Honolulu, Hawaii 96813-5010

(808) 593-2199

CLIENT INFORMATION WORKSHEETS

	DEBTOR	JOINT DEBTOR
FULL NAME:		
STREET ADDRESS:		
MAILING ADDRESS:		
COUNTY:		
HOME PHONE:		
WORK PHONE:		
FAX (if available)		
SOC. SEC. NO.:		
OTHER TAX IDS:		
What other personal or busi	iness names have you used in the last six (6) years?	
PRIOR BANKRUPTCIES: you filed on the lines follow	: If you have previously filed a bankruptcy petition, pleawing.	ase list the case number, date, and the location where
	ES: If any immediate family member or business partner lation to you, date and location where filed, and the ban	

Your Property Provide detailed description What is it? Where is it?	Who Owns It? H - Husband W - Wife J - Joint C - Community	Market Value of Property	Your Ownership Share (%, \$)	Value of Liens (claims against property)	Amount of Equity	Exempt? If so, put exemption amount; if not write "No".
Real Property is land and things p duplexes, rental property, business buildings permanently attached to have any legal, equitable, or future by you. (All leases and time shares	property, mobile ho land. It also include interest. If you are i	ome park spaces, ag s property you are on in a community pro	ricultural land, air entitled to by a tru operty state, your s	plane hangars, and st and all property	d any other in which you	is,
REAL ESTATE (Schedule A) (Attach Legal Desc. and Location)						
PERSONAL PROPERTY (Schedule B) 1. Cash on hand (indicate source)						
Deposits of money (indicate source)						
3. Security deposits						

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4. Household goods, supplies and furnishings						
5. Books, pictures, art objects; stamp, coin, and other collections						
6. Wearing apparel						
7. Jewelry						
8. Firearms, sports equipment and other hobby equipment						
9. Interests in insurance policies						

Your Property Provide detailed description What is it? Where is it?	Who Owns It? H - Husband W - Wife J - Joint C - Community	Market Value of Property	Your Ownership Share (%, \$)	Value of Liens (claims against property)	Amount of Equity	Exempt? If so, put exemption amount; if not write "No".
10. Annuities						
11. Pension or profit-sharing plans						
12. Stock and interests in incorporated and unincorporated companies						
13. Interests in Partnerships						
14. Government and corporate bonds and other negotiable and non-negotiable instruments						
15. Accounts receivable						
16. Family support (to which you are or may be entitled)						

Your Property Provide detailed description What is it? Where is it?	Who Owns It? H - Husband W - Wife J - Joint C - Community	Market Value of Property	Your Ownership Share (%, \$)	Value of Liens (claims against property)	Amount of Equity	Exempt? If so, put exemption amount; if not write "No".
17. Other liquidated debts owing debtor, including tax refunds						
18. Equitable and future interests, life estates and rights or powers						
19. Interest in an estate of a debtor, including tax refunds						
20. Other contingent and unliquidated claims						
21. Patents, copyrights and other intellectual property						
22. Licenses, franchises and other general intangibles						
23. Automobiles, trucks, trailers and other vehicles						
24. Boats, motors, and accessories						

Your Property Provide detailed description What is it? Where is it?	Who Owns It? H - Husband W - Wife J - Joint C - Community	Market Value of Property	Your Ownership Share (%, \$)	Value of Liens (claims against property)	Amount of Equity	Exempt? If so, put exemption amount; if not write "No".
25. Aircraft and accessories						
26. Office equipment furnishings and supplies						
27. Machinery, fixtures, equipment and supplies						
28. Inventory						
29. Livestock, poultry and other animals						
30. Crops						
31. Farming equipment and implements						
32. Farm supplies, chemicals and feed						
33. Other personal property						

WORKSHEET: YOUR DEBTS - Secured and Priority

Creditors' Name and Address	Account No. and Date Incurred	Describe Debt	Who is Liable For Debt? H - Husband W - Wife J - Joint	Balance Owed	Is Anyone Else Liable? Name and Address
Secured debts are car loans, home pledged as security. All other type	loans, home equity is of debt are unsecur	loans, second mort	gages, or any othe	r loans where prop	perty is
Mortgage(s) on Principal Res.					
Automobile Loans					
List Other Secured Debts Below:					
1.,					
List priority claims below: FEDERAL TAXES	Desc. Tax Due				
STATE TAXES	Desc. Tax Due				

WORKSHEET: YOUR DEBTS - Unsecured

Creditors' Name and Address	Account No. and Date Incurred	Describe Debt	Who is Liable For Debt? H - Husband W - Wife J - Joint	Balance Owed	Is Anyone Else Liable? Name and Address
Secured debts are car loans, home pledged as security. All other type	e loans, home equity es of debt are unsecu	loans, second mort	gages, or any othe	r loans where prop	perty is
List all Unsecured Debts Below:					

CLIENT WORKSHEET

	a party to any leases or contracts? If yes, list the parties i ey should be listed on the Schedules above.	nvolved and their addresses. If
you owe money on these contracts, the	should be listed on the senedates above.	
	DEBTOR	JOINT DEBTOR
MARITAL STATUS:		
AGE:		
OCCUPATION:		
LENGTH OF EMP.:		
EMPLOYER NAME:		
EMPLOYER ADDRESS:		
	DEPENDENTS	
NAME:		
AGE:		
RELATIONSHIP:		
NAME:		
AGE:		
RELATIONSHIP:		

WORKSHEET: YOUR INCOME

	DEBTOR	JOINT DEBTOR
Current monthly gross wages, salary, commissions (Pro-rate if not paid monthly)		
Estimated monthly overtime		
Payroll Taxes and Social Security Deducted		
Insurance Deducted		
Union dues Deducted		
Other payroll deductions- specify		
Regular monthly income form business, profession, or farm (Attach a detail statement)		
Monthly income from real property		
Monthly interest and dividends		
Alimony, maintenance, or support payments (amount received monthly for debtor's or debtor's dependents' use)		
Social Security or government assistance		
Pension or retirement		
Other monthly income		
Describe any increase or decrease of more than 10% in any previous category anticipated to occur in the year following this filing.		

WORKSHEET: YOUR EXPENSES

	DEBTOR(S)
Rent or home mortgage payment Does this include real estate taxes? Does this include property insurance?	
Electricity and heating fuel (average monthly)	
Water and sewer (average monthly)	
Telephone (average monthly)	
Other utilities (average monthly)	
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, etc.	
Charitable contributions	
Homeowner's or renter's insurance	
Life insurance	
Health insurance	
Auto insurance	

WORKSHEET: YOUR EXPENSES

	DEBTOR(S)
Other insurance - specify	
Taxes not deducted from wages or in home mortgage payments	
Installment auto payments	
Other installment payments not included in Chapter 13 Plan	
Alimony, maintenance, and support paid to others	
Payments for dependents not living at your home	
Operation expenses of business, profession, or farm	
Other expenses	

Form 7: Statement of Financial Affairs

	Sources (name and address)		,	Amount	Fiscal Period			
	200000 (00000 000000)							
Income Enter so	other than from employment or operation of ources of any other income during the past tw	business. to years. Specify the a	nmount of i	ncome and the fiscal	l year.			
	Sources (name and address)		Amount		Fiscal Period			
List pay	List payments made to creditors during the last 90 days.							
	Creditors (name and address)	Dates Payme	of nts	Amount Paid	Amount Still Owing			
List payments made to insider creditors during the last year.								
	Creditors (name and address)	Dates Payme	of nts	Amount Paid	Amount Still Owing			
1								

If yes, list the following on back of this sheet: caption of suit, case number, nature of proceeding, court and location, status/disposition.

List any property garnished, a	erty garnished, attached or seized during the last year by a creditor.					
Creditor (name and add		Date of seizure		Description and value of property		
List any repossessions, foreclosures and voluntary returns during the last year.						
Creditor (name and add	Creditor (name and address)		n	Description and value of property		
Describe any assignment of pr				lays. ms of assignment or settlement.		
List all property which has be	en in the nands of a	a custodian, receiver, or co	ourt-appointed	official during the past year.		
On the back of this sheet list t		ss of custodian, name and	l location of cou	rt, case title and number, date of		
On the back of this sheet list to order, description and value o	of property. tributions made dur	ring the last year except or		rt, case title and number, date of al gifts to family members totaling		
On the back of this sheet list to order, description and value of List all gifts or charitable control of the c	f property. tributions made duraber and \$100 per	ring the last year except or				
On the back of this sheet list to order, description and value of List all gifts or charitable controllers than \$200 per family men	f property. tributions made duraber and \$100 per	ring the last year except or charitable recipient. Relationship	rdinary and usu Date	al gifts to family members totaling Description and		
On the back of this sheet list to order, description and value of List all gifts or charitable controllers than \$200 per family men	f property. tributions made duraber and \$100 per	ring the last year except or charitable recipient. Relationship	rdinary and usu Date	al gifts to family members totaling Description and		
On the back of this sheet list to order, description and value of List all gifts or charitable controllers than \$200 per family men	f property. tributions made dunber and \$100 per o	ring the last year except or charitable recipient. Relationship (if any)	rdinary and usu Date of gift	al gifts to family members totaling Description and		
On the back of this sheet list to order, description and value of List all gifts or charitable contained than \$200 per family mentained (name and address). List all losses from fire, theft,	f property. tributions made dunber and \$100 per of the casualty or go the description and	ring the last year except or charitable recipient. Relationship (if any) ambling during the past year.	rdinary and usu Date of gift ear.	al gifts to family members totaling Description and		
On the back of this sheet list to order, description and value of List all gifts or charitable containess than \$200 per family mentained and address than \$200 per family mentained and address than a second and a second	other casualty or ghe description and loss.	ring the last year except or charitable recipient. Relationship (if any) ambling during the past y value of property, circum	Date of gift rear. stance of loss, i	Description and value of gift f loss was covered by insurance		
On the back of this sheet list to order, description and value of List all gifts or charitable controlless than \$200 per family mental Recipient (name and address). List all losses from fire, theft, On the back of this sheet list to (give particulars) and date of list all payments made or proconsultation concerning debt of the sheet list to the sheet list to the sheet list all payments made or proconsultation concerning debt of the sheet list to order the sheet list to the s	other casualty or ghe description and loss. perty transferred by consolidation, relie	ring the last year except or charitable recipient. Relationship (if any) ambling during the past y value of property, circum	Date of gift Tear. Tearstance of loss, in the control of the con	Description and value of gift f loss was covered by insurance s, including attorneys, for		
On the back of this sheet list to order, description and value of List all gifts or charitable controlless than \$200 per family mental Recipient (name and address). List all losses from fire, theft, On the back of this sheet list to (give particulars) and date of list all payments made or proconsultation concerning debt of the past year.	other casualty or ghe description and loss. perty transferred by consolidation, relie	ring the last year except or charitable recipient. Relationship (if any) ambling during the past you value of property, circum yor on behalf of the debter under the bankruptcy later than the part of Payme	Date of gift Tear. Tearstance of loss, in the control of the con	Description and value of gift f loss was covered by insurance s, including attorneys, for a petition in bankruptcy during Amount Paid or		
On the back of this sheet list to order, description and value of List all gifts or charitable containess than \$200 per family mentages. Recipient (name and address) List all losses from fire, theft, On the back of this sheet list to (give particulars) and date of 10 List all payments made or proconsultation concerning debt of the past year.	other casualty or ghe description and loss. perty transferred by consolidation, relie	ring the last year except or charitable recipient. Relationship (if any) ambling during the past you value of property, circum yor on behalf of the debter under the bankruptcy later than the part of Payme	Date of gift Tear. Tearstance of loss, in the control of the con	Description and value of gift f loss was covered by insurance s, including attorneys, for a petition in bankruptcy during Amount Paid or		

		List all other property, other than property transferred in the ordinary course of the business or final debtor, transferred either absolutely or as security during the past year to creditor or family member						
	Transferee & relationship (name and address)		Date		Describe propo and value	erty transferred, e received		
	List all financial accounts and instruments held by or for the benefit of the debtor which were closed, sold or otherwise transferred in the past year. Include checking, savings, or other financial accounts, CDs, shares and share accounts held in banks, credit unions, pension funds, brokerage houses, etc.							
	Institution (name and address)		Acct type & number Amt of Final Balance		Amount & date of sale or closing			
	List each safe deposit or other box or depository in which you have had valuables within the past year.							
	Institution (name and address)		Who has access? (names and address)		Description of contents Date of transcription of surren			
	List all setoffs (money taken from an account to repay a loan at the same bank as where your money has been deposited) made by any creditor, including a bank, against a debt of the debtor within the past 90 days.							
	Creditor (name and address)		Date of setoff		Amount of setoff			
	List all property OWNED by another person that the debtor (you or you and your spouse) holds or controls.							
	Owner (name and address)		Description & value of property		Location of property			

15. If you have moved within the last TWO years, list all premises occupied and vacated during that period.

Address	Name used	Dates of occupancy