

**WILLIAM J. CASEY & ASSOCIATES
ATTORNEYS AT LAW
3208 COTTAGE HILL RD
MOBILE,AL 36603
251-478-5713**

**THESE FORMS ARE NECESSARY FOR OUR LAW OFFICE TO FILE YOUR
CHAPTER 7 OR CHAPTER 13 BANKRUPTCY, PLEASE FOLLOW THESE
INSTRUCTIONS CAREFULLY**

PRINT OR TYPE ALL YOUR INFORMATION.

FILL IN ALL BLANKS, IF SOMETHING DOES NOT APPLY MARK N/A

**BE AS THOROUGH AS POSSIBLE WHEN LISTING CREDITORS, WE DO
NOT KNOW YOUR CREDITORS SO THE MORE INFORMATION WE HAVE ,
THE BETTER.**

**IF THERE IS ANYTHING ON THIS PACKET THAT YOU DO NOT
UNDERSTAND, PLEASE ASK, CONTACT OUR OFFICE AND ASK TO SPEAK
WITH MEMO AT (251)478-5713 OR GO TO OUR WEB ADDRESS AT
WILLIAMCASEYLAW.COM**

YOU WILL NEED THE FOLLOWING:

- 1. CHECK STUBS FOR THE LAST 6 MONTHS OR DISABILITY DOCUMENTS**
- 2. BANK STATEMENTS FOR THE LAST 6 MONTHS**
- 3. TAX RETURNS FOR THE LAST 2 YEARS (2008, 2009).**
- 4. A COPY OF ALL YOUR BILLS OR A COPY OF YOUR CREDIT REPORT
(WE WILL PULL CREDIT REPORT FOR YOU)**
- 5. CREDIT COUNSULTING CERTIFICATE (WE WILL SET THIS UP FOR
YOU)**

GENERAL INFORMATION

MARITAL STATUS:

MARRIED_____ SEPARATED_____ DIVORCED_____ SINGLE_____

CHAPTER 7 BANKRUPTCY_____ CHAPTER 13 BANKRUPTCY_____

FILING: JOINT_____ SINGLE_____

NOTE: IF FILING SINGLE AND YOU ARE MARRIED, THERE IS NO NEED TO LIST SPOUSE INFORMATION.

YOUR NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____

SOCIAL SECURITY # _____

OTHER NAMES THAT YOU HAVE USED (PREVIOUS MARRIED OR MAIDEN NAMES)

HAVE YOU LIVED IN THE STATE OF ALABAMA FOR THE LAST 6 MONTHS?
YES_____ NO_____

ADDRESS: _____

COUNTY: _____

PRIOR ADDRESS USED: (IN THE PAST THREE YEARS)

DATES LIVED THERE _____

DATES LIVED THERE _____

TELEPHONE NUMBERS: HOME: _____ WORK: _____
CELL: _____ OTHER: _____

SPOUSE INFORMATION: (IF FILING JOINT)

SPOUSE NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____
SOCIAL SECURITY # _____

OTHER NAMES THAT SPOUSE HAS USED (PREVIOUS MARRIED OR MAIDEN NAMES)

NAMES AND AGES OF CHILDRE LIVING WITH YOU:

| FULL NAME | AGE | SON OR DAUGHTER |
|-----------|-------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

HAVE YOU EVER FILED A BANKRUPTCY BEFORE? YES _____ NO _____

IF CHECKED YES PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE FILED: _____

STATE, CITY AND COUNTY FILED IN: _____

CASE NUMBER: _____

CHAPTER FILED: CHAPTER 7 _____ OR CHAPTER 13 _____

DATE DISCHARGED: _____

PROPERTY QUESTIONS

PLEASE GIVE THE VALUE OF EACH PROPERTY AND BRIEF

DESCRIPTION

1. REAL PROPERTY (HOUSE, LAND, BUILDINGS, CONDOMINIUMS, MOBILE HOME) (LIST WHERE LOCATED ALSO) _____

2. CASH ON HAND _____
3. CHECKING ACCOUNT (PLEASE LIST NAME OF BANK AND AMOUNT IN ACCOUNT) _____
4. SAVINGS ACCOUNT (PLEASE LIST NAME OF BANK AND AMOUNT IN ACCOUNT) _____
5. SECURITY DEPOSITS _____
6. HOUSEHOLD GOODS AND FURNISHINGS, INCLUDE AUDIO, VIDEO AND COMPUTER EQUIPMENT. (PLEASE LIST EACH ITEM SEPARATELY AND GIVE THEM A YARD SALE VALUE) _____

7. BOOKS PICTURES AND OTHER ART OBJECTS _____
8. WEARING APPAREL _____
9. FURS AND JEWELRY _____
10. FIREARMS AND SPORTS, HOBBY EQUIPMENT _____
11. INTEREST IN INSURANCE POLICIES _____
12. ANNUITIES _____
13. INTEREST IN IRA OR OTHER PENSION OF PROFIT SHARING PLANS _____
14. STOCK AND INTEREST IN BUSINESSES _____
15. INTEREST IN PARTERSHIPS OR JOINT VENTURES _____
16. GOVERNMENT AND CORPORATE BONDS _____
17. ACCOUNTS RECEIVABLE _____
18. ALIMONY, MAINTENANCE, SUPPORT AND PROPERTY SETTLEMENTS IN WHICH THE DEPTOR MAY BE ENTITLED _____
19. OTHER LIQUIDATED DEPTS OWING DEPTOR INCLUDING TAX REFUNDS _____
20. EQUITABLE OR FUTURE INTEREST, LIFE ESTATES AND RIGHTS OR POWERS EXERCISABLE FOR THE BENEFIT OF THE DEBTOR OTHER THAN LISTED IN SCHEDULE OF REAL PROPERTY _____
21. CONTINGENT AND NONCONTINGENT INTERESTS IN ESTATE OF A DECEDENT, DEATH BENEFIT PLAN, LIFE INSURANCE POLICY, OR TRUST _____
22. OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OF EVERY NATURE _____

23. PATENTS, COPYRIGHTS AND OTHER INTELLECTUAL PROPERTY _____

24. LICENSES, FRANCHISES AND OTHER GENERAL INTANGIBLES _____

25. AUTOMOBILES, TRUCKS, TRAILERS AND OTHER VEHICLES AND
ACCESSORIES (LIST THE YEAR AND MAKE OF VEHICLE ALSO
CONDITION OF VEHICLE AND HOW MANY MILES ON VEHICLE) _____

26. BOATS, MOTORS AND ACCESSORIES _____
27. AIRCRAFT AND ACCESSORIES _____
28. OFFICE EQUIPMENT, FURNISHINGS AND SUPPLES _____

29. MACHINERY, FIXTURES, EQUIPMENT AND SUPPLIES USED IN
BUSINESS _____
30. INVENTORY _____
31. ANIMALS _____
32. CROPS-GROWING OR HARVESTED _____
33. FARMING EQUIPMENT AND IMPLEMENTS _____
34. FARM SUPPLIES, CHEMICALS AND FEED _____
35. OTHER PERSONAL PROPERTY OF ANY KIND NOT ALREADY
LISTED _____

CREDITORS HOLDING SECURED CLAIMS

NOTE: PLEASE LIST CREDITORS FULL ADDRESS INCLUDING CITY, STATE AND ZIP CODE. ALSO PLEASE LIST THE DATE THAT YOU INCURRED THIS DEPT AND IF YOU WOULD LIKE TO KEEP IT OR NOT.

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____

ACCOUNT NUMBER: _____
JOINT ACCOUNT OR SINGLE ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF
PROPERTY SUBJECT TO LIEN _____

AMOUNT OF CLAIM _____
MONTHLY NOTE ON CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____

ACCOUNT NUMBER: _____
JOINT ACCOUNT OR SINGLE ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF
PROPERTY SUBJECT TO LIEN _____

AMOUNT OF CLAIM _____
MONTHLY NOTE ON CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____

ACCOUNT NUMBER: _____
JOINT ACCOUNT OR SINGLE ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF
PROPERTY SUBJECT TO LIEN _____

AMOUNT OF CLAIM _____
MONTHLY NOTE ON CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITORS HOLDING SECURED CLAIMS CONTINUED

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| CREDITOR`S NAME: _____ |
| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| JOINT ACCOUNT OR SINGLE ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN _____ |
| AMOUNT OF CLAIM _____ |
| MONTHLY NOTE ON CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

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| CREDITOR`S NAME: _____ |
| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| JOINT ACCOUNT OR SINGLE ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN _____ |
| AMOUNT OF CLAIM _____ |
| MONTHLY NOTE ON CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

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| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| JOINT ACCOUNT OR SINGLE ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN _____ |
| AMOUNT OF CLAIM _____ |
| MONTHLY NOTE ON CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

CREDITORS HOLDING SECURED CLAIMS CONTINUED

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| CREDITOR`S NAME: _____ |
| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| JOINT ACCOUNT OR SINGLE ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
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| AMOUNT OF CLAIM _____ |
| MONTHLY NOTE ON CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

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| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| JOINT ACCOUNT OR SINGLE ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN _____ |
| AMOUNT OF CLAIM _____ |
| MONTHLY NOTE ON CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

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| CREDITOR`S NAME: _____ |
| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| JOINT ACCOUNT OR SINGLE ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN _____ |
| AMOUNT OF CLAIM _____ |
| MONTHLY NOTE ON CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

NOTE: PLEASE LIST CREDITORS FULL ADDRESS INCLUDING CITY, STATE AND ZIP CODE. ALSO PLEASE LIST THE DATE THAT YOU INCURRED THIS DEPT AND IF YOU WOULD LIKE TO KEEP IT OR NOT.

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____

ACCOUNT NUMBER: _____
SINGLE ACCOUNT OR JOINT ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
TYPE OF CLAIM OR ACCOUNT _____
AMOUNT OF CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____

ACCOUNT NUMBER: _____
SINGLE ACCOUNT OR JOINT ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
TYPE OF CLAIM OR ACCOUNT _____
AMOUNT OF CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____

ACCOUNT NUMBER: _____
SINGLE ACCOUNT OR JOINT ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
TYPE OF CLAIM OR ACCOUNT _____
AMOUNT OF CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CONTINUED

| |
|--|
| CREDITOR`S NAME: _____ |
| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| SINGLE ACCOUNT OR JOINT ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| TYPE OF CLAIM OR ACCOUNT _____ |
| AMOUNT OF CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

| |
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| CREDITOR`S NAME: _____ |
| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| SINGLE ACCOUNT OR JOINT ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| TYPE OF CLAIM OR ACCOUNT _____ |
| AMOUNT OF CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

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| CREDITOR`S NAME: _____ |
| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| SINGLE ACCOUNT OR JOINT ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| TYPE OF CLAIM OR ACCOUNT _____ |
| AMOUNT OF CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CONTINUED

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| CREDITOR`S NAME: _____ |
| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| SINGLE ACCOUNT OR JOINT ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| TYPE OF CLAIM OR ACCOUNT _____ |
| AMOUNT OF CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

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| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| SINGLE ACCOUNT OR JOINT ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| TYPE OF CLAIM OR ACCOUNT _____ |
| AMOUNT OF CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

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| CREDITOR`S NAME: _____ |
| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| SINGLE ACCOUNT OR JOINT ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| TYPE OF CLAIM OR ACCOUNT _____ |
| AMOUNT OF CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CONTINUED

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| CREDITOR`S NAME: _____ |
| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| SINGLE ACCOUNT OR JOINT ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| TYPE OF CLAIM OR ACCOUNT _____ |
| AMOUNT OF CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

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| ACCOUNT NUMBER: _____ |
| SINGLE ACCOUNT OR JOINT ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| TYPE OF CLAIM OR ACCOUNT _____ |
| AMOUNT OF CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

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|--|
| CREDITOR`S NAME: _____ |
| CREDITOR`S ADDRESS: _____ |
| ACCOUNT NUMBER: _____ |
| SINGLE ACCOUNT OR JOINT ACCOUNT: _____ |
| DATE CLAIM WAS INCURRED _____ |
| TYPE OF CLAIM OR ACCOUNT _____ |
| AMOUNT OF CLAIM _____ |
| DO YOU WISH TO KEEP THIS CLAIM _____ |

CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

NOTE: PLEASE FILL THIS INFORMATION OUT COMPLETELY. **ALSO PLEASE ATTACH A CURRENT PAY STUB TO THIS FORM.** IF YOU ARE FILING A CHAPTER 13 PETITION AND YOU ARE MARRIED, YOU MUST LIST YOUR SPOUSE'S INCOME WHETHER THEY ARE FILING OR NOT

DEBTOR

NAME OF EMPLOYER _____
OCCUPATION _____
LENGTH OF EMPLOYMENT _____
PAY PERIOD: WEEKLY _____ BI-WEEKLY _____ MONTHLY _____
GROSS INCOME _____
FEDERAL TAXES WITHHELD _____
STATE TAXES WITHHELD _____
MEDICARE TAXES WITHHELD _____
SOCIAL SECURITY TAXES WITHHELD _____
INSURANCE _____
UNION DUES _____
RETIREMENT _____
OTHER _____

SPOUSE

NAME OF EMPLOYER _____
OCCUPATION _____
LENGTH OF EMPLOYMENT _____
PAY PERIOD: WEEKLY _____ BI-WEEKLY _____ MONTHLY _____
GROSS INCOME _____
FEDERAL TAXES WITHHELD _____
STATE TAXES WITHHELD _____
MEDICARE TAXES WITHHELD _____
SOCIAL SECURITY TAXES WITHHELD _____
INSURANCE _____
UNION DUES _____
RETIREMENT _____
OTHER _____

DO YOU OR YOUR SPOUSE RECEIVE OR HAVE RECEIVED IN THE PAST THREE YEARS ANY OTHER TYPE INCOME? (SOCIAL SECURITY, UNEMPLOYMENT, WORKMAN'S COMP, ETC...) IF YES, PLEASE GIVE FOLLOWING INFORMATION:

TYPE OF INCOME _____
DEPTOR OR SPOUSE _____
MONTH/YEAR STARTED RECEIVING _____
MONTH/YEAR STOPPED RECEIVING _____
MONTHLY PAYMENT RECEIVED _____

PLEASE PROVIDE THE FOLLOWING INFORMATION: AMOUNT OF GROSS INCOME FROM EMPLOYEMENT FOR THE LAST TWO YEARS INCLUDING WHAT YOU HAVE MADE YEAR TO DATE.

| | YOU | SPOUSE |
|---------------|-----|--------|
| 2008 | | |
| 2009 | | |
| 2010 THRU NOW | | |

CURRENT MONTHLY EXPENSES

| | |
|---|----------|
| MORTGAGE NOTE | \$ _____ |
| RENT NOTE | \$ _____ |
| | |
| ELECTRICITY | \$ _____ |
| GAS | \$ _____ |
| WATER | \$ _____ |
| TELEPHONE | \$ _____ |
| CABLE TELEVISION | \$ _____ |
| GARBAGE SERVICE | \$ _____ |
| | |
| GROCERIES | \$ _____ |
| CLOTHING | \$ _____ |
| LAUNDRY/DRY CLEANING | \$ _____ |
| DOCTOR | \$ _____ |
| PRESCRIPTIONS | \$ _____ |
| GASOLINE/TRANSPORTATION | \$ _____ |
| CAR NOTE(S) | \$ _____ |
| CAR LEASE NOTE | \$ _____ |
| | |
| HOUSE INSURANCE | \$ _____ |
| AUTOMOBIL INSURANCE | \$ _____ |
| HEALTH INSURANCE (IF NOT DEDUCTED FROM PAYCHECK) | \$ _____ |

ANY OTHER EXPENSES: such as child care, tuition, college expenses, lot rent, etc.

PLEASE LIST BELOW:

MONTHLY NOTE

DO YOU HAVE ANY GARNISHMENTS AGAINST YOU? IF YES, PLEASE LIST THE FOLLOWING:

WHO IS GARNISHING YOUR WAGES? _____

ADDRESS OF WHO IS GARNISHING YOUR WAGES? _____

CASE NUMBER: _____

DATE GARNISHMENT WAS ISSUED: _____

WHAT TYPE OF DEBT IS THIS? _____

HOW MUCH ARE THEY GARNISHING FOR? _____
HOW MUCH HAVE THEY GARNISHED? _____

**PLEASE LIST THIS DEBT UNDER YOUR UNSECURED DEBTS
(ALSO IF YOU HAVE THE DOCUMENTS FOR THE GARNISHMENT WE
WOULD LIKE TO MAKE COPIES OF THEM)**

CHILD SUPPORT:

PLEASE INDICATE ANY AND ALL PERSONS TO WHOM YOU OWE CHILD
SUPPORT (PARENT'S NAME) ALSO GIVE CASE NUMBER IF YOU HAVE
ONE AND AMOUNT YOU ARE BEHIND, IF YOU ARE BEHIND
(ARRERAGE)

| PARENT'S NAME/CASE # | MONTHLY AMOUNT | ARRERAGE |
|-----------------------------|-----------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

QUESTIONS

PLEASE ANSWER THESE QUESTIONS AND PROVIDE ALL INFORMATION THAT IS REQUESTED.

1. HAVE YOU HAD ANY REPOSSESSION OR RETURNED ANY PROPERTY TO ANY CREDITORS IN THE LAST YEAR? **IF YES, PLEASE PROVIDE THE FOLLOWING:**
DATE OF RETURN: _____
DESCRIPTION OF MERCHANDISE RETURNED: _____

VALUE OF MERCHANDISE RETURNED: _____

CREDITOR'S NAME: _____
CREDITOR'S ADDRESS: _____

2. HAVE YOU TRANSFERRED, GIVEN, SOLD OR DISPOSED OF ANYTHING (HOUSE, LAND, CAR, FURNITURE, JEWELRY, ETC.) IN THE LAST YEAR? **IF YES, PLEASE PROVIDE THE FOLLOWING: WHO YOU SOLD, GAVE OR TRANSFERRED THE PROPERTY TO:**

3. HAVE ANY LAWSUITS BEEN FILED AGAINST YOU OR HAVE ANY JUDGEMENTS BEEN ENTERED AGAINST YOU? **IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:**
NAME OF PLAINTIFF: _____
COURT LOCATIONS (COUNTY AND STATE): _____
CASE NUMBER: _____
STATUS OF CASE (PENDING OR JUDGEMENT): _____

4. HAVE YOU FILED ANY LAWSUITS AGAINST ANYONE OR ARE YOU EXPECTING TO RECEIVE ANY SETTLEMENT FOR ANY CLAIMS (INSURANCE CLAIMS, CAR WRECKS, ETC...) **IF YES PLEASE EXPLAIN:** _____

5. HAVE YOU CLOSED ANY BANKFINANCIAL ACCOUNTS WITHIN THE LAST YEAR? **IF YES, PLEASE PROVIDE THE FOLLOWING:**
NAME OF FINANCIAL INSTITUTION: _____
TYPE OF ACCOUNT: CHECKING _____ **SAVINGS** _____
MONTH & YEAR CLOSED: _____
AMOUNT IN ACCOUNT AT TIME OF CLOSING: _____

6. HAVE YOU MADE ANY PAYMENTS OVER \$600.00 IN THE PAST 90 DAYS TO ANY ONE CREDITOR? (THIS EXCLUDE HOUSE NOTES OR CAR NOTES) **IF YES PLEASE PROVIDE THE FOLLOWING:**

CREDITOR'S ADDRESS: _____

AMOUNT PAID: _____

EXPLANATION OF PAYMENT: _____

DATE OF PAYEMENT: _____

7. DO YOU HAVE IN YOUR POSSESSION PROPERTY OWNED BY ANOTHER PERSON THAT YOU ARE HOLDING OR USING? **IF YES PLEASE PROVIDE THE FOLLOWING:**

DESCRIPTION OF PROPERTY: _____

NAME OF PERSON WHO OWNS SAID PROPERTY: _____

ADDRESS OF PERSON WHO OWNS SAID PROPERTY: _____

8. DO YOU HAVE AN UNEXPIRED LEASE WITH ANYONE? (AUTOMOBILE LEASE, APARTMENT LEASE, ETC...) **IF YES, PLEASE LIST WITH WHOM THE LEASE IS CONTRACTED THRU AND THE LENGTH OF LEASE. IF AUTOMOBILE LEASE, PLEASE LIST MAKE AND MODEL OF VEHICLE AND VALUE OF VEHICLE, ALSO LIST CREDITOR'S ADDRESS.**

9. HAVE YOU USED ANY CREDIT CARD TO OBTAIN CASH IN THE PAST 90 DAYS? _____

10. HAVE YOU USED ANY CONVINIENCE CHESKS FROM CREDIT CARDS IN THE PAST 90 DAYS? _____

11. HAVE YOU DONE ANY BALANCE TRANSFER FROM ONE CREDIT CARD TO ANOTHER CREDIT CARD IN THE LAST YEAR?

12. DO YOU STAND TO INHERIT ANY PROPERTY WITHIN THE NEXT – SIX MONTHS? _____

AUTHORIZATION

I, _____, do hereby authorize the law office of William J. Casey, II to pull my credit reports.

Debtor's Name

date