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BANKRUPTCY WORKSHEETS

The first step towards filing a bankruptcy is for you to completely fill out and return to us these bankruptcy worksheets. Generally, the worksheets are not as much work as they first appear when you print them. It helps if you take a moment or two and simply look through them before you start filling them out. This will demonstrate to you that in many cases a lot of the questions in the worksheets do not apply to your specific financial situation. It will also help you to learn what information you need to gather up to fill out the parts of the worksheets that do apply to your financial situation.

Please answer each question on these worksheets. If a question does not apply to you please show that in the space provided for the answer to the question. If you have any questions please call us.

Please provide information for each one of your debts, even if you do not want that debt to be discharged in your bankruptcy, including mortgages, vehicle loans and debts owing to friends and/or relatives. Please provide us a recent bill or statement for each debt.

PLEASE INCLUDE YOUR LAST SIX MONTHS PAYCHECK STUBS AND YOUR MOST RECENTLY FILED FEDERAL INCOME TAX RETURN WHEN YOU TURN IN THE WORKSHEETS. **WE CANNOT FILE A BANKRUPTCY CASE FOR YOU WITHOUT THE PAYCHECK STUBS AND TAX RETURNS.**

In addition to filling out and returning to us the worksheets, you will need to take an internet based debtor education class. We suggest that you go to www.cricketdebt.com to take the class. During the on-line course you will be asked for an Attorney Code. Don Thacker's Attorney Code is: 675671 and Charles Carlson's Attorney Code is 310724. The phone number for Cricket is 1-866-719-0400 if you need assistance.

When you complete the worksheets please mail them with the paycheck stubs and the tax return back to us at: PO Box 5279, Vancouver WA 98668. Please do not drop by our office to drop them off as there are several times during the day that we are not present at the office and there is no way for you to drop them off and you would waste a trip. We actually get them a lot faster if you mail them back to us.

Please remember that simply returning the worksheets to us does not mean that you have filed a bankruptcy. Your bankruptcy is not filed until we meet with you and you sign the completed paperwork, and it is then filed with the Court.

INSTRUCTIONS ON HOW TO OBTAIN THE INFORMATION NEEDED TO FULFILL YOUR DUTIES IN A BANKRUPTCY CASE

HOW TO DETERMINE THE REPLACEMENT VALUE OF YOUR PERSONAL PROPERTY:

You will need to know the replacement value of any personal property that you own when your bankruptcy case is filed, even if the property is mortgaged, pledged, or otherwise subject to a lien. The replacement value of property is the price that a retail merchant would charge for property of that kind, considering the age and condition of the property at the time the bankruptcy case is filed. You can find the replacement value for items on Craigslist, eBay or at a thrift store, such as Goodwill and the Salvation Army. The value of personal property that is subject to a valid lien or mortgage is the replacement value of the property as of the date the bankruptcy case was filed without deducting anything for the cost of selling or marketing the property.

HOW TO DETERMINE YOUR CURRENT MONTHLY INCOME:

Your current monthly income must be determined in order to file a bankruptcy case. If you are unmarried, or if you and your spouse are from legally separated or living in separate households, then only your income is counted. Income from all sources, regardless of whether the income is taxable, must be counted **except** that social security benefits and payments received as a victim of war crimes, crimes against humanity, or as a victim of international or domestic terrorism is not counted. Unemployment compensation is not counted to the extent that it is funded by the Federal Government under the Social Security Act. Income from the following sources must be counted:

- ✓ Gross income from wages, salary, tips, bonuses, overtime and commissions.
- ✓ Net income from the operation of a business, profession or farm.
- ✓ Rent and other income from real property, less ordinary and necessary operating expenses.
- ✓ Interest, dividends and royalties.
- ✓ Pension and retirement income (other than Social Security income).
- ✓ Child or spousal support from a former spouse if received regularly.

DEBTOR

Full Name _____

Other Names Used (maiden, business, etc.) _____

Social Security No. _____

Street Address _____

City, State, Zip _____

Phone Number (Home): _____

Phone Number (Cell): _____

Email Address: _____

County of residence or principal place of business _____

Mailing address (if different than residence) _____

Have you lived at this address
for at least 180 days? _____

Have you lived at this address
for at least 730 (2 years) days? _____

SPOUSE

Full Name _____

Other Names Used (maiden, business, etc.) _____

Social Security No. _____

Street Address _____

City, State, Zip _____

Phone Number (Home) _____

Phone Number (Cell) _____

Email Address: _____

County of residence or principal place of business _____

Mailing address (if different than residence) _____

PRIOR BANKRUPTCIES

If you have filed a bankruptcy within the last **10** years, please provide the following information:

Location of Court where filed _____
Case Number _____
Date prior case filed _____

Are there any current bankruptcy cases filed by your spouse or business associate.

Name of debtor _____
Case Number _____
Date case was filed _____
Relationship to debtor _____
District where case filed _____
Judge assigned _____

QUESTIONS FOR DEBTOR(S) ENGAGED IN BUSINESS

If you or your spouse are currently engaged in your own business, please provide the following:

Street address of business assets _____
City, State and Zip Code _____
Name of authorized signor on bank accounts _____
Title of authorized signor on bank accounts _____

EXHIBIT "C"

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? _____

DEBTORS WHO RESIDE AS TENANTS OF RESIDENTIAL PROPERTY

If you rent your home, does a landlord hold a judgment against you? _____

If yes, please provide the name and address of the landlord:

Name: _____
Address: _____
City/State/Zip: _____

**REAL PROPERTY
SCHEDULE "A"**

List your real property. Please do not include property you are leasing under a rental agreement. If you are married, please indicate whether you both own the property, or if it is owned by only one spouse. If any of your creditors claim a security interest in any of your real property (deed of trust, mortgage or other lien) state the amount of that creditor's debt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife or Joint	Value of Property	Amount of Mortgage or Lien
_____ Street Address				
_____ City	_____ State			_____ Zip
_____ Street Address				
_____ City	_____ State			_____ Zip
_____ Street Address				
_____ City	_____ State			_____ Zip
_____ Street Address				
_____ City	_____ State			_____ Zip

**PERSONAL PROPERTY
SCHEDULE "B"**

Please list all your personal property of whatever kind.

In the box marked Current Market Value please put the liquidation value (garage sale value) of the property.

If you don't have any property for a specific category, please put an "X" in the box marked "None" for that category.

Type of Property	N O N E	Description of Property and Location if_ <u>Other than Residence</u>	Husband Wife or Joint	Current Value (Liquidation)
Cash on Hand				
Bank Account(s) PLEASE INCLUDE ACCOUNT NUMBERS AND NAME OF BANK.				
Security deposits with a utility company, telephone company, landlord, etc.				
General Household goods and furnishings, including audio, video, and computer equipment.				
Books, pictures and other art objects; antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles				
Clothing				
Furs and Jewelry				
Firearms and other hobby equipment				
Cash value in insurance policies.. DO NOT INCLUDE TERM INSURANCE POLICIES.				
Annuities. Itemize and name each issuer and account number.				
Interests in an education IRA				

**PERSONAL PROPERTY
SCHEDULE "B"**

Type of Property	N O N E	Description of Property and Location if <u>Other than Residence</u>	Husband Wife or Joint	Current Value
Interests in pension or profit sharing plans. Itemize, and give account numbers.				
Stocks and interests in incorporated/unincorporated business. Please itemize.				
Interests in partnerships or joint ventures. Itemize.				
Government and corporate bonds and other negotiable and non-negotiable instruments.				
Accounts receivable.				
Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.				
Other debts owed to you, including tax refunds. Give particulars.				
Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.				
Contingent and noncontingent interests in estate of decedent, death benefit plan, life insurance policy, or trust.				
Other contingent and unliquidated claims of every nature.				
Patents or copyrights. Give particulars.				
Licenses or franchises. Give particulars.				
Customer List or other compilation				

**PERSONAL PROPERTY
SCHEDULE "B"**

Type of Property	N O N E	Description of Property and Location if <u>Other than Residence</u>	Husband Wife or Joint	Current Value
Automobiles, trucks, trailers, and other vehicles and accessories. LIST MAKE, MODEL, YEAR AND MILEAGE.				
Boats, motors and accessories.				
Aircraft and accessories.				
Office equipment, furnishings, and supplies.				
Machinery, fixtures, equipment, and supplies used in business.				
Inventory				
Animals				
Crops--growing or harvested. Give particulars.				
Farming equipment and implements.				
Farm supplies, chemicals, and feed.				
Other personal property of any kind not already listed. Itemize.				

**CONTRACTS AND LEASES
SCHEDULE "G"**

If you are a party to a contract or lease, other than a monthly rental agreement for a house or apartment, please provide the following:

IDENTIFICATION OF OTHER PARTY TO LEASE
OR CONTRACT

Name:

Street Address:

City:

State and Zip

DESCRIPTION OF CONTRACT OR LEASE

1. Description of Contract or Lease:

2. What is your interest in the contract or lease?

Buyer [] Seller []

Lease to [] Leasing from []

3. Is lease for nonresidential real property

Yes [] No []

4. If Government contract, please give contract number: _____

**CODEBTORS
SCHEDULE "H"**

Is anyone else liable with you on any of your debts. Examples would be a co-signor or guarantor. Do not put your spouse as a co-debtor unless you are married and only one of you is filing a bankruptcy. Please remember to complete a Debt Form for this debt as well.

1. Identity of Codebtor

Name:

Street Address:

City:

State and Zip:

Identity of Creditor

Name:

Street Address:

City:

State and Zip:

2. Identity of Codebtor

Name:

Street Address:

City:

State and Zip:

Identity of Creditor

Name:

Street Address:

City:

State and Zip:

OTHER MONTHLY INCOME:

Regular Income from Business:	\$	\$
Income from Real Property:	\$	\$
Interest or Dividend Income:	\$	\$
Pension or Retirement Income:	\$	\$
Alimony/Child Support Received:	\$	\$
Social Security:	\$	\$
Workman's Compensation:	\$	\$
Other: (welfare, food stamps, etc).	\$	\$

**MONTHLY PERSONAL EXPENSES
SCHEDULE "J"**

As best you can please estimate your monthly personal living expenses for you and your family. Please prorate on a monthly basis any payments made bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Rent or home mortgage payment (include lot rented for mobile home)	\$
Are real estate taxes included? Yes ___ No ___	
Is property insurance included? Yes ___ No ___	
Utilities Electricity and heating fuel	\$
Water and sewer	\$
Telephone	\$
Cable	\$
Garbage	\$
Other _____	\$
Home maintenance (repairs and upkeep)	\$
Food	\$
Clothing	\$
Laundry and dry cleaning	\$
Medical and dental expenses	\$
Transportation (not including car payments)	\$
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
Charitable contributions	\$
Insurance (not deducted from wages or included in home mortgage payments)	
Homeowner's or renter's	\$
Life	\$
Health	\$
Auto	\$
Other _____	\$
Taxes (not deducted from wages or included in home mortgage payments, please specify: _____)	\$
Installment/lease payments:	
Auto	\$
Other _____	\$
Alimony, maintenance, and support paid to others	\$
Payments for support of additional dependents not living at your home	\$
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
Child Care	\$
Education Expenses	\$
Other _____	\$

STATEMENT OF FINANCIAL AFFAIRS

This section of the worksheets is to be completed by every debtor. A married person must furnish information for both spouses whether or not both spouses are filing bankruptcy.

1. INCOME FROM WAGES

State the gross income you have received from your job or the operation of your business.

AMOUNT DEBTOR	SOURCE DEBTOR	AMOUNT SPOUSE	SOURCE SPOUSE
------------------	------------------	------------------	------------------

THIS YEAR TO PRESENT DATE

LAST YEAR

YEAR BEFORE LAST

2. INCOME OTHER THAN FROM YOUR JOB

State the gross income you have received other than from your job or the operation of your business. Please be specific about the source of this income.

AMOUNT HUSBAND	SOURCE HUSBAND	AMOUNT WIFE	SOURCE WIFE
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THIS YEAR TO PRESENT DATE

LAST YEAR

YEAR BEFORE LAST

3a. PAYMENTS TO CREDITORS

In the last three months have you made any payments to any creditor that total more than \$600.00.

NAME OF CREDITOR	DATE OF EACH PAYMENT	<u>EXACT</u> AMOUNT OF EACH PAYMENT	AMOUNT STILL OWING
------------------	-------------------------	--	-----------------------

Name _____

Street
Address _____

City, State,
Zip _____

Name _____

Street
Address _____

City, State,
Zip _____

3b. In the last year have you made any payments to a relative or business associate

NAME OF RELATIVE OR ASSOCIATE	RELATIONSHIP TO YOU	DATE OF EACH PAYMENT	AMOUNT OF EACH PAYMENT	AMOUNT STILL OWING
-------------------------------	---------------------	----------------------	------------------------	--------------------

Name _____

Street Address _____

City, State, Zip _____

4a. LAWSUITS

List all lawsuits in the last year in which you were involved, including a divorce.

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT AND LOCATION	STATUS OR DISPOSITION
---------------------------------	----------------------	--------------------	-----------------------

4b. GARNISHMENTS OR SEIZURES OF YOUR PROPERTY

Has any of your property been attached, garnished or seized in the last year.

NAME OF CREDITOR	DATE(S) OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
------------------	--------------------	-----------------------------------

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

5. REPOSSESSIONS, FORECLOSURES AND RETURNS

In the last year has any of your property been repossessed or voluntarily returned to any of your creditors.

IDENTITY OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

6a. ASSIGNMENTS AND RECEIVERSHIPS

In the last four months have you assigned any of your property to another person for the benefit of your creditors.

IDENTITY OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

Name _____

Street Address _____

City, State, Zip _____

6b. In the last year has any of your property been held by another person for the benefit of your creditors.

IDENTITY OF CUSTODIAN

NAME AND LOCATION OF COURT/CASE TITLE AND NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF PROPERTY

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

7. GIFTS

In the last year have you given any gifts of more than \$200.00 to a friend or relative, or more than \$100.00 to a charity.

IDENTITY OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
------------------------------------	------------------------	--------------	-------------------------------

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

8. LOSSES

In the last year have you lost any property due to a fire, theft, gambling or similar event.

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

9. PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY

In the last year have you paid anyone for debt counseling or bankruptcy advice.

IDENTIFY OF PAYEE	DATE OF PAYMENT NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
-------------------	--	--

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

10a. OTHER TRANSFERS

In the last year have you sold or transferred any of your property, or used any of your property as collateral for a debt.

TO WHOM TRANSFERRED	DATE	DESCRIPTION OF PROPERTY TRANSFERRED AND VALUE RECEIVED
---------------------	------	--

Name _____

Street
Address _____

City, State,
Zip _____

Name _____

Street
Address _____

City, State,
Zip _____

10b. OTHER TRANSFERS

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

TO WHOM TRANSFERRED	DATE	DESCRIPTION OF PROPERTY TRANSFERRED AND VALUE RECEIVED
---------------------	------	--

Name _____

Street
Address _____

City, State,
Zip _____

11. CLOSED FINANCIAL ACCOUNTS

Have you closed a bank account in the last year.

NAME OF BANK	TYPE OF ACCOUNT, ACCOUNT NUMBER, & AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
--------------	--	------------------------------------

Name _____

Street
Address _____

City, State,
Zip _____

Name _____

Street
Address _____

City, State,
Zip _____

12. SAFE DEPOSIT BOXE(S)

Have you had a safe deposit box in the last year.

NAME OF BANK	NAME(S) OF THOSE PERSON(S) WITH ACCESS TO BOX	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--------------	---	-------------------------	---------------------------------------

Name _____

Street Address _____

City, State, Zip _____

13. SETOFFS

In the last year have any of your creditors retained any of your property in full or partial satisfaction of your debt. Do any of your creditors owe you money in return.

NAME OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF AND VALUE RECEIVED
------------------	----------------	-------------------------------------

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

14. PROPERTY HELD FOR ANOTHER PERSON

Do you hold any property that belongs to somebody else.

NAME OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------	-----------------------------------	----------------------

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

15. PRIOR ADDRESS OF DEBTOR

Please list the addresses where you have lived for the last two years.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. FORMER SPOUSE

If the Debtor or Debtors live or lived in Alaska, Arizona, California, Idaho Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin, **IN THE LAST 8 YEARS**, identify the name of any spouse or former spouse who resides or resided with the Debtor in one of those states.

NAME

GENERAL QUESTIONS

Inheritance – Is it likely that you or your spouse will receive any money or property in the next year? [If “yes”, give particulars].

Bounced Checks - Have any of your checks bounced in the last 12 months that have not been paid? [If “yes”, give particulars].

Credit Cards - Have you used any of your credit cards in the last 90 days. [If “yes”, give particulars].

Student Loans - If you have any student loans, please tell us the date you were first to begin making payments. This date is usually six months after you graduate or immediately upon leaving school.

Tax Returns - Have you filed all your tax returns when due.

Tax Refunds - In the last two years have you received tax refunds? [If “yes”, give particulars].

Claims Against Others - In the last year have you been in a car accident or suffered another injury. [If “yes”, give particulars].

**THE REMAINING QUESTIONS ARE REQUIRED TO BE FILLED
OUT ONLY IF YOU HAVE OWNED OR OPERATED
A BUSINESS IN THE LAST SIX YEARS.**

16. NATURE, LOCATION AND NAME OF BUSINESS

NAME OF BUSINESS	TYPE OF BUSINESS	BEGINNING & ENDING DATES OF OPERATION	CORPORATION, PARTNERSHIP OR SOLE PROPRIETOR
Name _____ Street Address _____ City, State, Zip _____			
Name _____ Street Address _____ City, State, Zip _____			

17a. BOOKS, RECORDS AND FINANCIAL STATEMENTS

In the last six years who kept or supervised the keeping of the books and records for the business.

NAME OF BOOKKEEPER OR ACCOUNTANT	DATE KEPT OR SUPERVISED
Name _____ Street Address _____ City, State, Zip _____	
Name _____ Street Address _____ City, State, Zip _____	

17b. In the last two years has anybody audited the business books or records.

IDENTITY	DATE OF AUDIT
Name _____ Street Address _____ City, State, Zip _____	
Name _____ Street Address _____ City, State, Zip _____	

17c. Who had the books and records at the time these worksheets were completed.

IDENTITY

IF BOOKS OR RECORDS ARE NOT AVAILABLE BRIEFLY
EXPLAIN BELOW

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

17d. In the last two years has the business given a Financial Statement to any person or bank.

TO WHOM GIVEN

DATE OF FINANCIAL STATEMENT

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

18a. INVENTORIES

Please provide the following for the last two inventories of the business assets.

WHO DID THE INVENTORY

DATE

VALUE OF
ASSETS

COST OR MARKET

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

18b. List the name and address of any person who has possession of the records of any of the inventories listed above.

NAME OF PERSON

DATE OF INVENTORY

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

19a. CURRENT PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS

If the business is a partnership list the nature and percentage of ownership for each partner.

NAME OF PARTNER	NATURE OF INTEREST	PERCENT OWNED
-----------------	--------------------	---------------

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

19b. If the business is a corporation list the Officers, Directors and Shareholders.

IDENTITY	OFFICER, DIRECTOR OR SHAREHOLDER	PERCENT OWNED
----------	----------------------------------	---------------

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

20a. FORMER PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS

If the business is a partnership list each partner who withdrew from the partnership in the last year.

IDENTITY	DATE OF WITHDRAWAL
----------	--------------------

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

20b. If the business is a corporation list each Officer, Director or Shareholder who withdrew from the corporation in the last year.

IDENTITY

DATE OF WITHDRAWAL

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____

21. DISTRIBUTION FROM BUSINESS TO OWNERS

List all payments, distributions, bonuses, loans or other forms of compensation given by the business to any owners in the last year.

IDENTITY

AMOUNT

DATE

Name _____

Street Address _____

City, State, Zip _____

Name _____

Street Address _____

City, State, Zip _____