at all to the secured creditor**	❑ **Included**	❑ **Not included**
1.2	**Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, set out in Section 3.4**	❑ **Included**	❑ **Not included**
1.3	**Nonstandard provisions, set out in Part 8**	❑ **Included**	❑ **Not included**

Part 2: Plan Payments and Length of Plan

2.1 Debtor(s) will make regular payments to the trustee as follows:

$ _____ per_____ for _____ months

[and $ _____ per_____ for _____ months.] *Insert additional lines if needed.*

If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in this plan.

2.2 Regular payments to the trustee will be made from future income in the following manner:

Check all that apply.

- ❑ Debtor(s) will make payments pursuant to a payroll deduction order.
- ❑ Debtor(s) will make payments directly to the trustee.
- ❑ Other (specify method of payment):_____.

2.3 Income tax refunds.

Check one.

- ❑ Debtor(s) will retain any income tax refunds received during the plan term.
- ❑ Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all income tax refunds received during the plan term.
- ❑ Debtor(s) will treat income tax refunds as follows:

_____

_____

2.4 Additional payments.

Check one.

- ❑ **None.** *If "None" is checked, the rest of § 2.4 need not be completed or reproduced.*
- ❑ Debtor(s) will make additional payment(s) to the trustee from other sources, as specified below. Describe the source, estimated amount, and date of each anticipated payment.

_____

_____

2.5 The total amount of estimated payments to the trustee provided for in §§ 2.1 and 2.4 is $ _____.

Part 3: Treatment of Secured Claims

3.1 Maintenance of payments and cure of default, if any.

Check one.

- ❑ **None.** *If "None" is checked, the rest of § 3.1 need not be completed or reproduced.*
- ❑ The debtor(s) will maintain the current contractual installment payments on the secured claims listed below, with any changes required by the applicable contract and noticed in conformity with any applicable rules. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. Any existing arrearage on a listed claim will be paid in full through disbursements by the trustee, with interest, if any, at the rate stated. Unless otherwise ordered by the court, the amounts listed on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) control over any contrary amounts listed below as to the current installment payment and arrearage. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling. If relief from the automatic stay is ordered as to any item of collateral listed in this paragraph, then, unless otherwise ordered by the court, all payments under this paragraph as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of creditor	**Collateral**	**Current installment payment** (including escrow)	**Amount of arrearage** (if any)	**Interest rate on arrearage** (if applicable)	**Monthly plan payment on arrearage**	**Estimated total payments by trustee**
_____	_____	$_____ Disbursed by: ❑ Trustee ❑ Debtor(s)	$_____	_____%	$_____	$_____
_____	_____	$_____ Disbursed by: ❑ Trustee ❑ Debtor(s)	$_____	_____%	$_____	$_____

Insert additional claims as needed.

3.2 Request for valuation of security, payment of fully secured claims, and modification of undersecured claims. *Check one.*

❑ **None.** *If "None" is checked, the rest of § 3.2 need not be completed or reproduced.*

The remainder of this paragraph will be effective only if the applicable box in Part 1 of this plan is checked.

❑ The debtor(s) request that the court determine the value of the secured claims listed below. For each non-governmental secured claim listed below, the debtor(s) state that the value of the secured claim should be as set out in the column headed *Amount of secured claim*. For secured claims of governmental units, unless otherwise ordered by the court, the value of a secured claim listed in a proof of claim filed in accordance with the Bankruptcy Rules controls over any contrary amount listed below. For each listed claim, the value of the secured claim will be paid in full with interest at the rate stated below.

The portion of any allowed claim that exceeds the amount of the secured claim will be treated as an unsecured claim under Part 5 of this plan. If the amount of a creditor's secured claim is listed below as having no value, the creditor's allowed claim will be treated in its entirety as an unsecured claim under Part 5 of this plan. Unless otherwise ordered by the court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in this paragraph.

The holder of any claim listed below as having value in the column headed *Amount of secured claim* will retain the lien on the property interest of the debtor(s) or the estate(s) until the earlier of:

(a) payment of the underlying debt determined under nonbankruptcy law, or

(b) discharge of the underlying debt under 11 U.S.C. § 1328, at which time the lien will terminate and be released by the creditor.

Name of creditor	Estimated amount of creditor's total claim	Collateral	Value of collateral	Amount of claims senior to creditor's claim	Amount of secured claim	Interest rate	Monthly payment to creditor	Estimated total of monthly payments
_____	$_____	_____	$_____	$_____	$_____	___%	$_____	$_____
_____	$_____	_____	$_____	$_____	$_____	___%	$_____	$_____

Insert additional claims as needed.

3.3 Secured claims excluded from 11 U.S.C. § 506.

Check one.

❑ **None.** *If "None" is checked, the rest of § 3.3 need not be completed or reproduced.*

❑ The claims listed below were either:

(1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or

(2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.

These claims will be paid in full under the plan with interest at the rate stated below. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of creditor	Collateral	Amount of claim	Interest rate	Monthly plan payment	Estimated total payments by trustee
_____	_____	$_____	_____%	$_____ Disbursed by: ❑ Trustee ❑ Debtor(s)	$_____
_____	_____	$_____	_____%	$_____ Disbursed by: ❑ Trustee ❑ Debtor(s)	$_____

Insert additional claims as needed.

3.4 Lien avoidance.

Check one.

☐ **None.** *If "None" is checked, the rest of § 3.4 need not be completed or reproduced.*

The remainder of this paragraph will be effective only if the applicable box in Part 1 of this plan is checked.

☐ The judicial liens or nonpossessory, nonpurchase money security interests securing the claims listed below impair exemptions to which the debtor(s) would have been entitled under 11 U.S.C. § 522(b). Unless otherwise ordered by the court, a judicial lien or security interest securing a claim listed below will be avoided to the extent that it impairs such exemptions upon entry of the order confirming the plan. The amount of the judicial lien or security interest that is avoided will be treated as an unsecured claim in Part 5 to the extent allowed. The amount, if any, of the judicial lien or security interest that is not avoided will be paid in full as a secured claim under the plan. See 11 U.S.C. § 522(f) and Bankruptcy Rule 4003(d). *If more than one lien is to be avoided, provide the information separately for each lien.*

Information regarding judicial lien or security interest	**Calculation of lien avoidance**	**Treatment of remaining secured claim**
Name of creditor _____	a. Amount of lien $_____ b. Amount of all other liens $_____	**Amount of secured claim after avoidance** (line a minus line f) $_____
Collateral _____	c. Value of claimed exemptions + $_____ d. Total of adding lines a, b, and c $_____	**Interest rate** (if applicable) _____ %
Lien identification (such as judgment date, date of lien recording, book and page number) _____ _____	e. Value of debtor(s)' interest in property − $_____ f. Subtract line e from line d. $_____	**Monthly payment on secured claim** $_____ **Estimated total payments on secured claim** $_____
	Extent of exemption impairment (*Check applicable box*): ☐ **Line f is equal to or greater than line a**. The entire lien is avoided. *(Do not complete the next column.)* ☐ **Line f is less than line a.** A portion of the lien is avoided. (*Complete the next column.)*	

Insert additional claims as needed.

3.5 Surrender of collateral.

Check one.

☐ **None.** *If "None" is checked, the rest of § 3.5 need not be completed or reproduced.*

☐ The debtor(s) elect to surrender to each creditor listed below the collateral that secures the creditor's claim. The debtor(s) request that upon confirmation of this plan the stay under 11 U.S.C. § 362(a) be terminated as to the collateral only and that the stay under § 1301 be terminated in all respects. Any allowed unsecured claim resulting from the disposition of the collateral will be treated in Part 5 below.

Name of creditor	**Collateral**
_____	_____
_____	_____

Insert additional claims as needed.

Part 4: Treatment of Fees and Priority Claims

4.1 General

Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without postpetition interest.

4.2 Trustee's fees

Trustee's fees are governed by statute and may change during the course of the case but are estimated to be _____% of plan payments; and during the plan term, they are estimated to total $_____.

4.3 Attorney's fees

The balance of the fees owed to the attorney for the debtor(s) is estimated to be $_____.

4.4 Priority claims other than attorney's fees and those treated in § 4.5.

Check one.

- ❑ **None.** *If "None" is checked, the rest of § 4.4 need not be completed or reproduced.*
- ❑ The debtor(s) estimate the total amount of other priority claims to be _____.

4.5 Domestic support obligations assigned or owed to a governmental unit and paid less than full amount.

Check one.

- ❑ **None**. *If "None" is checked, the rest of § 4.5 need not be completed or reproduced.*
- ❑ The allowed priority claims listed below are based on a domestic support obligation that has been assigned to or is owed to a governmental unit and will be paid less than the full amount of the claim under 11 U.S.C. § 1322(a)(4). *This plan provision requires that payments in § 2.1 be for a term of 60 months; see* 11 U.S.C. § 1322(a)(4).

Name of creditor	Amount of claim to be paid
_____	$_____
_____	$_____

Insert additional claims as needed.

Part 5: Treatment of Nonpriority Unsecured Claims

5.1 Nonpriority unsecured claims not separately classified.

Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. *Check all that apply.*

- ❑ The sum of $_____.
- ❑ _____% of the total amount of these claims, an estimated payment of $_____.
- ❑ The funds remaining after disbursements have been made to all other creditors provided for in this plan.

If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately $_____. Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount.

5.2 Maintenance of payments and cure of any default on nonpriority unsecured claims. *Check one.*

❑ **None.** *If "None" is checked, the rest of § 5.2 need not be completed or reproduced.*

❑ The debtor(s) will maintain the contractual installment payments and cure any default in payments on the unsecured claims listed below on which the last payment is due after the final plan payment. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. The claim for the arrearage amount will be paid in full as specified below and disbursed by the trustee. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of creditor	Current installment payment	Amount of arrearage to be paid	Estimated total payments by trustee
_____	$_____ Disbursed by: ❑ Trustee ❑ Debtor(s)	$_____	$_____
_____	$_____ Disbursed by: ❑ Trustee ❑ Debtor(s)	$_____	$_____

Insert additional claims as needed.

5.3 Other separately classified nonpriority unsecured claims. *Check one.*

❑ **None.** *If "None" is checked, the rest of § 5.3 need not be completed or reproduced.*

❑ The nonpriority unsecured allowed claims listed below are separately classified and will be treated as follows

Name of creditor	Basis for separate classification and treatment	Amount to be paid on the claim	Interest rate (if applicable)	Estimated total amount of payments
_____	_____	$_____	_____%	$_____
_____	_____	$_____	_____%	$_____

Insert additional claims as needed.

Part 6: Executory Contracts and Unexpired Leases

6.1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. *Check one.*

❑ **None.** *If "None" is checked, the rest of § 6.1 need not be completed or reproduced.*

❑ **Assumed items.** Current installment payments will be disbursed either by the trustee or directly by the debtor(s), as specified below, subject to any contrary court order or rule. Arrearage payments will be disbursed by the trustee. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of creditor	Description of leased property or executory contract	Current installment payment	Amount of arrearage to be paid	Treatment of arrearage (Refer to other plan section if applicable)	Estimated total payments by trustee
_____	_____	$_____ Disbursed by: ❑ Trustee ❑ Debtor(s)	$_____	_____	$_____
_____	_____	$_____ Disbursed by: ❑ Trustee ❑ Debtor(s)	$_____	_____	$_____

Insert additional contracts or leases as needed.

Part 7: Vesting of Property of the Estate

7.1 Property of the estate will vest in the debtor(s) upon

Check the applicable box:

❑ plan confirmation.

❑ entry of discharge.

❑ other: _____.

Part 8: Nonstandard Plan Provisions

8.1 Check "None" or List Nonstandard Plan Provisions

❑ **None.** *If "None" is checked, the rest of Part 8 need not be completed or reproduced.*

Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.

The following plan provisions will be effective only if there is a check in the box "Included" in § 1.3.

_____

_____

_____

_____

_____

Part 9: Signature(s):

9.1 Signatures of Debtor(s) and Debtor(s)' Attorney

If the Debtor(s) do not have an attorney, the Debtor(s) must sign below; otherwise the Debtor(s) signatures are optional. The attorney for the Debtor(s), if any, must sign below.

✘ _____
Signature of Debtor 1

Executed on _____
MM / DD / YYYY

✘ _____
Signature of Debtor 2

Executed on _____
MM / DD / YYYY

✘ _____
Signature of Attorney for Debtor(s)

Date _____
MM / DD / YYYY

By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in Official Form 113, other than any nonstandard provisions included in Part 8.

Exhibit: Total Amount of Estimated Trustee Payments

The following are the estimated payments that the plan requires the trustee to disburse. If there is any difference between the amounts set out below and the actual plan terms, the plan terms control.

a.	**Maintenance and cure payments on secured claims** (*Part 3, Section 3.1 total*)		$_____
b.	**Modified secured claims** (*Part 3, Section 3.2 total*)		$_____
c.	**Secured claims excluded from 11 U.S.C. § 506** (*Part 3, Section 3.3 total*)		$_____
d.	**Judicial liens or security interests partially avoided** (*Part 3, Section 3.4 total*)		$_____
e.	**Fees and priority claims** (*Part 4 total*)		$_____
f.	**Nonpriority unsecured claims** (*Part 5, Section 5.1, highest stated amount*)		$_____
g.	**Maintenance and cure payments on unsecured claims** (*Part 5, Section 5.2 total*)		$_____
h.	**Separately classified unsecured claims** (*Part 5, Section 5.3 total*)		$_____
i.	**Trustee payments on executory contracts and unexpired leases** *(Part 6, Section 6.1 total)*		$_____
j.	**Nonstandard payments** *(Part 8, total)*	**+**	$_____
	Total of lines a through j		$_____