

DATE: _____

MACHI & ASSOCIATES, P.C.

1521 N. Cooper, Suite 550
Arlington, Texas 76011

990 N. Walnut Creek, Suite 2016
Mansfield, Texas 76063

Local 817-335-8880 – Metro 972-445-5387
Toll Free 866-DEBTDRS (866-332-8377)
www.DEBTDRS.com

INITIAL INTERVIEW QUESTIONNAIRE (BANKRUPTCY)

Please print all of your answers completely and legibly.

Please answer each question fully. If it does not apply to you or the answer is none, please write N/A in the space provided.

HOW DID YOU HEAR ABOUT US? (Please circle one): Television – Radio – Web Site – AT&T Directory – Verizon (idearc) Directory – Yellow Book Directory – Mailer –

Referred by: _____

Other: _____

Briefly explain you financial circumstances? _____

MARITAL STATUS: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

If you are married, you must complete information for both you and your spouse, even if only one is seeking our services.

DEBTOR 1 INFORMATION:

LAST NAME: _____

FIRST NAME: _____

MIDDLE: _____

PHONE: _____

CELL: _____

WORK: _____

DEBTOR 2 (SPOUSE) INFORMATION:

LAST NAME: _____

FIRST NAME: _____

MIDDLE: _____

PHONE: _____

CELL: _____

WORK: _____

PHYSICAL ADDRESS: _____

CITY: _____

STATE: _____

ZIPCODE: _____

COUNTY: _____

PHYSICAL ADDRESS: _____

CITY: _____

STATE: _____

ZIPCODE: _____

COUNTY: _____

If you have a present mailing address that is different from your present physical address please write it below:

DEBTOR 1

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIPCODE: _____

DEBTOR 2 (SPOUSE):

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIPCODE: _____

EMAIL: _____

DL #: _____ State _____

SS# _____

DOB: ____ / ____ / ____

EMAIL: _____

DL #: _____ State _____

SS# _____

DOB: ____ / ____ / ____

Other Names Used in Last 6 Years _____

Other Names Used in Last 6 Years _____

HAVE EITHER OF YOU FILED BANKRUPTCY BEFORE? YES / NO
IF YES, state who, when and where: _____

DEPENDENTS and/or CHILDREN INFORMATION:

NAME	AGE	SCHOOL GRADE	LIVE AT HOME? Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State all other members of your household:

Please provide Names & Phone Numbers of two (2) friends and/or family members that can be contacted in case of an EMERGENCY.

NAME: _____ PHONE #: (_____)
NAME: _____ PHONE #: (_____)

ARE EITHER OF YOU SELF EMPLOYED? YES / NO
If yes, state the name, address and type of business:

EMPLOYER INFORMATION:

DEBTOR 1:
OCCUPATION: _____
EMPLOYER NAME: _____
ADDRESS: _____
CITY/STATE _____
ZIP CODE _____
LENGTH OF EMPLOYMENT _____

DEBTOR 2 (SPOUSE):
OCCUPATION: _____
EMPLOYER NAME: _____
ADDRESS: _____
CITY/STATE _____
ZIP CODE _____
LENGTH OF EMPLOYMENT _____

If more than one present employer, please provide the same information about other employers as above for each Debtor:

ANTICIPATED CHANGES IN INCOME IN NEXT 12 MONTHS:

Are you behind on mortgage payments? YES / NO If so, how much? \$ _____

Do either of you have any interest in any real property besides your residence? YES / NO

Are any of your mortgages Adjustable Rate Mortgage? YES / NO

Are any of your properties facing foreclosure? YES / NO If so, when? _____

Are you behind on vehicle payments? YES / NO If so, how much? \$ _____

Do either of you have any title loans on any of your vehicles? YES / NO

Are you behind on property taxes? YES / NO If so, how much? \$ _____

Are either of you required to pay child/spousal support? YES / NO

If yes, are you behind? YES / NO If so, how much? \$ _____

Any bad checks still circulating for either of you? YES / NO If so, how much? \$ _____

Are either of your wages being garnished? YES / NO

If yes, who? _____ How much? \$ _____

Has anyone co-signed on a debt for either of you? YES / NO

Have either of you co-signed on a debt for anyone? YES / NO

Do either of you have any Judgments against you? YES / NO

Are either of you presently named and/or involved in any type of lawsuit? YES / NO

Are all years of IRS and State taxes filed for both of you? YES / NO

If no, which years are not filed and for whom (IRS / State)? _____

Do either of you owe any IRS or State taxes? YES / NO

If yes, who? _____ How much? \$ _____

Do either of you have over \$500.00 in a savings account or CD? YES / NO

If yes, who? _____ How much? \$ _____

Have either of you received any cash advances, payday loans, credit for luxury items or signature loans of \$550.00 or more within the past ninety (90) days? YES / NO

Do either of you have a 401K loan? YES / NO If so, when will it be paid off? _____

Do either of you regularly contribute to any charitable organizations? YES / NO

If yes, please provide documentation showing your contributions.

Do either of you expect to receive an inheritance or windfall within six (6) months of the filing date of your case? YES / NO If yes, please explain: _____

Besides a Drivers' License, please state any and all other types of Licenses either of you possess: _____

"LAST QUESTION"

When you visit our office what do you wish to achieve for yourself and family?

Notes:

BUDGET QUESTIONS

Gross wages **PER PAY CHECK** (please select only one pay period per Debtor)

DEBTOR 1:

- _____ Weekly
- _____ Every Two Weeks
- _____ Twice Monthly
- _____ Monthly
- _____ Other (Explain)

DEBTOR 2 (SPOUSE):

- _____ Weekly
- _____ Every Two Weeks
- _____ Twice Monthly
- _____ Monthly
- _____ Other (Explain)

PAY CHECK INCOME:

How much are you paid per
Pay check? (BEFORE TAXES)
Amount of overtime per
Pay period, if any?

DEBTOR 1:

\$ _____
\$ _____

DEBTOR 2 (SPOUSE):

\$ _____
\$ _____

Deductions per pay period

Federal, Medicare, SS *
Mandatory Retirement *
Voluntary Retirement
Required repayments retirement loans
Insurance
Domestic Support obligations
Union Dues
Other Deductions (Explain)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

\$ _____
\$ _____

\$ _____
\$ _____

Total Monthly Income

\$ _____

\$ _____

OTHER INCOME PER MONTH:

If self-employed, regular income after expenses:

(Please provide Profit / Loss Statements)

Income from real property:
Interest and dividends:
Alimony & Child Support:
Unemployment
Social Security / Disability:
Pension / Retirement:
Other income: (Explain)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

\$ _____
\$ _____

\$ _____
\$ _____

TOTAL MONTHLY NET INCOME:

\$ _____

\$ _____

Any anticipated changes in income?

YES / NO

If YES, please explain: _____

MONTHLY EXPENSES: Please answer these as completely as you can using averages

Rent/Mortgage: *	\$ _____
Are your property taxes included? If not, state amount *	\$ _____
Is property insurance included? If not, state amount *	\$ _____
Home Maintenance Repair and Upkeep.....	\$ _____
Homeowner's Association or condo dues	\$ _____
Additional mortgage payments – 2 nd lien/equity loan	\$ _____
Electricity and gas	\$ _____
Water and sewer	\$ _____
Telephones & Cell Phones, internet, satellite and cable.....	\$ _____
Security System *.....	\$ _____
Other Utilities (Explain) _____	\$ _____
Food and housekeeping supplies.....	\$ _____
Childcare and children's education costs	\$ _____
Clothing, laundry and dry cleaning	\$ _____
Personal care products and services	\$ _____
Medical/Dental services	\$ _____
Transportation (Gas, Repairs, etc.).....	\$ _____
Entertainment/Magazines	\$ _____
Charitable Contributions *.....	\$ _____
Insurance:	
Life Insurance *.....	\$ _____
Health Insurance *	\$ _____
Auto Insurance	\$ _____
Other Insurance (Explain) _____	\$ _____
Taxes:	
Do not include taxes deducted from pay:	
Specify:	\$ _____
Installment Payments:	
Automobile *	\$ _____
Automobile *	\$ _____
Other (Explain).....	\$ _____
Other (Explain).....	\$ _____
Other (Explain).....	\$ _____
Payments of child support, maintenance not deducted From paycheck:	
Specify:	\$ _____
Other payments you make to support others that Do not live with you:	
Specify:	\$ _____
Other real property expenses not included above:	
Mortgages on other property	\$ _____
Real estate taxes	\$ _____
Property, homeowner's or renter's insurance	\$ _____
Maintenance, repairs	\$ _____
Homeowner's association or condo dues	\$ _____
Other Expenses _____	\$ _____
Other Expenses _____	\$ _____
Other Expenses _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____
Any anticipated changes in expenses? YES / NO	
If YES, please explain: _____	

BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.

IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.

SECURED CREDITOR INFORMATION

Mortgages, Car Lenders, Property Taxes, Furniture, Appliances, Mechanic's Liens or any other lender to whom collateral is pledged as security on the loan.

NAME (Mortgage): _____ Date Incurred: _____
ADDRESS: _____ Pay-off: \$ _____
CITY: _____ Value: \$ _____
STATE: _____ ZIP: _____ Monthly Payment: \$ _____
EMAIL ADDRESS: _____
ACCOUNT #: _____
Collateral Description: _____ Next due date: _____
Are you behind: YES / NO If Yes, how much: \$ _____ * & # of months behind: _____
Are you facing FORECLOSURE? YES / NO If YES, what is the sale date? _____
Intention: KEEP / SURRENDER Creditor Phone #: (____) _____ - _____

CO-SIGNER: _____ **COLLECTION AGENT:** _____
NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

NAME (Mortgage): _____ Date Incurred: _____
ADDRESS: _____ Pay-off: \$ _____
CITY: _____ Value: \$ _____
STATE: _____ ZIP: _____ Monthly Payment: \$ _____
ACCOUNT #: _____
Collateral Description: _____ Next due date: _____
Are you behind: YES / NO If Yes, how much: \$ _____ * & # of months behind: _____
Are you facing FORECLOSURE? YES / NO If YES, what is the sale date? _____
Intention: KEEP / SURRENDER Creditor Phone #: (____) _____ - _____

CO-SIGNER: _____ **COLLECTION AGENT:** _____
NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

NAME (Auto): _____ Date Incurred: _____
ADDRESS: _____ Pay-off: \$ _____
CITY: _____ Value: \$ _____
STATE: _____ ZIP: _____ Monthly Payment: \$ _____
ACCOUNT #: _____
Collateral Description: _____ Next due date: _____
Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind: _____
Intention: KEEP / SURRENDER Creditor Phone #: (____) _____ - _____

CO-SIGNER: _____ **COLLECTION AGENT:** _____
NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

NAME (Auto): _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____

Date Incurred: _____
Pay-off: \$ _____
Value: \$ _____
Monthly Payment: \$ _____

Collateral Description: _____
Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind: _____
Intention: KEEP / SURRENDER Creditor Phone #: (____) _____ - _____

Next due date: _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME (Other): _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____

Date Incurred: _____
Pay-off: \$ _____
Value: \$ _____
Monthly Payment: \$ _____

Collateral Description: _____
Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind: _____
Intention: KEEP / SURRENDER Creditor Phone #: (____) _____ - _____

Next due date: _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME (Other): _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____

Date Incurred: _____
Pay-off: \$ _____
Value: \$ _____
Monthly Payment: \$ _____

Collateral Description: _____
Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind: _____
Intention: KEEP / SURRENDER Creditor Phone #: (____) _____ - _____

Next due date: _____

Nature of lien:

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

CO-DEBTORS:

Within the last 8 years, have you lived in a community property state or territory?
(Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington
and Wisconsin)

In which community property state did you live? _____

Name and current address of the Co-Debtor:

Name: _____

Address: _____

PRIORITY CREDITOR INFORMATION

IRS Taxes, State Taxes, Business Taxes; Child Support or Spousal Support (Domestic Support Obligations - DSO)*. You must list DSO even if you are current on all payments.

NAME: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Monthly Payment: \$ _____
STATE: _____ ZIP: _____ Next due date: _____
ACCOUNT #: _____
Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind: _____
Creditor Phone #: (_____) _____ - _____
Nature of lien: _____

CO-DEBTOR: *If DSO*, list who is entitled to the support:*
NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

NAME: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Monthly Payment: \$ _____
STATE: _____ ZIP: _____ Next due date: _____
ACCOUNT #: _____
Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind: _____
Creditor Phone #: (_____) _____ - _____
Nature of lien: _____

CO-DEBTOR: *If DSO*, list who is entitled to the support:*
NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

NAME: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Monthly Payment: \$ _____
STATE: _____ ZIP: _____ Next due date: _____
ACCOUNT #: _____
Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind: _____
Creditor Phone #: (_____) _____ - _____
Nature of lien: _____

CO-DEBTOR: *If DSO*, list who is entitled to the support:*
NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

UNSECURED CREDITOR INFORMATION

Credit Cards, Payday Loans, Medical Bills, Signature Loans, Mail Orders, Student Loans, Services Provided, Bad Checks, Gas Cards or any other debt that you owe that is not already listed above (even if you believe the debt has been charged off).

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

WHO INCURRED THE DEBT?

- Debtor 1 only:
- Debtor 2 only:
- Both Debtors:
- At least one of the debtors and another:
Name: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Is the claim?

Contingent: Yes / No

Unliquidated: Yes / No

Disputed: Yes / No

Is claim subject to offset? Yes / No

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

WHO INCURRED THE DEBT?

- Debtor 1 only:
- Debtor 2 only:
- Both Debtors:
- At least one of the debtors and another:
Name: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Is the claim?

Contingent: Yes / No

Unliquidated: Yes / No

Disputed: Yes / No

Is claim subject to offset? Yes / No

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

WHO INCURRED THE DEBT?

- Debtor 1 only:
- Debtor 2 only:
- Both Debtors:
- At least one of the debtors and another:
Name: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Is the claim?

Contingent: Yes / No

Unliquidated: Yes / No

Disputed: Yes / No

Is claim subject to offset? Yes / No

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

WHO INCURRED THE DEBT?

- Debtor 1 only:
- Debtor 2 only:
- Both Debtors:
- At least one of the debtors and another:
Name: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Is the claim?

Contingent: Yes / No

Unliquidated: Yes / No

Disputed: Yes / No

Is claim subject to offset? Yes / No

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

WHO INCURRED THE DEBT?

- Debtor 1 only:
- Debtor 2 only:
- Both Debtors:
- At least one of the debtors and another:
Name: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Is the claim?

Contingent: Yes / No

Unliquidated: Yes / No

Disputed: Yes / No

Is claim subject to offset? Yes / No

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

WHO INCURRED THE DEBT?

- Debtor 1 only:
- Debtor 2 only:
- Both Debtors:
- At least one of the debtors and another:
Name: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Is the claim?

Contingent: Yes / No

Unliquidated: Yes / No

Disputed: Yes / No

Is claim subject to offset? Yes / No

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

WHO INCURRED THE DEBT?

- Debtor 1 only:
- Debtor 2 only:
- Both Debtors:
- At least one of the debtors and another:
Name: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Is the claim?

Contingent: Yes / No

Unliquidated: Yes / No

Disputed: Yes / No

Is claim subject to offset? Yes / No

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

WHO INCURRED THE DEBT?

- Debtor 1 only:
- Debtor 2 only:
- Both Debtors:
- At least one of the debtors and another:
Name: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Is the claim?

Contingent: Yes / No

Unliquidated: Yes / No

Disputed: Yes / No

Is claim subject to offset? Yes / No

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

WHO INCURRED THE DEBT?

- Debtor 1 only:
- Debtor 2 only:
- Both Debtors:
- At least one of the debtors and another:
Name: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Is the claim?

Contingent: Yes / No

Unliquidated: Yes / No

Disputed: Yes / No

Is claim subject to offset? Yes / No

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

WHO INCURRED THE DEBT?

- Debtor 1 only:
- Debtor 2 only:
- Both Debtors:
- At least one of the debtors and another:
Name: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Is the claim?

Contingent: Yes / No

Unliquidated: Yes / No

Disputed: Yes / No

Is claim subject to offset? Yes / No

**If more space is needed due to additional UNSECURED CREDITORS,
please write on back.**

DO YOU HAVE ANY OTHER DEBTS NOT LISTED ABOVE? YES / NO
If so, state name, amount owed and past due amount: _____

If so, why are they not listed above: _____

EXECUTORY CONTRACTS & LEASES

Residential Leases, Vehicle Leases, Cell Phone Contracts, Gym Memberships, Country Club Memberships, Service Contracts, Contracts for Deed, Rent to Own or any other contract that if broken you will be charged penalties.

1. Do you have any executory contracts or unexpired leases? If so complete:

NAME: _____	Date Began: _____
ADDRESS: _____	Date Ending: _____
CITY: _____	Type of Contract: _____
STATE: _____ ZIP: _____	_____
ACCOUNT #: _____	
Creditor Phone #: (____) _____ - _____	Monthly Payment: _____
Are you in default? YES / NO If Yes, how much: \$_____ & # of months behind: _____	
What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)	

NAME: _____	Date Began: _____
ADDRESS: _____	Date Ending: _____
CITY: _____	Type of Contract: _____
STATE: _____ ZIP: _____	_____
ACCOUNT #: _____	
Creditor Phone #: (____) _____ - _____	Monthly Payment: _____
Are you in default? YES / NO If Yes, how much: \$_____ & # of months behind: _____	
What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)	

NAME: _____	Date Began: _____
ADDRESS: _____	Date Ending: _____
CITY: _____	Type of Contract: _____
STATE: _____ ZIP: _____	_____
ACCOUNT #: _____	
Creditor Phone #: (____) _____ - _____	Monthly Payment: _____
Are you in default? YES / NO If Yes, how much: \$_____ & # of months behind: _____	
What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)	

If more space is needed due to additional EXECUTORY CONTRACTS & LEASES, please write on back.