

Client Questionnaire
Section 1 - Basic Information

Part A. Name and Address

Name: _____

Have you used any other names in the past eight years? No Yes

If yes, please list other names used:

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: _____

Email: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Expiration Date: _____ State: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Have you lived at this address for at least 180 days? No Yes

Have you lived at this address for at least 730 days (2 years)? No Yes

If you answered no to either of the questions above, please list your previous address:

Address: _____

City: _____ State: _____ Zip: _____ County: _____

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: _____

Has your spouse used any other names in the past eight years? No Yes

If yes, please list other names used:

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: _____

Email: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Expiration Date: _____ State: _____

Date of Birth: _____

Address: *(enter only if different address)* _____

City: _____ State: _____ Zip: _____ County: _____

If your spouse has a different mailing address, please list:

Mailing Address: *(enter only if different address)* _____

City: _____ State: _____ Zip: _____ County: _____

Part C. Prior and/or Pending Bankruptcy Cases

Have you filed a bankruptcy case in the last 8 years? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____

Date Filed: _____

Are there currently any bankruptcy cases pending involving you, your business, your spouse, or your spouse's business?

No Yes

If yes, name of debtor: _____

Relationship to you: _____

Case Number: _____

Date Filed: _____

District (If known): _____

Judge (If known): _____

Part D. Exhibit "C" to the Voluntary Petition (Hazards to Public Health\Safety)

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? No Yes

If yes, please list and describe the property:

Part E. Debtors who reside as Tenants of Residential Property

If you rent your place of residence, does a landlord hold a judgment against you? No Yes

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. For property acquired for personal or family use, the value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

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

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
5. Books, pictures, art objects, records, compact discs, collectibles	<input type="checkbox"/> No <input type="checkbox"/> Yes				
6. Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes				
7. Furs and jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes				
8. Sports, photographic, hobby equipment, firearms	<input type="checkbox"/> No <input type="checkbox"/> Yes				
9. Interest in insurance policies-specify refund or cancellation value	<input type="checkbox"/> No <input type="checkbox"/> Yes				
10. Annuities	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)	<input type="checkbox"/> No <input type="checkbox"/> Yes				
12. Interests in pension or profit sharing plans	<input type="checkbox"/> No <input type="checkbox"/> Yes				
13. Stock and interests in incorporated/unincorporated business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
14. Interests in partnerships/joint ventures	<input type="checkbox"/> No <input type="checkbox"/> Yes				
15. Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
16. Accounts receivable	<input type="checkbox"/> No <input type="checkbox"/> Yes				
17. Alimony/family support to which you are entitled	<input type="checkbox"/> No <input type="checkbox"/> Yes				
18. Other liquidated debts owed to you, including tax refunds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
19. Equitable or future interests or life estates	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
20. Interests in estate of decedent or life insurance plan or trust	<input type="checkbox"/> No <input type="checkbox"/> Yes				
21. Other contingent/unliquidated claims, including tax refunds, counterclaims	<input type="checkbox"/> No <input type="checkbox"/> Yes				
22. Patents, copyrights, other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes				
23. Licenses, franchises	<input type="checkbox"/> No <input type="checkbox"/> Yes				
24. Customer List or other compilation	<input type="checkbox"/> No <input type="checkbox"/> Yes				
25. Automobiles, trucks, trailers, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
26. Boats, motors, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
27. Aircraft and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
28. Office equipment, supplies	<input type="checkbox"/> No <input type="checkbox"/> Yes				
29. Machinery, fixtures etc. for business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
30. Inventory	<input type="checkbox"/> No <input type="checkbox"/> Yes				
31. Animals	<input type="checkbox"/> No <input type="checkbox"/> Yes				
32. Crops: growing or harvested	<input type="checkbox"/> No <input type="checkbox"/> Yes				
33. Farming equipment and implements	<input type="checkbox"/> No <input type="checkbox"/> Yes				
34. Farm supplies, chemicals, feed	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
35. Other personal property of any kind not listed.	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Section 3 - Debts

Part A. Debts Secured by Property

Please list below all debts that you owe OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or Mortgage	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Home loan and/or Mortgage	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or Mortgage	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Home loan and/or Mortgage	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Car loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Car loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Car loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Property loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Other Property loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Property loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Other Property loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Property loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Part B. Credit Card Debts

Please list below all credit card debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor information:	Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Department Store credit card debts	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Department Store credit card debts	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Other credit card debts (Gas cards, phone cards, etc.)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other credit card debts (Gas cards, phone cards, etc.)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Other credit card debts (Gas cards, phone cards, etc.)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other credit card debts (Gas cards, phone cards, etc.)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Cash Advances	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Cash Advances	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Part C. Medical Debts

Please list below all unpaid medical bill debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Unpaid Medical Bills	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid Medical Bills	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Unpaid Medical Bills	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid Medical Bills	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Part D. Tax Debts

Please list below all unpaid tax debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Unpaid taxes	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid taxes	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Unpaid taxes	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid taxes	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	