

GENERAL INFORMATION

Please fill out ALL the information requested in these forms. If a question or section does NOT apply to you, write "N / A" in the space. (N / A means "not applicable.") The more information you provide in these forms, the faster your bankruptcy petition can be prepared. There will be a delay if we need to verify or obtain more information concerning a specific asset, debt or creditor; so please provide as much detail as you can and fill in ALL the information requested on these forms. Thank you for taking the time to be thorough and complete, resulting in a faster turnaround.

YOUR NAME, First	Middle (spell out)	Last
Social Security Number		Date of Birth
Street Address		
City	State	Zip
County of Residence	Length of Time at This Address	
Daytime Phone	Evening Phone	Mobile Phone
Email Address		

MAILING ADDRESS - If you would like any correspondence by the bankruptcy court to be sent to a different mailing address than the physical address you provided above (i.e., PO Box, etc.), please provide that address below:

INFORMATION ABOUT YOUR SPOUSE		
SPOUSE'S NAME, First	Middle (spell out)	Last
Social Security Number		Date of Birth
Address (if living separately)		
City	State	Zip

Have you resided in the same county for at least 180 days (six (6) months)? ☐ Yes ☐ No

If not, where have you resided? _____

Are you filing this bankruptcy petition jointly with your spouse? ☐ Yes ☐ No

If "No", please select one: ☐ Unmarried ☐ Spouse Filing Separately ☐ Other Reason

Have you filed bankruptcy within the last eight (8) years? ☐ Yes ☐ No

If "Yes", provide date(s): _____

Have you met the Debt Counseling requirement for your state? (Please check one of the choices below)

- ☐ **Counseling NOT Completed**
 ☐ **Received Counseling Within the past 180 Days**
☐ **Request Waiver**
 ☐ **Does Not Apply to My District**