PILS PRO BONO BANKRUPTCY APRIL 11, 2018 Presenter: Jennifer A. Beardsley Beardsley Law Office, PLLC 406-333-1820 jennifer@beardsleylawoffice.com

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## MONTANA AND NON-BANKRUPTCY FEDERAL EXEMPTIONS

| Statute  | Limit | Claimed | # | Available |
|--|-------|---------|---|-----------|
| Annuity contracts:certain restrictions<br>Mont. Code Ann. § 33-15-514  |       | 0.00    |   |           |
| Benefits from hail insurance - 100% with exceptions<br>Mont. Code Ann. § 80-2-245  |       | 0.00    |   |           |
| Burial plot<br>Mont. Code Ann. § 25-13-608(1)(h)   |       | 0.00    |   |           |
| Cemetery association lots Mont.<br>Code Ann. § 35-20-217   |       | 0.00    |   |           |
| Crime Victims' Compensation<br>Mont. Code Ann. § 53-9-129  |       | 0.00    |   |           |
| Disability or illness benefits<br>Mont. Code Ann. § 25-13-608(1)(d)  |       | 0.00    |   |           |
| Fraternal Benefit Society benefits<br>Mont. Code Ann. § 33-7-522   |       | 0.00    |   |           |
| Group life insurance proceeds<br>Mont. Code Ann. § 33-15-512   |       | 0.00    |   |           |
| Health aids, professionally prescribed<br>Mont. Code Ann. § 25-13-608(1)(a)  |       | 0.00    |   |           |
| ** Homestead:320 acres if farm, 1 acre outside municipality, 1/4 acre<br>Mont. Code Ann. §§ 70-32-104, 25-13-615                 |       | 0.00    |   |           |
| ** Household goods and furnishings, jewelry, clothes, etc: no single item over \$600 up to \$4500 Mont. Code Ann. § 25-13-609(1) |       | 0.00    |   |           |
| Life insurance - unmatured<br>Mont. Code Ann. § 25-13-608(1)(k)  |       | 0.00    |   |           |
| Life insurance proceeds, beneficiary is not the insured<br>Mont. Code Ann. § 33-15-511   |       | 0.00    |   |           |
| Maintenance and child support<br>Mont. Code Ann. § 25-13-608(1)(g)   |       | 0.00    |   |           |
| Medical benefits, used for medical care<br>Mont. Code Ann. § 25-13-608(1)(f)   |       | 0.00    |   |           |
| ** Motor vehicle (one)<br>Mont. Code Ann. § 25-13-609(2)   |       | 0.00    |   |           |
| ** Net earnings: greater of 30 X Fed. Min wage or 75% per week, exe<br>Mont. Code Ann. § 25-13-614                               |       | 0.00    |   |           |
| Plots owned in mausoleum/columbarium<br>Mont. Code Ann. § 35-21-406  |       | 0.00    |   |           |
| Proceeds from lost, damaged, destroyed exempt property<br>Mont. Code Ann. § 25-13-610(1)   |       | 0.00    |   |           |

| Proceeds of disability insurance<br>Mont. Code Ann. § 33-15-513  | 0.00 |
|--|------|
| Property nec. for government functions: fire engines, arms, uniform<br>Mont. Code Ann. § 25-13-613                           | 0.00 |
| Public assistance<br>Mont. Code Ann. §§ 53-2-607, 25-13-608(1)(b)  | 0.00 |
| Retirement benefits - firefighters<br>Mont. Code Ann. § 19-18-612  | 0.00 |
| Retirement benefits - police<br>Mont. Code Ann. § 19-19-<br>504  | 0.00 |
| Retirement benefits - university system employees<br>Mont. Code Ann. § 19-21-212   | 0.00 |
| ** Retirement Benefits (IRAs, Roth, etc.)<br>Mont. Code Ann. § 25-13-608(1)(e)   | 0.00 |
| Retirement benefits - teachers<br>Mont. Code Ann. § 19-20-706  | 0.00 |
| Retirement benefits - judges<br>Mont. Code Ann. § 19-5-704   | 0.00 |
| Retirement benefits - Highway patrol<br>Mont. Code Ann. § 19-6-705   | 0.00 |
| Retirement benefits - sheriff<br>Mont. Code Ann. § 19-7-705  | 0.00 |
| Retirement benefits - game warden<br>Mont. Code Ann. § 19-8-805  | 0.00 |
| Retirement benefits-certain restrictions: fraternal benefits societies<br>Mont. Code Ann. §§ 31-2-106(3), 33-7-511, 33-7-522 | 0.00 |
| Retirement benefits: public employees'<br>Mont. Code Ann. § 19-2-1004  | 0.00 |
| Shares in cooperative associations<br>Mont. Code Ann. § 35-15-404  | 0.00 |
| Silicosis benefits<br>Mont. Code Ann. § 39-73-110  | 0.00 |
| ** Social security and public assistance benefits-exempt except supp<br>Mont. Code Ann. § 25-13-608(1)(b)                    | 0.00 |
| Tools of trade; professional library up<br>to \$3000 Mont. Code Ann. § 25-13-<br>609(3)                                      | 0.00 |
| Unemployment compensation<br>Mont. Code Ann. §§ 39-51-3105, 31-2-106(2)  | 0.00 |
| Veterans' benefits-exempt except support payments<br>Mont. Code Ann. § 25-13-608(1)(c)                                       | 0.00 |
| Workers' compensation<br>Mont. Code Ann. § 39-71-743   | 0.00 |

# MLSA File Your Own Bankruptcy Program Form List

# INTRODUCTION:

Filing an individual Chapter 7 Bankruptcy requires that you file many forms with the Bankruptcy Court and pay a filing fee.

Before you file, you should read the following:

- 1) Notice Required by 11 U.S.C. Section 342 (b) for Individuals Filing for Bankruptcy
- 2) <u>Understanding Bankruptcy</u>
- 3) Filing Without an Attorney
- 4) Bankruptcy Basics
- 5) Bankruptcy Tips Before You File

# Twebsites you will need:

http://www.uscourts.gov/services-forms/bankruptcy\_Official Bankruptcy Forms

http://www.mtb.uscourts.gov/ US Bankruptcy Court District of Montana

http://www.mtb.uscourts.gov/sites/mtb/files/2017%20LBF%20%28Final%2012.01.17%29.pdf Montana Local Bankruptcy Forms

# Contact information for U.S. Bankruptcy Court District of Montana

U.S. Bankruptcy Court District of Montana 400 North Main Street, 2<sup>nd</sup> Floor Butte, MT 59701

Clerk's Phone number: 406-497-1240

# FILING A CHAPTER 7 BANKRUPTCY- Form by form Tips:

To file a Chapter 7 (Individual) Bankruptcy without an attorney, the following is required:

- 1) Bankruptcy petition, Form B101 <u>Click here for the Voluntary Petition for Individuals Filing for</u> <u>Bankruptcy</u>
  - Part 5, Form B101: The law requires that you take a credit counseling class before you file for bankruptcy. In Part 5 of Form B101 you must show proof that you took a credit counseling course. You must file the certificate you receive with the Voluntary Petition.
- 2) Names and Addresses of **ALL CREDITORS** of the Debtor <u>Directions for Completing Creditor</u> <u>Mailing Matrix</u>
  - To fill out your bankruptcy forms, you will need to ask for copies of your credit reports. You will need to ask all three different credit bureaus. You may request free copies of your credit report here: <a href="http://www.annualcreditreport.com">www.annualcreditreport.com</a>
- 3) Filing Fee <u>Click Here for Filing Fee Schedule for Chapter 7 Bankruptcy</u>

If you are unable to pay the fee, Form B 103B <u>Click Here for Application to Have the Chapter 7 Filing</u> <u>Fee Waived</u>, or Form B 103A <u>Click here for the application to pay the filing fee in installments</u> is due with the petition. Your net income must be below 150% of Federal poverty level and you must not have the ability to pay the fee in order to qualify for a waiver. Unable to pay means you cannot pay fee in four monthly payments based upon your net income and expenses.

4) Statement of Social Security Numbers, Form B 121 <u>Click here for Your Statement About Your Social</u> <u>Security Numbers</u>

# Items 1-4 are filed at the courthouse and must be filed on the same day

- 5) Declaration of an Individual's Schedules, Form B 106 <u>Declaration About an Individual Debtor's</u> <u>Schedules</u> Sign and date this page. It is a good idea to go over all the schedules again before you sign, because you are signing this under penalty of perjury (that is, you can go to jail if you are lying about the information on these forms).
- 6) Summary of Schedules, Form B 106 <u>A Summary of Your Assets and Liabilities and Certain Statistical</u> <u>Information</u> This form should be filled out after you have completed your other forms and Schedules.
- 7) Schedule A/B, Form B 106A/B <u>Schedule A/B: Property (individuals)</u> This schedule tells the Court what you possess. List things you own outright, are buying, or are leasing. We often hear people say, "I have nothing" Well, if you're wearing clothes, if you have in your pocket, if you sleep on a bed of your own, you have something and you must list it. Usually, all or most of your property will be "exempt," meaning the Court will not take it away from you. However, you must list it first; only listed property can be protected by exemptions. Include the Local Bankruptcy Form 31 Supplemental Personal Property List with Schedule A/B.
- 8) Schedule C, Form B 106C <u>Schedule C: The Property You Claim as Exempt (individuals)</u> This schedule relists all of your property (from Schedule A/B) to tell the Court why your property legally cannot be taken under Montana or Federal non-bankruptcy laws. To complete this schedule, you will need the list of Montana and Federal exemption statutes included at the end of this form. (that list does not have every exemption that might apply). **It is best to have an attorney review Schedule C before you file it.**
- 9) Schedule D, Form B 106D <u>Schedule D: Creditors Who Hold Claims Secured by Property (individuals)</u> A secured debt is a debt you owe for something that could be taken away from you if you do not pay (like a house, condo, car ).
- 10) Schedule E/F, Form B 106E/F <u>Schedule E/F: Creditors Who Have Unsecured Claims (individuals)</u> <u>Unsecured priority</u> (Schedule E/F, part I) An unsecured debt is a debt for something that cannot or would not be taken back from you if you did not pay without a specific court order. Priority means that it falls under one of the categories listed on the schedule under "Types of Priority Claims." Priority does not always mean the same as "non-dischargeable."

<u>Unsecured Nonpriority</u> (Schedule E/F part 2): This schedule lists any other kinds of debt you have: credit cards, medical bills, student loans, debts on property already repossessed and sold, parking tickets, etc. If you have collection agencies pursuing you, see the next paragraph.

<u>Others to be Notified About a Debt That You Already Listed</u>. This is where you list attorneys for creditors, collection agencies collecting for creditors, and people who may reimburse current creditors (example —if you have a guaranteed student loan, list the US Department of Education as well as the loan servicer)</u>

- 11) Schedule G, Form B 106G <u>Schedule G: Executory Contracts and Unexpired Leases (individuals)</u> List any leases (apartment, vehicle) or rental agreements (furniture, appliances). If you rent, list you will need your landlord's or property manager's name and address and you will want to "assume" the lease if you intend to stay in your place.
- 12) Schedule H, Form B 106H <u>Schedule H: Your Codebtors (individuals)</u> List anyone who has co-signed on any of your debts.
- 13) Schedule I, Form B 106I <u>Schedule I: Your Income (individuals)</u> This schedule takes a snapshot of your monthly income, including income from employment or public benefits. Wages should reflect typical monthly earnings going forward. If you work seasonally, average the entire year. List non-cash benefits that have a specific value, such as food stamps and Social Security. Non-cash benefits with no specific value, such as Medicaid or Medicare or housing assistance, should not be listed here.
- 14) Schedule J, Form B 106J <u>Schedule J: Your Expenses (individuals)</u> List your monthly expenses, making sure each expense is listed on the correct line. Complete the calculation in item 23 to get your net monthly income (income minus expenses)—this number may be negative. If you receive housing assistance, your rent should only reflect your portion. If you receive SNAP benefits your food amount should include your benefit amount plus what you pay out of pocket each month.
- 15) Schedule J-2, Form B 106J-2 <u>Schedule J-2: Expenses for Separate Household Debtor 2 (individuals)</u> Complete only if you and your spouse are living in separate households yet you are filing bankruptcy jointly.
- 16) Statement of Financial Affairs, Form B 107 <u>Your Statement of Financial Affairs for Individuals Filing</u> <u>for Bankruptcy (individuals)</u> This document takes a longer view of your income situation. Read and answer every question, paying attention to the length of time specified in the question. Many questions on this form will not apply to you, but you should read through them to be sure. NOTE: If you have worked at all in the past two years, you must list that income under item #4. If you have received any public benefits in the past two years (unemployment, food stamps, disability, social security), you must list that income under item #5.
- 17) Statement of Intention, Form B 108 <u>Statement of Intention for Individuals Filing Under Chapter 7</u> On this form you list your secured debts and state what you want to do with each one redeem, reaffirm or other. Include all leases as well including your residential lease which you want to assume if you intend to continue to live there.
- 18) Statement of Current Monthly Income, Form B 122A-1 <u>Chapter 7 Statement of Your Current Monthly</u> <u>Income</u> This form uses your gross income (before taxes) averaged over the six months prior to filing to compute your monthly income. Median Income for the State of Montana can be found at <u>https://www.justice.gov/ust/means-testing</u>.
- 19) Copies of all pay check stubs or other evidence of payment received by the debtor from any employer within 60 days before filing the petition must be included with your filing.
- 20) <u>Notice to Individual Consumer Debtor</u> (B2010) By signing the bankruptcy petition you certify that you have read this Notice as required by 11 U.S.C. §342(b). It is not necessary to file this form with the Court.) The Notice is included at the end of this form.

*Items 5-19 must be filed with the petition or within 14 days of filing the petition but it is best to file all documents at one time unless there is an emergency reason for filing documents separately.* 

# MONTANA LOCAL BANKRUPTCY FORMS: You will find the all the Montana local forms at <u>Montana</u> <u>Bankruptcy Court Forms</u>

- 21) Statement of Domestic Support Obligations (Mont. LBF 30)
- 22) Supplemental Personal Property List (Mont. LBF 31) Include this document with Schedule A/B it is included at the end of this form.
- 23) Notice of Compliance with Section 521 (Mont. LBF 37)
- 24) Mailing Matrix You must type a list of creditor address to be included with your filing. The list includes all creditors and debt collectors from Schedule D and E/F and All Co-Debtors from Schedule H. Additionally every mailing list must include the IRS and Montana Department of Revenue at the following addresses:
   IRS

Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101

Montana Department of Revenue Bankruptcy Specialist PO Box 7701 Helena, MT 59604

## Instructions for the Mailing Matrix can be found at

http://www.mtb.uscourts.gov/sites/mtb/files/MasterMailing.pdf

Items 21-24 are required when filing a bankruptcy in Montana and due with your petition.

25) Certification About a Financial Management Course, Form B 423 <u>Certification About a Financial</u> <u>Management Course</u> You must take a Financial Management Course after filing. This can be done online or over the phone. They can charge up to \$50 but many are available for under \$10. A list of approved agencies can be found here: *Remember you all bankruptcies are in the Butte District* <u>https://www.justice.gov/ust/eo/bapcpa/ccde/CC\_Files/CC\_Approved\_Agencies\_HTML/cc\_montana/cc\_montana.htm</u>

Item 25 must be filed within 60 days after the first date set for the meeting of creditors under Section 341 of the Bankruptcy Code

26) Reaffirmation Documents, Form B 2400A Reaffirmation Documents

Item 26 is optional and may be used if you decide to remain legally obligated to pay a debt that would otherwise be discharged in bankruptcy. If a debt involves secured property (such as a house or car) you should consider filing a reaffirmation agreement if you want to keep your secured property. You should consider getting legal advice if you plan on reaffirming any debts.

27) Motion to Avoid Lien Under 11 U.S.C. Section 522(f); and Notice (Mont. LBF 24) Montana Bankruptcy Court Forms

Item 27 is optional per individual circumstance and only necessary if you have judgment liens against your real property.

28) Statement of Military Service, Form B 2020 Statement of Military Service

Item 28 is optional and is only used if you are eligible for relief under the Servicemember's Civil Relief Act of 2003.

# ARE YOU READY TO FILE?

1. If you qualify for MLSA's FYOB Program call us at 800-666-6899 to schedule your final review.

## DON'T FORGET THE MATERIALS FOR THE TRUSTEE

- 29) Materials Required to be Delivered to Trustees Prior to Section 341(a) Meeting of Creditors (Mont. LBF 33) Montana Bankruptcy Court Forms
  - Some trustees will require additional documents or information in addition to documents required by LBF 33. Any and all documents or information requested by the trustee is required.

Item 29 and the required materials are NOT filed with the Court. This form and copies of the documents must be provided to the trustee at least 14 DAYS prior to the first date scheduled for the meeting with the Trustee (aka Section 341(a) Meeting of Creditors.)

## **IMPORTANT:**

THIS HANDOUT IS NOT LEGAL ADVICE. It is information on what you need in order to file a Chapter 7 Bankruptcy.

To the best of our knowledge, these forms are REQUIRED. Be aware that rules and laws change. Generally, if you are missing something, the Clerk of Bankruptcy Court will notify you with a "Notice of Deficiency". Be careful to comply with all deadlines.

Only you can decide whether to file bankruptcy. Chapter 7 Bankruptcy is only one kind of bankruptcy. There are other kinds of bankruptcy. If you are not sure whether you should file bankruptcy or you are unsure what kind of bankruptcy you should file, you may want to talk to a lawyer. You may call the Lawyer Referral Information Service at 406-449-6577 or you may review their website <u>Click Here for Lawyer Referral Information Service</u>

| Fill in this information to identify your case: |                               |                                |
|---|-------------------------------|--------------------------------|
| United States Bankruptcy Court for the:         |                               |                                |
| DISTRICT OF MONTANA                             |                               |                                |
| Case number (if known)                          | Chapter you are filing under: |                                |
|   | Chapter 7                     |                                |
|   | Chapter 11                    |                                |
|   | Chapter 12                    |                                |
|   | Chapter 13                    | Check if this a amended filing |

# Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy

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The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself  |  |                           |                          |
|----|--|--|---------------------------|--------------------------|
|    |  | About Debtor 1:                          | About Debtor 2 (Spouse    | e Only in a Joint Case): |
| 1. | Your full name   |  |                           |                          |
|    | Write the name that is on  | JANE                                     |                           |                          |
|    | your government-issued<br>picture identification (for  | First name                               | First name                |                          |
|    | example, your driver's   | SAMPLE                                   |                           |                          |
|    | license or passport).  | Middle name                              | Middle name               |                          |
|    | Bring your picture   | ΜΟΝΤΑΝΑ                                  |                           |                          |
|    | identification to your<br>meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr. | , Jr., II, III)          |
| 2. | All other names you have   |  |                           |                          |
| 2. | used in the last 8 years   |  |                           |                          |
|    | Include your married or maiden names.  |  |                           |                          |
| 3. | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-6789                              |                           |                          |
|    |  |  |                           |                          |

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|----|--|---|--|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years<br>Include trade names and<br><i>doing business as</i> names | I have not used any business name or EINs.           Business name(s)           EINs  | ☐ I have not used any business name or EINs.<br>Business name(s)<br>EINs   |  |  |  |
| 5. | Where you live   | 555 5TH STREET  | If Debtor 2 lives at a different address:  |  |  |  |
|    |  | Missoula, MT 59801<br>Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|    |  | Missoula  |  |  |  |  |
|    |  | County  | County   |  |  |  |
|    |  | If your mailing address is different from the one<br>above, fill it in here. Note that the court will send any<br>notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it<br>in here. Note that the court will send any notices to this<br>mailing address. |  |  |  |
|    |  | PO BOX 555  |  |  |  |  |
|    |  | Missoula, MT 59806<br>Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6. | Why you are choosing   | Check one:  | Check one:   |  |  |  |
|    | <i>this district</i> to file for<br>bankruptcy   | Over the last 180 days before filing this petition,<br>I have lived in this district longer than in any<br>other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                             |  |  |  |
|    |  | □ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | □ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|    |  |   |  |  |  |  |

| 7.  | The chapter of the<br>Bankruptcy Code you are<br>choosing to file under   |   |  |   | ach, see <i>Notice Required by</i><br>le 1 and check the appropriate                               | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.  |  |  |  |  |
|-----|---|---|--|---|--|--|--|--|--|--|
|     | choosing to file under  | Chapter 7 Chapter 11  |  |   |  |  |  |  |  |  |
|     |   |   |  |   |  |  |  |  |  |  |
|     |   | Chapte  | Chapter 12                                 |   |  |  |  |  |  |  |
|     |   | Chapte  | er 13                                      |   |  |  |  |  |  |  |
| 8.  | How you will pay the fee  | <b>bw you will pay the fee</b> I will pay the entire fee when I file my petition. Please check with the clerk's office in your local about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cash order. If your attorney is submitting your payment on your behalf, your attorney may pay with a creat pre-printed address. |  |   |  |  |  |  |  |  |
|     |   |   |  | <b>/ the fee in installn</b><br>e in Installments (O                        |  | n, sign and attach the Application for Individuals to Pay  |  |  |  |  |
|     |   | ■ I rec<br>but i<br>appl  | <b>juest tha</b><br>s not req<br>ies to yo | <b>It my fee be waived</b><br>uired to, waive your<br>ur family size and yo | I (You may request this option<br>fee, and may do so only if yo<br>bu are unable to pay the fee in | n only if you are filing for Chapter 7. By law, a judge may,<br>ur income is less than 150% of the official poverty line th<br>i installments). If you choose this option, you must fill out<br>ial Form 103B) and file it with your petition. |  |  |  |  |
| 9.  | Have you filed for  | No.   |  |   |  |  |  |  |  |  |
|     | bankruptcy within the<br>last 8 years?  | □ Yes.  |  |   |  |  |  |  |  |  |
|     |   |   | District                                   |   | When   | Case number  |  |  |  |  |
|     |   |   | District                                   |   | When   | Case number  |  |  |  |  |
|     |   |   | District                                   |   | When   | Case number  |  |  |  |  |
| 10. | Are any bankruptcy  | No  |  |   |  |  |  |  |  |  |
|     | cases pending or being<br>filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.  |  |   |  |  |  |  |  |  |
|     |   |   | Debtor                                     |   |  | Relationship to you  |  |  |  |  |
|     |   |   | District                                   |   | When   | Case number, if known  |  |  |  |  |
|     |   |   | Debtor                                     |   |  | Relationship to you  |  |  |  |  |
|     |   |   | District                                   |   | When   | Case number, if known  |  |  |  |  |
| 11. | Do you rent your  | No.   | Go to I                                    | ine 12.   |  |  |  |  |  |  |
|     | residence?  | Yes.  | Has yo                                     | our landlord obtained   | an eviction judgment agains  | t you?   |  |  |  |  |
|     |   |   |  | No. Go to line 12.  |  |  |  |  |  |  |
|     |   |   |  |   |  |  |  |  |  |  |

| Par | t 3: Report About Any Bu  | usinesses   | You Own as a Sole Proprietor   |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|--|
| 12. | Are you a sole proprietor<br>of any full- or part-time<br>business?   | No.   | Go to Part 4.  |  |  |  |  |  |
|     |   | 🛛 Yes.  | Name and location of business  |  |  |  |  |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation, |   | Name of business, if any   |  |  |  |  |  |
|     | partnership, or LLC.<br>If you have more than one<br>sole proprietorship, use a   |   | Number, Street, City, State & ZIP Code   |  |  |  |  |  |
|     | separate sheet and attach it to this petition.  |   | Check the appropriate box to describe your business:   |  |  |  |  |  |
|     |   |   | Health Care Business (as defined in 11 U.S.C. § 101(27A))  |  |  |  |  |  |
|     |   |   | □ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |  |  |  |
|     |   |   | Stockbroker (as defined in 11 U.S.C. § 101(53A))   |  |  |  |  |  |
|     |   |   | Commodity Broker (as defined in 11 U.S.C. § 101(6))  |  |  |  |  |  |
|     |   |   | None of the above  |  |  |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a <i>small business</i><br><i>debtor?</i>                   | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set a deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the in 11 U.S.C. 1116(1)(B). |  |  |  |  |  |  |
|     | For a definition of <i>small</i>  | No.   | I am not filing under Chapter 11.  |  |  |  |  |  |
|     | business debtor, see 11<br>U.S.C. § 101(51D).   | □ No.   | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |  |  |
|     |   | □ Yes.  | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.      |  |  |  |  |  |
| Par | t 4: Report if You Own or   | · Have Any  | v Hazardous Property or Any Property That Needs Immediate Attention  |  |  |  |  |  |
| 14. | Do you own or have any  | No.   |  |  |  |  |  |  |
|     | property that poses or is alleged to pose a threat  | □ Yes.  |  |  |  |  |  |  |
|     | of imminent and<br>identifiable hazard to   | <b>—</b> 103.   | What is the hazard?  |  |  |  |  |  |
|     | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |   | If immediate attention is needed, why is it needed?  |  |  |  |  |  |
|     | For example, do you own<br>perishable goods, or<br>livestock that must be fed,<br>or a building that needs<br>urgent repairs?           |   | Where is the property?   |  |  |  |  |  |
|     | - ,   |   | Number, Street, City, State & Zip Code   |  |  |  |  |  |

## Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

## About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

# ☐ I am not required to receive a briefing about credit counseling because of:

## □ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

# □ I am not required to receive a briefing about credit counseling because of:

## Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

## ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Debtor 1 JANE SAMPLE MONTANA

Case number (if known)

| Par | t 6: Answer These Quest  | ions for R  | eporting Purposes  |   |                        |  |  |  |  |
|-----|--|---|--|---|------------------------|--|--|--|--|
| 16. | What kind of debts do you have?                                      | 16a.  | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |   |                        |  |  |  |  |
|     |  |   | □ No. Go to line 16b.  |   |                        |  |  |  |  |
|     |  |   | Yes. Go to line 17.  | Yes. Go to line 17.   |                        |  |  |  |  |
|     |  | 16b.  | Are your debts primarily money for a business or in  |   |                        |  |  |  |  |
|     |  |   | No. Go to line 16c.  |   |                        |  |  |  |  |
|     |  |   | Tes. Go to line 17.  |   |                        |  |  |  |  |
|     |  | 16c.  | State the type of debts you  | owe that are not consum   | er debts or busines    | s debts  |  |  |  |
| 17. | Are you filing under<br>Chapter 7?                                   | □ No.   | I am not filing under Chapte   | er 7. Go to line 18.  |                        |  |  |  |  |
|     | Do you estimate that<br>after any exempt<br>property is excluded and | Yes.  | are paid that funds will be a  |   |                        | erty is excluded and administrative expenses?                                |  |  |  |
|     | administrative expenses<br>are paid that funds will                  |   | No   |   |                        |  |  |  |  |
|     | be available for<br>distribution to unsecured<br>creditors?          |   | ☐ Yes  |   |                        |  |  |  |  |
| 18. | How many Creditors do  | <b>1</b> -49  |  | □ 1,000-5,000   |                        | □ 25,001-50,000  |  |  |  |
|     | you estimate that you<br>owe?  | □ 50-99   |  | 5001-10,000   |                        | 50,001-100,000   |  |  |  |
|     | □ 100-199  |   |  | □ 10,001-25,00  | 0                      | More than100,000   |  |  |  |
|     |  | □ 200-9   | 99   |   |                        |  |  |  |  |
| 19. | How much do you  | ■ \$0 - \$50,000<br>□ \$50,001 - \$100,000  |  | □ \$1,000,001 -   | \$10 million           | □ \$500,000,001 - \$1 billion  |  |  |  |
|     | estimate your assets to<br>be worth?                                 |   |  | □ \$10,000,001 - \$50 million<br>□ \$50,000,001 - \$100 million |                        | □ \$1,000,000,001 - \$10 billion   |  |  |  |
|     |  |   | 001 - \$500,000<br>001 - \$1 million   | □ \$50,000,001<br>□ \$100,000,001                               |                        | ☐ \$10,000,000,001 - \$50 billion<br>☐ More than \$50 billion                |  |  |  |
| 20  |  | _   |  |   |                        |  |  |  |  |
| 20. | How much do you<br>estimate your liabilities                         | ■ \$0 - \$  |  | □ \$1,000,001 -<br>□ \$10,000,001 ·                             |                        | □ \$500,000,001 - \$1 billion<br>□ \$1,000,000,001 - \$10 billion            |  |  |  |
|     | to be?   |   | )01 - \$100,000<br>001 - \$500,000   | □ \$50,000,001 - \$100 million                                  |                        | □ \$10,000,000,001 - \$50 billion  |  |  |  |
|     |  |   | 001 - \$1 million  | □ \$100,000,001   | - \$500 million        | ☐ More than \$50 billion   |  |  |  |
| Par | t 7: Sign Below  |   |  |   |                        |  |  |  |  |
| For | you  | I have ex   | amined this petition, and I d  | eclare under penalty of pe                                      | erjury that the inforn | nation provided is true and correct.   |  |  |  |
|     |  |   |  |   |                        | under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7. |  |  |  |
|     |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |  |   |                        |  |  |  |  |
|     |  | I request   | relief in accordance with the  | e chapter of title 11, United                                   | d States Code, spe     | cified in this petition.   |  |  |  |
|     |  | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.<br>/s/ JANE SAMPLE MONTANA |  |   |                        |  |  |  |  |
|     |  | JANE S  | AMPLE MONTANA<br>e of Debtor 1   |   | Signature of Debto     | r 2  |  |  |  |
|     |  | Executed  |  |   | Executed on            |  |  |  |  |
|     |  |   | MM / DD / YYYY   |   | MM                     | I / DD / YYYY  |  |  |  |

Case number (if known)

| For your attorney, if you are represented by one                                    | under Chapter 7, 11, 12, or 13 of title 11, Unit   | ed States Code, and have       | e informed the debtor(s) about eligibility to proceed<br>explained the relief available under each chapter<br>debtor(s) the notice required by 11 U.S.C. § 342(b) |
|---|--|--------------------------------|---|
| If you are not represented by<br>an attorney, you do not need<br>to file this page. | and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect. | s, certify that I have no know | wledge after an inquiry that the information in the   |
|   |  | Date                           | March 9, 2018   |
|   | Signature of Attorney for Debtor   |                                | MM / DD / YYYY  |
|   | Printed name   |                                |   |
|   |  |                                |   |
|   | Firm name  |                                |   |
|   | Number, Street, City, State & ZIP Code   |                                |   |
|   | Contact phone  | Email address                  |   |
|   | МТ   |                                |   |
|   | Bar number & State   |                                |   |

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.** 

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

🗆 No

Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

| Ш | No |
|---|----|
|   |    |

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No

□ Yes

Name of Person

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

|                            | SAMPLE MONTANA            |                       |
|----------------------------|---------------------------|-----------------------|
| JANE SAN                   | IPLE MONTANA              | Signature of Debtor 2 |
| Signature of               | Debtor 1                  |                       |
| Date Mar                   | rch 9, 2018               | Date                  |
| MM                         | / DD / YYYY               | MM / DD / YYYY        |
| Contact phone 406-555-5555 |                           | Contact phone         |
| Cell phone 406-555-5555    |                           | Cell phone            |
| Email addre                | ss janesmontana@gmail.com | Email address         |
| Cell phone 406-555-5555    |                           | Cell phone            |

### Fill in this information to identify your case:

JANE SAMPLE MONTANA

Debtor 1 Debtor 2

(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF MONTANA

# B 103B Application to Have the Chapter 7 Filing Fee Waived

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

## Part 1: Tell the Court About Your Family and Your Family's Income

| 1. | What is the size of your (family?<br>Your family includes you, your  | _     | all that apply:                                       |   |               |      |                                     |          |
|----|--|-------|---|---|---------------|------|-------------------------------------|----------|
|    | spouse, and any dependents   | _     | Your spouse   |   |               |      |                                     |          |
|    | listed on Schedule J: Your   |       | ·   | 3   | 4             |      |                                     |          |
|    | Expenses (Official Form 106J).   |       | Your dependents                                       |   | -             |      |                                     |          |
|    |  |       |   | How many dependents?                                  | Total number  | . OL | people                              |          |
| 2. | Fill in your family's average monthly income.  |       |   |   |               | m    | hat perso<br>nonthly ne<br>ake-home |          |
|    | Include your spouse's income if your<br>spouse is living with you, even if your<br>spouse is not filing.   |       |   | r spouse's income. Include<br>/ non-cash governmental |               |      |                                     |          |
|    | Do not include your spouse's income  | as    | sistance that you receiv                              | e, such as food stamps                                |               |      |                                     |          |
|    | if you are separated and your spouse<br>is not filing with you.  |       | enefits under the Supple<br>ogram) or housing subs    | You   |               | \$   | 2,404.00                            |          |
|    |  |       | you have already filled o<br>e line 10 of that schedu | out Schedule I: Your Income,<br>le.                   | Your spouse + | •    | \$                                  | 0.00     |
|    |  |       |   |   | Subtotal      |      | \$                                  | 2,404.00 |
|    |  |       | ubtract any non-cash go<br>u included above.          | vernmental assistance that                            | -             |      | \$                                  | 0.00     |
|    |  | Yo    | our family's average m                                | onthly net income                                     | Total         |      | \$                                  | 2,404.00 |
|    |  |       |   | Type of assistance                                    |               |      |                                     |          |
| 3. | Do you receive non-cash government<br>assistance?  | al    | No  |   |               |      |                                     |          |
|    | assistance ?   |       | Yes. Describe   |   |               |      |                                     |          |
| 4. | Do you expect your family's average  |       | ■ No  |   |               | _    |                                     |          |
|    | monthly net income to increase or<br>decrease by more than 10% during th<br>next 6 months?   | e     | Yes. Explain  |   |               |      |                                     |          |
| 5. | Tell the court why you are unable to p<br>installments within 120 days. If you ha<br>circumstances that cause you to not be a<br>installments, explain them. | ve so | me additional   | I AM BELOW 150% OF<br>IN INSTALLMENTS                 | POVERTY AND   | AN   | /I UNABL                            | Ε ΤΟ ΡΑΥ |

B 103B (Official Form 103B)

Check if this is an amended filing

12/15

| 6. | Estimate your average monthly expo  | nses.   |   |
|----|---|---|---|
|    | Include amounts paid by any governmentation that you reported on line 2.  | ent assistance \$   | 2,400.00  |
|    | If you have already filled <i>out Schedule</i> copy line 22 from that form.   | J, Your Expenses,   |   |
| 7. | Do these expenses cover anyone<br>who is not included in your family<br>as reported in line 1?                          | <ul> <li>No</li> <li>Yes. Identify who</li> </ul>           |   |
| 8. | Does anyone other than you<br>regularly pay any of these<br>expenses?   | <ul> <li>No</li> <li>Yes. How much do you reader</li> </ul> | egularly receive as contributions? \$0.00 monthly |
|    | If you have already filled <i>out</i><br>Schedule I: Your Income, copy the<br>total from line 11.                       |   |   |
| 9. | Do you expect your average<br>monthly expenses to increase or<br>decrease by more than 10%<br>during the next 6 months? | No<br>Yes. Explain  |   |

Case number (if known)

## Part 3: Tell the Court About Your Property

JANE SAMPLE MONTANA

Debtor 1

If you have already filled out Schedule A/B: Property (Official Form 106A/B) attach copies to this application and go to Part 4.

| 10.  | How much cash do you have?<br>Examples: Money you have in yo<br>in your home, and on hand when      |  |                          |              |  |          |
|------|---|--|--------------------------|--------------|--|----------|
|      | this application  | Cash:  | \$                       |              |  |          |
| 11.  | Bank accounts and other<br>deposits of money?<br>Examples: Checking, savings,                       |  | Institution name:        |              |  | Amount:  |
|      | money market, or other financial accounts; certificates of deposit;                                 | Checking account:                                      |                          |              |  | \$       |
|      | shares in banks, credit unions,   | Savings account:                                       |                          |              |  | \$       |
|      | brokerage houses , and other similar institutions. If you have                                      | Other financial accounts:<br>Other financial accounts: |                          |              |  | \$<br>\$ |
|      | more than one account with the same institution, list each. Do not include 401(k) and IRA accounts. |  |                          |              |  |          |
| 12.  | Your home? (if you own it outrig or are purchasing it)  |  |                          |              | Current value:                                 | \$       |
|      | <i>Examples:</i> House, condominium, manufactured home, or mobile home                              | Number Street  |                          |              | Amount you<br>owe on<br>mortgage and<br>liens: | \$       |
|      |   | City   | State                    | Zip Code     |  |          |
| 13.  | Other real estate?  |  |                          |              | Current value:                                 | \$       |
|      |   | Number Street  |                          |              | Amount you<br>owe on<br>mortgage and           |          |
|      |   | -0"  | <u> </u>                 |              | liens:   | \$       |
|      |   | City   | State                    | Zip Code     |  |          |
| 14.  | The vehicles you own?   |  |                          |              | Current value:                                 | \$       |
|      | Examples: Cars, vans, trucks  | Year:  |                          |              | Amount you                                     | \$       |
| B 10 | 3B (Official Form 103B)   | Application to   | Have the Chapter 7 Filin | g Fee Waived |  | page 2   |

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3/09/18 12:58PM

| Deb | tor 1 JANE SAMPLE M   | ONTANA Case  | numb | er (if known)   |   |             | 3/09/18 12:58PM                           |
|-----|---|--|------|---|---|-------------|---|
|     | sports utility vehicles, motorcyc tractors, boats   | eles, Mileage<br>Make:<br>Model:<br>Year:<br>Mileage   |      | _   | owe<br>on liens:<br>Current v<br>Amount y<br>owe<br>on liens: | you         | \$<br>\$                                  |
| 15. | Other assets?<br>Do not include household<br>items and clothing.  | Describe the other assets:   | 7    | unt you owe   | 6   |             |   |
| 16. | Money or property due you?  | Who owes you the money or property?  |      | How much is owed?   |   |             | you will likely<br>It in the next 180     |
|     | <i>Examples:</i> Tax refunds, past<br>due or lump sum alimony,<br>spousal support, child support,<br>maintenance, divorce or<br>property settlements, Social<br>Security benefits, workers<br>compensation, personal injury<br>recovery |  | \$ _ |   | D No  | s. Explain  | :   |
| Par | t 4: Answer These Ad  | Iditional Questions  |      |   |   |             |   |
| 17. | Have you paid anyone for<br>services for this case,<br>including filling out this<br>application, the bankruptcy<br>filling package, or the<br>schedules?   | <ul> <li>No</li> <li>Yes. Whom did you pay? Check all the An Attorney</li> <li>A bankruptcy petition preparer, particular distribution of the Analysis of the Anal</li></ul> |      | -   |   | How r<br>\$ | nuch did you pay?<br>0.00                 |
| 18. | Have you promised to pay or<br>do you expect to pay<br>someone for services for you<br>bankruptcy case?   | $\square$ $M$ and $A$ we are supported to new $2$  |      |   |   | \$          | How much do you<br>expect to pay?<br>0.00 |
| 19. | Has anyone paid someone or<br>your behalf for services for<br>this case?  | <ul> <li>No</li> <li>Yes. Who was paid on your behalf?<br/><i>Check all that apply:</i><br/>An Attorney<br/>A bankruptcy petition preparer,<br/>paralegal, or typing service<br/>Someone else</li> </ul>   |      | Who paid?<br>Check all that apply:<br>Parent<br>Brother or sister<br>Friend<br>Pastor or clergy<br>Someone else |   | s<br>\$     | How much did<br>omeone else pay?<br>0.00  |
| 20. | pankriptev within the   | No<br>Yes. District  | When | MM/ DD/ YYYY  | Case<br>Number  |             |   |
|     |   | District   | When |   | Case<br>Number  |             |   |
|     |   | District   | When |   | Case<br>Number  |             |   |
|     |   |  |      |   |   |             |   |

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## Part 5: Sign Below

By signing here under penalty of perjury, I declare that I cannot afford to pay the filing fee either in full or in installments. I also declare that the information I provided in this application is true and correct.

JANE SAMPLE MONTANA Signature of Debtor 1

| Х |                       |  |  |
|---|-----------------------|--|--|
|   | Signature of Debtor 2 |  |  |

Date March 9, 2018

Date

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| Fill in this informat                   | ion to identify the case | 2:             |           |   |
|---|--------------------------|----------------|-----------|---|
| Debtor 1                                | JANE SAMPLE M            | ONTANA         |           |   |
|   | First Name               | Middle Name    | Last Name |   |
| Debtor 2                                |                          |                |           |   |
| (Spouse, if filing)                     | First Name               | Middle Name    | Last Name |   |
| United States Bankruptcy Court for the: |                          | DISTRICT OF MO | ITANA     |   |
| Case number<br>(if known)               |                          |                |           | _ |

# Order on the Application to Have the Chapter 7 Filing Fee Waived

After considering the debtor's *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B), the court orders that the application is:

GRANTED. However, the court may order the debtor to pay the fee in the future if developments in administering the bankruptcy case show that the waiver was unwarranted.

**DENIED.** The debtor must pay the filing fee according to the following terms:

|       | You must pay | On or before this date |
|-------|--------------|------------------------|
|       | \$           |                        |
|       |              | Month/ day/ year       |
|       | \$           |                        |
|       |              | Month/ day/ year       |
|       | \$           |                        |
|       |              | Month/ day/ year       |
|       | + \$         |                        |
|       |              | Month/ day/ year       |
| Total | \$           |                        |

If the debtor would like to propose a different payment timetable, the debtor must file a motion promptly with a payment proposal. The debtor may use *Application for Individuals to Pay the Filing Fee in Installments* (Official Form 103A) for this purpose. The court will consider it.

The debtor must pay the entire filing fee before making any more payments or transferring any more property to an attorney, bankruptcy petition preparer, or anyone else in connection with the bankruptcy case. The debtor must also pay the entire filing fee to receive a discharge. If the debtor does not make any payment when it is due, the bankruptcy case may be dismissed and the debtor's rights in future bankruptcy cases may be affected.

## □ Scheduled for hearing.

A hearing to consider the debtor's application will be held

| on |                  | at | AM/PM at |                       |
|----|------------------|----|----------|-----------------------|
|    | Month/ day/ year |    |          | Address of courthouse |

If the debtor does not appear at this hearing, the court may deny the application.

By the court:

United States Bankruptcy Judge

| Check if this is an |
|---------------------|
| amended filing      |
| [                   |

## Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

|    |   | Your assets<br>Value of what you own |           |
|----|---|--------------------------------------|-----------|
| 1. | Schedule A/B: Property (Official Form 106A/B)<br>1a. Copy line 55, Total real estate, from Schedule A/B | \$                                   | 0.00      |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$                                   | 41,595.00 |
|    | 1c. Copy line 63, Total of all property on Schedule A/B   | \$                                   | 41,595.00 |
| Pa | 2: Summarize Your Liabilities   |                                      |           |
|    |   | Your liabilities<br>Amount you owe   |           |

| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)<br>2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$<br>2,424.00  |
|----|--|-----------------|
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)<br>3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$<br>900.00    |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$<br>26,875.00 |

|      | Your total liabilities  | \$ | 30,199.00 |
|------|---|----|-----------|
| Part | 3: Summarize Your Income and Expenses   | L  |           |
| 4.   | Schedule I: Your Income (Official Form 106I)<br>Copy your combined monthly income from line 12 of Schedule I    | \$ | 2,404.00  |
| 5.   | Schedule J: Your Expenses (Official Form 106J)<br>Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ | 2,400.00  |

### Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

### 7. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- **Your debts are not primarily consumer debts**. You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

## Debtor 1 JANE SAMPLE MONTANA

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,924.00

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total claim |        |
|--|-------------|--------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00   |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 900.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00   |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00   |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00   |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00   |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 900.00 |

Official Form 106Sum

| Fill in this infor  | mation to identify your  | case and this filing: |           |  |  |
|---------------------|--------------------------|-----------------------|-----------|--|--|
| Debtor 1            | JANE SAMPLE MONTANA      |                       |           |  |  |
|                     | First Name               | Middle Name           | Last Name |  |  |
| Debtor 2            |                          |                       |           |  |  |
| (Spouse, if filing) | First Name               | Middle Name           | Last Name |  |  |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF MONTANA   |           |  |  |
| Case number         |                          |                       |           |  |  |
| Case number         |                          |                       |           |  |  |

Check if this is an amended filing

# Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Describe Each Residence, Building, Land   | , or Other Real Estate You Own or Have an Interest In   |                          |  |
|---|---|--------------------------|--|
| Do you own or have any legal or equitable intere  | st in any residence, building, land, or similar property?   |                          |  |
| No. Go to Part 2.   |   |                          |  |
| ☐ Yes. Where is the property?   |   |                          |  |
| Part 2: Describe Your Vehicles  |   |                          |  |
| omeone else drives. If you lease a vehicle, also  | interest in any vehicles, whether they are registed<br>report it on Schedule G: Executory Contracts and L |                          | ehicles you own that   |
| Cars, vans, trucks, tractors, sport utility ve  | hicles, motorcycles   |                          |  |
| □ No  |   |                          |  |
| Yes   |   |                          |  |
| 3.1 Make: SUBARU  | Who has an interest in the property? Check one  | Do not deduct secured cl |  |
| Model: OUTBACK  | Debtor 1 only   |                          | ed claims on <i>Schedule D:</i><br><i>ims Secured by Property</i> .                        |
| Year: <b>2006</b>   | Debtor 2 only   | Current value of the     | Current value of the   |
| Approximate mileage: 125000   | Debtor 1 and Debtor 2 only  | entire property?         | portion you own?   |
| Other information:  | At least one of the debtors and another   |                          |  |
| Location: 555 5TH STREET,<br>Missoula MT 59801  | Check if this is community property (see instructions)  | \$3,600.00               | \$3,600.0  |
|   | nd other recreational vehicles, other vehicles, an atercraft, fishing vessels, snowmobiles, motorcycle a  |                          |  |
|   | vn for all of your entries from Part 2, including ar that number here                                     |                          | \$3,600.00   |
| Part 3: Describe Your Personal and Household It   | ems   |                          |  |
| Do you own or have any legal or equitable ir  | terest in any of the following items?   |                          | Current value of the<br>portion you own?<br>Do not deduct secured<br>claims or exemptions. |
| Household goods and furnishings<br><i>Examples:</i> Major appliances, furniture, linens<br>No | s, china, kitchenware   |                          |  |

Official Form 106A/B

Yes. Describe.....

Location: 555 5TH STREET, Missoula MT 59801 HOUSEHOLD GOODS AND FURNISHINGS INCLUDING: COUCH, LOVESEAT, BEDS, CHAIRS, DRESSERS, END TABLE, TABLE, BOOKS, KNICKNACKS, LAWNMOWER, GARDEN TOOLS, HOUSEHOLD TOOLS

\$900.00

#### 7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

□ No

Yes. Describe.....

| Location: 555 5TH STREET, Missoula MT 59801                                     |          |
|---|----------|
| ELECTRONICS INCLUDING: SETERO, TWO TVS, COMPUTER, DVD PLAYER, CD/DVD COLLECTION | \$650.00 |

### 8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

## No

□ Yes. Describe.....

### 9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

| No |
|----|
|    |

Yes. Describe.....

| Location: 555 5TH STREET, Missoula MT 59801   |
|---|
| SPORTS AND HOBBY EQUIPMENT INCLUDING: FISHING POLE,<br>BACK PACK, TWO KID BIKES, BIKE, X-BOX AND GAMES, |
| CAMERA  |

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

🗆 No

Yes. Describe.....

| Location: 555 5TH STREET, Missoula MT 59801 |          |
|---|----------|
| REMINGTON 783 270win                        | \$250.00 |

#### 11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

🗆 No

Yes. Describe.....

| Location: 555 5TH STREET, Missoula MT 59801 |
|---|
| DEBTOR'S AND CHILDREN'S CLOTHES             |

\$150.00

\$350.00

## 12. Jewelry

*Examples*: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

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| Debtor 1 JANE SAMPLE MONTANA   |  | Case nur   | nber (if known)  |
|--|--|--|--|
| Yes. Describe  |  |  |  |
|  | Location: 555 5TH ST   | REET, Missoula MT 59801  |  |
|  | COSTUME JEWELRY  | AND GOLD BAN   | \$200.00   |
| 3. <b>Non-farm animals</b><br><i>Examples:</i> Dogs, ca<br>□ No      | ats, birds, horses   |  |  |
| Yes. Describe  |  |  |  |
|  | Location: 555 5TH ST   | REET, Missoula MT 59801  |  |
|  | DOG AND CAT  |  | \$40.00  |
| 4. Any other persona<br>■ No<br>□ Yes. Give specifi                  | -  | d not already list, including any health aids you  | did not list   |
|  |  | Part 3, including any entries for pages you have   | e attached \$2,540.00  |
| Part 4: Describe Your F  | inancial Assets  |  |  |
| Do you own or have a   | ny legal or equitable interest i   | n any of the following?  | Current value of the<br>portion you own?<br>Do not deduct secured<br>claims or exemptions. |
|  | ng, savings, or other financial acc<br>ons. If you have multiple account                 | counts; certificates of deposit; shares in credit unior<br>is with the same institution, list each.<br>Institution name:                       | ns, brokerage houses, and other similar  |
|  | 17.1. CHECKING   | SAMPLE CREDIT UNION  | \$30.00  |
|  | 17.2. SAVINGS  | SAMPLE CREDIT UNION  | \$25.00  |
| Examples: Bond fu<br>■ No  | ds, or publicly traded stocks<br>nds, investment accounts with b<br>Institution or issue | rokerage firms, money market accounts  |  |
| <ul> <li>Yes</li> <li>9. Non-publicly trade joint venture</li> </ul> |  | porated and unincorporated businesses, includ  | ing an interest in an LLC, partnership, and  |
| ■ No ☐ Yes. Give specified   | c information about them<br>Name of entity:  |  | nership:   |
| Negotiable instrum   | ents include personal checks, ca   | otiable and non-negotiable instruments<br>shiers' checks, promissory notes, and money orde<br>ansfer to someone by signing or delivering them. | rs.  |
| official Form 106A/B   |  | Schedule A/B: Property   | page   |
|  |  |  |  |

#### Debtor 1 JANE SAMPLE MONTANA

Case number (if known)

| □ Yes. Give specific information about |              |  |
|--|--------------|--|
|  | Issuer name: |  |

## 21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans 🗆 No

Yes. List each account separately.

|     |  | Type of account:  | Institution name:   |                             |  |
|-----|--|---|---|-----------------------------|--|
|     |  | 401(K)  | WASHINGTON MUTUAL   |                             | \$7,500.00   |
| 22. |  | sed deposits you have made  | e so that you may continue service or use from<br>nt, public utilities (electric, gas, water), teleco |                             | or others  |
|     | □ Yes  |   | Institution name or individual:   |                             |  |
| 23. | No   | for a periodic payment of mo  | oney to you, either for life or for a number of j   | years)                      |  |
| 24  |  | tion IRA, in an account in a<br>), 529A(b), and 529(b)(1).                              | a qualified ABLE program, or under a qua  | lified state tuition progra | m.   |
|     |  | Institution name and descrip  | tion. Separately file the records of any intere   | sts.11 U.S.C. § 521(c):     |  |
| 25. | No   | future interests in property  | / (other than anything listed in line 1), and   | rights or powers exercis    | able for your benefit  |
| 26  | Examples: Internet de  |   | , and other intellectual property<br>ceeds from royalties and licensing agreemen                      | ts                          |  |
| 27  | <i>Examples:</i> Building p  | s, and other general intangi<br>ermits, exclusive licenses, co<br>nformation about them | ibles<br>ooperative association holdings, liquor licens   | es, professional licenses   |  |
| М   | oney or property owed  | d to you?   |   |                             | Current value of the<br>portion you own?<br>Do not deduct secured<br>claims or exemptions. |
| 28  | <ul> <li>Tax refunds owed to</li> <li>■ No</li> <li>□ Yes. Give specific in</li> </ul>                         | -   | ding whether you already filed the returns and  | d the tax years             |  |
| 29  | <ul> <li>Family support         Examples: Past due of No     </li> <li>■ Yes. Give specific in     </li> </ul> |   | al support, child support, maintenance, divord  | æ settlement, property sett | llement  |
|     |  | BACK  | OWED CHILD SUPPORT  | CHILD SUPPORT               | \$27,900.00  |

| Debtor 1                  | JANE SAMPLE MONTANA   | Case number (if known)                      |                            |
|---------------------------|---|---|----------------------------|
|                           | <i>amounts someone owes you</i><br><i>nples:</i> Unpaid wages, disability insurance payments, disability benefits, s<br>benefits; unpaid loans you made to someone else | sick pay, vacation pay, workers' compe      | nsation, Social Security   |
|                           | . Give specific information   |   |                            |
|                           | ests in insurance policies<br>aples: Health, disability, or life insurance; health savings account (HSA);   | credit, homeowner's, or renter's insurat    | nce                        |
| □ Yes                     | . Name the insurance company of each policy and list its value.<br>Company name:  | Beneficiary:                                | Surrender or refund value: |
| lf you<br>some<br>■ No    | nterest in property that is due you from someone who has died<br>are the beneficiary of a living trust, expect proceeds from a life insuran<br>some has died.           | ce policy, or are currently entitled to rec | eive property because      |
| 33. Claim<br>Exan<br>■ No | as against third parties, whether or not you have filed a lawsuit or naples: Accidents, employment disputes, insurance claims, or rights to su                          |   |                            |
| No                        | contingent and unliquidated claims of every nature, including cou   | nterclaims of the debtor and rights to      | e set off claims           |
| No                        | inancial assets you did not already list  |   |                            |
|                           | the dollar value of all of your entries from Part 4, including any en<br>Part 4. Write that number here   |   | \$35,455.00                |
| Part 5: D                 | escribe Any Business-Related Property You Own or Have an Interest In. List  | any real estate in Part 1.                  |                            |
|                           | own or have any legal or equitable interest in any business-related propert   | y?  |                            |
|                           | Go to Part 6.<br>Go to line 38.   |   |                            |
|                           | escribe Any Farm- and Commercial Fishing-Related Property You Own or H you own or have an interest in farmland, list it in Part 1.                                      | ave an Interest In.                         |                            |
| -                         | ou own or have any legal or equitable interest in any farm- or comm   | ercial fishing-related property?            |                            |
| 🗆 Ye                      | es. Go to line 47.  |   |                            |
| Part 7:                   | Describe All Property You Own or Have an Interest in That You Did Not L   | ist Above                                   |                            |
| Exan                      | ou have other property of any kind you did not already list?<br>nples: Season tickets, country club membership  |   |                            |
| ■ No<br>□ Yes             | . Give specific information   |   |                            |
| 54. <b>Add</b>            | the dollar value of all of your entries from Part 7. Write that number  | r here                                      | \$0.00                     |

3/09/18 12:58PM

Debtor 1 JANE SAMPLE MONTANA Case number (if known)

| 55. | Part 1: Total real estate, line 2                            |             |                              | \$0.00      |
|-----|--|-------------|------------------------------|-------------|
| 56. | Part 2: Total vehicles, line 5                               | \$3,600.00  |                              |             |
| 57. | Part 3: Total personal and household items, line 15          | \$2,540.00  |                              |             |
| 58. | Part 4: Total financial assets, line 36                      | \$35,455.00 |                              |             |
| 59. | Part 5: Total business-related property, line 45             | \$0.00      |                              |             |
| 60. | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |             |
| 61. | Part 7: Total other property not listed, line 54 +           | \$0.00      |                              |             |
| 62. | Total personal property. Add lines 56 through 61             | \$41,595.00 | Copy personal property total | \$41,595.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$41,595.00 |

| Fill in this infor  | mation to identify your  | case:               |           |                       |
|---------------------|--------------------------|---------------------|-----------|-----------------------|
| Debtor 1            | JANE SAMPLE M            | ONTANA              |           |                       |
|                     | First Name               | Middle Name         | Last Name |                       |
| Debtor 2            |                          |                     |           |                       |
| (Spouse if, filing) | First Name               | Middle Name         | Last Name |                       |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF MONTANA |           |                       |
| Case number         |                          |                     |           | □ Check if this is an |
|                     |                          |                     |           | amended filing        |

# Official Form 106C Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

### 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property   | Current value of the<br>portion you own<br>Copy the value from<br>Schedule A/B | ount of the exemption you claim  | Specific laws that allow exemption |  |
|--|--|--|------------------------------------|--|
| 2006 SUBARU OUTBACK 125000<br>miles<br>Location: 555 5TH STREET, Missoula<br>MT 59801<br>Line from <i>Schedule A/B</i> : <b>3.1</b>  | \$3,600.00   | \$1,176.00<br>100% of fair market value, up to<br>any applicable statutory limit | Mont. Code Ann. §<br>25-13-609(2)  |  |
| Location: 555 5TH STREET, Missoula<br>MT 59801<br>HOUSEHOLD GOODS AND<br>FURNISHINGS INCLUDING: COUCH,<br>LOVESEAT, BEDS, CHAIRS,<br>DRESSERS, END TABLE, TABLE,<br>BOOKS, KNICKNACKS,<br>LAWNMOWER, GARDEN TOOLS,<br>HOUSEHOLD TOOLS<br>Line from Schedule A/B: 6.1 | \$900.00   | \$900.00<br>100% of fair market value, up to<br>any applicable statutory limit   | Mont. Code Ann. §<br>25-13-609(1)  |  |
| Location: 555 5TH STREET, Missoula<br>MT 59801<br>ELECTRONICS INCLUDING:<br>SETERO, TWO TVS, COMPUTER,<br>DVD PLAYER, CD/DVD COLLECTION<br>Line from Schedule A/B: 7.1   | \$650.00   | \$650.00<br>100% of fair market value, up to<br>any applicable statutory limit   | Mont. Code Ann. §<br>25-13-609(1)  |  |

| Debtor 1 JANE SAMPLE MONTANA  |                                      |     | Case number (if known)  |                                      |
|---|--------------------------------------|-----|---|--------------------------------------|
| Brief description of the property and line on<br>Schedule A/B that lists this property  | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption   |
|   | Copy the value from<br>Schedule A/B  | Che | eck only one box for each exemption.                            |                                      |
| Location: 555 5TH STREET, Missoula<br>MT 59801  | \$350.00                             |     | \$350.00  | Mont. Code Ann. §<br>25-13-609(1)    |
| SPORTS AND HOBBY EQUIPMENT<br>INCLUDING: FISHING POLE, BACK<br>PACK, TWO KID BIKES, BIKE, X-BOX<br>AND GAMES, CAMERA<br>Line from <i>Schedule A/B</i> : 9.1 |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                      |
| Location: 555 5TH STREET, Missoula<br>MT 59801  | \$250.00                             |     | \$250.00  | Mont. Code Ann. §<br>25-13-609(1)    |
| REMINGTON 783 270win<br>Line from Schedule A/B: 10.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit | 23-13-009(1)                         |
| Location: 555 5TH STREET, Missoula<br>MT 59801  | \$150.00                             |     | \$150.00  | Mont. Code Ann. §<br>25-13-609(1)    |
| DEBTOR'S AND CHILDREN'S<br>CLOTHES  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                      |
| Line from Schedule A/B: 11.1  |                                      |     |   |                                      |
| Location: 555 5TH STREET, Missoula<br>MT 59801  | \$200.00                             |     | \$200.00  | Mont. Code Ann. §<br>25-13-609(1)    |
| COSTUME JEWELRY AND GOLD<br>BAN<br>Line from Schedule A/B: 12.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                      |
| Location: 555 5TH STREET, Missoula<br>MT 59801  | \$40.00                              |     | \$40.00   | Mont. Code Ann. §<br>25-13-609(1)    |
| DOG AND CAT<br>Line from Schedule A/B: 13.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit | 20 10 000(1)                         |
| CHECKING: SAMPLE CREDIT UNION<br>Line from Schedule A/B: 17.1   | \$30.00                              |     | \$30.00   | Mont. Code Ann. § 25-13-614          |
|   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                      |
| SAVINGS: SAMPLE CREDIT UNION<br>Line from Schedule A/B: 17.2  | \$25.00                              |     | \$25.00   | Mont. Code Ann. § 25-13-614          |
| · · · · · · · · · · · ·   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                      |
| 401(K): WASHINGTON MUTUAL<br>Line from Schedule A/B: 21.1   | \$7,500.00                           |     | \$7,500.00  | Mont. Code Ann. §<br>25-13-608(1)(e) |
|   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                      |
| CHILD SUPPORT: BACK OWED<br>CHILD SUPPORT   | \$27,900.00                          |     | \$27,900.00   | Mont. Code Ann. §<br>25-13-608(1)(g) |
| Line from Schedule A/B: 29.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                      |

## 3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
No

- - Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
    - □ No
    - □ Yes

| mation to identify your  | case:                                     |                        |   |   |
|--------------------------|---|------------------------|---|---|
| JANE SAMPLE M            | IONTANA                                   |                        |   |   |
| First Name               | Middle Name                               | Last Name              |   |   |
|                          |   |                        |   |   |
| First Name               | Middle Name                               | Last Name              |   |   |
| inkruptcy Court for the: | DISTRICT OF MONTANA                       |                        |   |   |
|                          |   |                        |   | Check if this is an   |
|                          | JANE SAMPLE M<br>First Name<br>First Name | First Name Middle Name | JANE SAMPLE MONTANA       First Name     Middle Name     Last Name       First Name     Middle Name     Last Name | JANE SAMPLE MONTANA       First Name     Middle Name     Last Name       First Name     Middle Name     Last Name |

## Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

I No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

### Part 1: List All Secured Claims

| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately  |                                       |   | Column A   | Column B                                     | Column C                       |
|--|---------------------------------------|---|--|--|--------------------------------|
| for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. |                                       |   | Amount of claim<br>Do not deduct the<br>value of collateral. | Value of collateral that supports this claim | Unsecured<br>portion<br>If any |
| 211  | AMPLE CAR<br>INANCING                 | Describe the property that secures the claim:   | \$2,424.00   | \$3,600.00                                   | \$0.00                         |
|  | reditor's Name                        | 2006 SUBARU OUTBACK 125000<br>miles<br>Location: 555 5TH STREET,<br>Missoula MT 59801 |  |  |                                |
| PO BOX 555<br>Gulf Shores, AL 36542  |                                       | As of the date you file, the claim is: Check all that apply.                          |  |  |                                |
| N  | umber, Street, City, State & Zip Code |   |  |  |                                |
| Who owes the debt? Check one.  |                                       |   |  |  |                                |
| _  | tor 1 only<br>tor 2 only              | An agreement you made (such as mortgage or security car loan)                         | ured   |  |                                |
| Debtor 1 and Debtor 2 only   |                                       |   |  |  |                                |
| $\square$ At least one of the debtors and another $\square$ Judgment lien from a lawsuit   |                                       |   |  |  |                                |
| Check if this claim relates to a Community debt  |                                       |   |  |  |                                |
| Date de  | bt was incurred 3/3/2014              | Last 4 digits of account number 1111  |  |  |                                |

| Add the dollar value of your entries in Column A on this page. Write that number here:                        | \$2,424.00 |
|---|------------|
| If this is the last page of your form, add the dollar value totals from all pages.<br>Write that number here: | \$2,424.00 |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this inform | nation to identify your | case:               |           |                     |
|---------------------|-------------------------|---------------------|-----------|---------------------|
| Debtor 1            | JANE SAMPLE M           | IONTANA             |           |                     |
|                     | First Name              | Middle Name         | Last Name |                     |
| Debtor 2            |                         |                     |           |                     |
| (Spouse if, filing) | First Name              | Middle Name         | Last Name |                     |
| United States Ba    | nkruptcy Court for the: | DISTRICT OF MONTANA |           |                     |
| Case number         |                         |                     |           |                     |
| (if known)          |                         |                     |           | Check if this is an |
|                     |                         |                     |           | amended filing      |
|                     |                         |                     |           |                     |

## Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known)

| Part 1: List All of Your PRIORITY Unsecured  | Claims  |               |                         |                       |                       |
|--|---|---------------|-------------------------|-----------------------|-----------------------|
| 1. Do any creditors have priority unsecured claims a   | igainst you?  |               |                         |                       |                       |
| No. Go to Part 2.  |   |               |                         |                       |                       |
| Yes.   |   |               |                         |                       |                       |
| <ol> <li>List all of your priority unsecured claims. If a cred<br/>identify what type of claim it is. If a claim has both prior<br/>possible, list the claims in alphabetical order accordin<br/>Part 1. If more than one creditor holds a particular cla</li> </ol> | prity and nonpriority amounts, list that o<br>g to the creditor's name. If you have m | claim here ar | nd show both priority a | and nonpriority amoun | ts. As much as        |
| (For an explanation of each type of claim, see the ins   | tructions for this form in the instruction  | booklet.)     | Total claim             | Priority<br>amount    | Nonpriority<br>amount |
| 2.1 <b>IRS</b>   | Last 4 digits of account number   | UNKNO<br>WN   | \$900.00                |                       | Unknow                |
| Priority Creditor's Name<br>CENTRALIZED INSOLVENCY<br>OPERATION<br>PO BOX 7346<br>PHILADELPHIA, PA 19101   | When was the debt incurred?   | 12/31/20      | )12                     | -                     |                       |
| Number Street City State ZIp Code  | As of the date you file, the claim  | is: Check a   | ll that apply           |                       |                       |
| Who incurred the debt? Check one.  | Contingent  |               |                         |                       |                       |
| Debtor 1 only  | Unliquidated  |               |                         |                       |                       |
| Debtor 2 only  | Disputed  |               |                         |                       |                       |
| Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured cla  | aim:          |                         |                       |                       |
| $\Box$ At least one of the debtors and another   | Domestic support obligations  |               |                         |                       |                       |
| ☐ Check if this claim is for a community debt  | Taxes and certain other debts y   | ou owe the    | government              |                       |                       |
| Is the claim subject to offset?  | $\Box$ Claims for death or personal inj   | jury while yo | u were intoxicated      |                       |                       |
| No   | Cther. Specify  |               |                         |                       |                       |
| □ Yes  | INCOME T  | AXES          |                         |                       | -                     |

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

### 3. Do any creditors have nonpriority unsecured claims against you?

D No. You have nothing to report in this part. Submit this form to the court with your other schedules.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

43806

**Total claim** 

Yes.

| Debto | 1 JANE SAMPLE MONTANA  |  | Case number (if know)                         | 3/09/16 12.3681 |
|-------|--|--|---|-----------------|
| 4.1   | CAPITAL ONE  | Last 4 digits of account number  | 4321  | \$1,900.00      |
|       | Nonpriority Creditor's Name<br>PO BOX 30281  | When was the debt incurred?  | 1/15/2015-PRESENT                             |                 |
|       | Salt Lake City, UT 84130<br>Number Street City State Zlp Code<br>Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all that apply                      |                 |
|       | Debtor 1 only  |  |   |                 |
|       | Debtor 2 only  | Unliquidated   |   |                 |
|       | Debtor 1 and Debtor 2 only   | Disputed   |   |                 |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                                      |                 |
|       | $\Box$ Check if this claim is for a community  | Student loans  |   |                 |
|       | debt<br>Is the claim subject to offset?  | Obligations arising out of a separation of | aration agreement or divorce that you did not |                 |
|       | No   | Debts to pension or profit-sharir  | ng plans, and other similar debts             |                 |
|       | □ <sub>Yes</sub>   | Other. Specify <b>REVOLVIN</b>   | G CREDIT                                      |                 |
| 4.2   | CHASE BANK USA NA  | Last 4 digits of account number  | 1234  | \$3,900.00      |
|       | Nonpriority Creditor's Name<br>PO BOX 15298<br>WILMINGTON, DE 19850                                | When was the debt incurred?  | 4/23/2013-9/26/2016                           |                 |
|       | Number Street City State ZIp Code  | is: Check all that apply   |   |                 |
|       | Who incurred the debt? Check one.  |  |   |                 |
|       | Debtor 1 only  |  |   |                 |
|       | Debtor 2 only  | Unliquidated   |   |                 |
|       | Debtor 1 and Debtor 2 only   | Disputed   |   |                 |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                                      |                 |
|       | □ Check if this claim is for a community   | Student loans  |   |                 |
|       | debt<br>Is the claim subject to offset?  | Obligations arising out of a separation of | aration agreement or divorce that you did not |                 |
|       | No   | Debts to pension or profit-sharir  | ng plans, and other similar debts             |                 |
|       | □ Yes  | Other. Specify <b>REVOLVIN</b>   | G CREDIT                                      |                 |
| 4.3   | CLARK FORK EMERGENCY<br>PHYSICIANS   | Last 4 digits of account number  | UNKNOWN                                       | \$585.00        |
|       | Nonpriority Creditor's Name<br>2827 FORT MISSOULA ROAD<br>Missoula, MT 59804                       | When was the debt incurred?  | 5/30/2017                                     |                 |
|       | Number Street City State ZIp Code  | As of the date you file, the claim   | is: Check all that apply                      |                 |
|       | Who incurred the debt? Check one.  |  |   |                 |
|       | Debtor 1 only  |  |   |                 |
|       | Debtor 2 only  | Unliquidated   |   |                 |
|       | Debtor 1 and Debtor 2 only   | Disputed   |   |                 |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                                      |                 |
|       | ☐ Check if this claim is for a community   | Student loans  |   |                 |
|       | debt<br>Is the claim subject to offset?  | Obligations arising out of a separation of a separation of the | aration agreement or divorce that you did not |                 |
|       | No   | Debts to pension or profit-sharir  | ng plans, and other similar debts             |                 |
|       | □ Yes  | Other. Specify   | DEBT  |                 |

| 3/09/18 | 12:58PM |
|---------|---------|
|         |         |

| Nompionity Creditor's Name       When was the debt incurred?       2/10/2015         Nompionity Creditor's Name       When was the debt incurred?       2/10/2015         Number Street City State Zip Code       As of the date you file, the claim is: Check all that apply         Who incurred the debt? Check one.       Contingent       Unliquidated         Debtor 1 and Debtor 2 only       Disputed       Disputed         Check if this claim is for a community debt       Student loans       Debts to pension or profit-sharing plans, and other similar debts         Nonpointify Creditor's Name       Debts to pension or profit-sharing plans, and other similar debts       Student loans         4.5       ST. PATRICK HOSPITAL       Last 4 digits of account number       UNKNOWN       \$4,1         Monpionity Creditor's Name       S00 WEST BROADWAY STREET       When was the debt incurred?       \$/30/2016         Nompionity Creditor's Name       Contingent       Unliquidated       Debtor 1 only       \$/30/2016         Number Stree City State Zip Code       As of the date you file, the claim is: Check all that apply       When was the debt incurred?       \$/30/2016         Number Stree City State Zip Code       As of the date you file, the claim is: Check all that apply       Unliquidated       Debtor 1 only       Disputed         Debtor 1 only       Contingent       Disputed       Disputed<   | 3/09/18 12:58PW | Case number ( <sub>if know</sub> )  |                       |               | MPLE MONTANA                 | otor 1 JANE SAMP               | Debtor |
|---|-----------------|---|-----------------------|---------------|------------------------------|--------------------------------|--------|
| BUSINESS OFFICE       When was the debt incurred?       2/10/2015         PO BOX 3177       Portland, OR 97208       As of the debt or converted the debt? Check one.       As of the date you file, the claim is: Check all that apply         Number Street City Status 2(b) Code       As of the date you file, the claim is: Check all that apply       Undiputed         Debtor 1 only       Debtor 1 only       Disputed       Disputed         Debtor 1 and Debtor 2 only       Disputed       Disputed       Disputed         At least one of the debtors and another       Type of NONPRIORITY ussecured claim:       Disputed         Check if this claim is for a community debt       Dotters to pension or profile-sharing plans, and other similar debts       Disputed         Is the claim subject to offset?       Dotter. Specity       MEDICAL DEBT       \$4,1         Morehority: Creditor's Name       St. PATRICK HOSPITAL       Last 4 digits of account number       UNKNOWN       \$4,4         Morehority: Creditor's Name       Contingent       Disputed       Signification as information of the debtor and another       Signification as information of the debtor and another       Signification as information of the debtor and another       Signification of the debtor and another       Sig  | 5,000.00        | digits of account number  |                       | Last 4 digits |                              | SERVICES                       | 4.4    |
| Number Street City State Zip Code       As of the date you file, the claim is: Check all that apply         Who incurred the debt? Check one.       Debtor 1 only       Contingent         Debtor 1 only       Disputed       Disputed         Type of NONPRIORITY unsecured claim:       Disputed         No       Debtor 1 of debtors and another       Disputed         No       Debtor 1 of debtors and another       Disputed         No       Debtor 1 of debtors and another       Disputed         No       Debts to pension or profit-sharing plans, and other similar debts       Disputed         No       Debts to pension or profit-sharing plans, and other similar debts       Student loans         Student loans       Obligations anising out of a separation agreement or divorce that you did not report as priority Creditors Name       Student loans         Monther Street City State Zip Code       As of the date you file, the claim is: Check all that apply         When neurored the debtors and another       Student loans       Student loans         Debtor 1 and Debtor 2 only       Doingent       Doingent         Debtor 1 and Debtor 2 only       Disputed       Disputed         No       Debts to pension or profit-sharing plans, and other similar debts       Student loans         No       Debtor 1 and Debtor 2 only       Disputed       Disputed   |                 | 2/10/2015   | lebt incurred?        | When was t    | OFFICE                       | BUSINESS OF<br>PO BOX 3177     |        |
| <ul> <li>Debtor 2 only</li> <li>Unliquidaded</li> <li>Debtor 1 and Debtor 2 only</li> <li>Disputed</li> <li>Type of NONPRORTY unsecured claim:</li> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>No</li> <li>Debtor 1 and Debtor 3 and</li> <li>Type of NONPRORTY unsecured claim:</li> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Other. Specify</li> <li>MEDICAL DEBT</li> </ul> <li>ST. PATRICK HOSPITAL         <ul> <li>Last 4 digits of account number</li> <li>UNKNOWN</li> <li>Student loans</li> <li>Other. Specify</li> <li>MEDICAL DEBT</li> </ul> </li> <li>ST. PATRICK HOSPITAL         <ul> <li>Last 4 digits of account number</li> <li>UNKNOWN</li> <li>Student loans</li> <li>Other. Specify</li> <li>MEDICAL DEBT</li> </ul> </li> <li>As of the date you file, the claim is: Check all that apply</li> <li>Who incurred the debtors and another</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Disputed</li> <li>Type of NONPRORTY unsecured claim:</li> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debtor 1 only</li> <li>Debtor 2 only</li> <li>Disputed</li> <li>Type of NONPRORTY unsecured claim:</li> <li>Student loans</li> <li>Other. Specify</li> <li>MeDilocal of fises arinin a debts</li> <li>Other. Specify</li>   |                 | is: Check all that apply  | ou file, the claim i  | As of the da  | City State ZIp Code          | Number Street City             |        |
| Image: Section of the debtors 2 only       Disputed         Type of NONPRIORITY unsecured claim:       Type of NONPRIORITY unsecured claim:         Image: Section of the debtors and another       Obligations arising out of a separation agreement or divorce that you did not report as priority claims         Image: Section of the debtors and another       Obligations arising out of a separation agreement or divorce that you did not report as priority claims         Image: Section of the debtors and another       Other. Specify         Medication of the debtors and another       Other. Specify         Medication of profit-sharing plans, and other similar debts       Image: Section of the debtors and another         Montprinty Creditors Name       Soft digits of account number       UNKNOWN         State 4 digits of account number       UNKNOWN       \$4,4         Montprinty Creditors Name       Soft deata you file, the claim is: Check all that apply       When was the debt incurred?       \$130/2016         Mumber Street City State 2/p Code       As of the date you file, the claim is: Check all that apply       Unliquidated       Debtor 1 only       Debtor 2 only       Disputed         Debtor 1 and Debtor 2 only       Disputed       Type of NONPRIORITY unsecured claim:       Student leans       Student leans         No       Debtor 1 and Debtor 2 only       Disputed       Disputed       Student leans       Student leans <th></th> <th></th> <th></th> <th>-</th> <th></th> <th></th> <th></th>   |                 |   |                       | -             |                              |                                |        |
| Letteck in this Calm is for a Collinghity <ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>No</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul> 4.5         ST. PATRICK HOSPITAL<br>Nonpriority Creditor's Name         Last 4 digits of account number         UNKNOWN         \$4,4           4.5         ST. PATRICK HOSPITAL<br>Nonpriority Creditor's Name         Last 4 digits of account number         UNKNOWN         \$4,4           4.5         ST. PATRICK HOSPITAL<br>Nonpriority Creditor's Name         Last 4 digits of account number         UNKNOWN         \$4,4           4.5         ST. PATRICK HOSPITAL<br>Nonpriority Creditor's Name         Last 4 digits of account number         UNKNOWN         \$4,4           4.5         ST. PATRICK HOSPITAL<br>Nonpriority Creditor's Name         Last 4 digits of account number         UNKNOWN         \$4,4           Momber Street City State 21p Code         As of the date you file, the claim is: Check all that apply         When was the debt incurred?         \$/30/2016         Soft the date you did not report as priority claims           Debtor 1 only         Disputed         Type of NONPRIORITY unsecured claim:<br>Disputed         Disputed         Disputed           Yes         Other. Specify         MEDICAL DEBT         Soft the date you did not report aspriority claims  |                 | ed claim:   | IORITY unsecured      | Disputed      |                              | _                              |        |
| No       Debts to pension or profit-sharing plans, and other similar debts         Yes       Other, Specify       MEDICAL DEBT         4.5       ST. PATRICK HOSPITAL       Last 4 digits of account number       UNKNOWN       \$4,4         Nonpriority Creditor's Name       500 WEST BROADWAY STREET       When was the debt incurred?       5/30/2016       \$4,5         Number Street City State Zip Code       As of the date you file, the claim is: Check all that apply       \$4,6         Debtor 1 only       Contingent       Debtor 2 only       Disputed         Debtor 2 only       Disputed       Student loans       Debts to pension or profit-sharing plans, and other similar debts         Is the claim subject to offset?       Debts of a separation agreement or divorce that you did not report as priority claims       Disputed         Yes       Other. Specify       MEDICAL DEBT       \$1         4.6       VERIZON WIRELESS BK       Last 4 digits of account number       UNKNOWN       \$1         4.6       VERIZON WIRELESS BK       Last 4 digits of account number       UNKNOWN       \$1         Monpriority Creditor's Name       Soft the date you file, the claim is: Check all that apply       When was the debt incurred?       2016         Monpriority Creditor's Name       Soft the date you file, the claim is: Check all that apply       When was the debt incurred?   |                 | Obligations arising out of a separation agreement or divorce that you did not |                       |               | debt                         |                                |        |
| 4.5       ST. PATRICK HOSPITAL       Last 4 digits of account number       UNKNOWN       \$4,1         Nonpriority Creditor's Name       500 WEST BROADWAY STREET       When was the debt incurred?       5/30/2016         Number Street City State ZIp Code       As of the date you file, the claim is: Check all that apply       As of the date you file, the claim is: Check all that apply         Who incurred the debt? Check one.       □       □       □       □         □       Debtor 1 only       □       □       □       □         □       Debtor 2 only       □       □       □       □         □       Debtor 1 and Debtor 2 only       □       □       □       □       □         □       Debtor 1 and Debtor 2 only       □   |                 | ing plans, and other similar debts  |                       |               |                              | -                              |        |
| Norpifority Creditor's Name       When was the debt incurred?       5/30/2016         S00 WEST BROADWAY STREET       As of the date you file, the claim is: Check all that apply         Whon incurred the debt? Check one.       Contingent         Debtor 1 only       Contingent         Debtor 2 only       Disputed         Type of NONPRIORITY unsecured claim:       Student loans         Check if this claim is for a community debt       Student loans         Is the claim subject to offset?       Debts to pension or profit-sharing plans, and other similar debts         Yes       Other. Specify       MEDICAL DEBT         4.6       VERIZON WIRELESS BK       Last 4 digits of account number       UNKNOWN         Sumpriority Creditor's Name       When was the debt incurred?       2016         Suite Stop       Saint Charles, MO 63304       As of the date you file, the claim is: Check all that apply         Who incurred the debt? Check one.       Debtor 1 only       Contingent         Debtor 1 only       Contingent       Unliquidated         Debtor 1 only       Contingent       Unliquidated         Debtor 2 only       Unliquidated       Disputed         Who incurred the debt? Check one.       Debtor 2 only       Unliquidated   |                 | DEBT  |                       | Other. Sp     |                              | ☐ Yes                          |        |
| 500 WEST BROADWAY STREET       When was the debt incurred?       5/30/2016         Number Street City State Zip Code       As of the date you file, the claim is: Check all that apply         Number Street City State Zip Code       As of the date you file, the claim is: Check all that apply         Who incurred the debt? Check one. <ul> <li>Debtor 1 only</li> <li>Contingent</li> <li>Debtor 1 and Debtor 2 only</li> <li>Disputed</li> <li>Debtor 1 and Debtor 2 only</li> <li>Disputed</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>No</li> <li>Debtor to offset?</li> <li>Other. Specify</li> <li>MEDICAL DEBT</li> <li>(Af test offset?)</li> <li>When was the debt incurred?</li> <li>2016</li> <li>(Af test offset?)</li> <li>When was the debt incurred?</li> <li>(Af test offset?)</li> <li>(Af test of account number</li> <li>(Af test offset?)</li> <li>(Af test offset?)</li> <li>(Af test offset?)</li> <li>(Af test of person or profit-sharing plans, and other similar debts</li> <li>(Af test of account number)</li> <li>(Af test of the date you file, the claim is: Check all that apply</li> <li>(Af test of the date you file, the claim is: Check all that apply</li> <li>(Af test of the dets)? Check one.</li> <li>(Af test of the date you file, the claim is: Check all that apply</li> <li>(Af test of the dets)? Check one.</li> <li>(Af test of the date you file, the claim is: Check all that apply</li> <li>(Af tes</li></ul> | 4,600.00        | UNKNOWN   | account number        | Last 4 digits |                              |                                | 4.5    |
| Who incurred the debt? Check one.         Debtor 1 only       Contingent         Debtor 2 only       Unliquidated         Debtor 1 and Debtor 2 only       Disputed         At least one of the debtors and another       Student leans         Check if this claim is for a community debt       Student leans         Object as priority claims       Object as priority claims         No       Debts to pension or profit-sharing plans, and other similar debts         Yes       Other. Specify       MEDICAL DEBT         4.6       VERIZON WIRELESS BK       Last 4 digits of account number       UNKNOWN       \$1         4.6       VERIZON WIRELESS BK       Last 4 digits of account number       UNKNOWN       \$1         Soot TECHNOLOGY DRIVE       When was the debt incurred?       2016       \$2016         Suitt Charles, MO 63304       As of the date you file, the claim is: Check all that apply       Who incurred the debt? Check one.       Contingent         Debtor 1 only       Contingent       Debtor 2 only       Uniquidated         Debtor 2 only       Uniquidated       Debtor 2 only       Disputed   |                 | 5/30/2016   | lebt incurred?        | When was t    | BROADWAY STREET<br>MT 59802  | 500 WEST BRO<br>Missoula, MT 5 |        |
| Image: Construction of the debtor 2 only       Image: Construction of the debtor 2 only       Image: Construction of the debtor 2 only         Image: Construction of the debtor 2 only       Image: Construction of the debtor 2 only       Image: Construction of the debtor 2 only         Image: Construction of the debtor 2 only       Image: Construction of the debtor 2 only       Image: Construction of the debtor 2 only         Image: Construction of the debtor 2 only       Image: Construction of the debtor 2 only       Image: Construction of the debtor 2 only         Image: Construction of the debtor 2 only       Image: Construction of the debt 2 only       Image: Construction of the debt 2 only         Image: Construction of the debtor 2 only       Image: Construction of the debt 2 only       Image: Construction of the debt 2 only         Image: Construction of the debtor 2 only       Image: Construction of the debt 2 only       Image: Construction of the debt 2 only         Image: Construction of the debtor 2 only       Image: Construction of the debt 2 only       Image: Construction of the debt 2 only         Image: Construction of the debt 2 only       Image: Construction of the debt 2 only       Image: Construction of the debt 2 only         Image: Construction of the debt 2 only       Image: Construction of the debt 2 only       Image: Construction of the debtor 2 only         Image: Construction of the debtor 2 only       Image: Construction of the debtor 2 only       Image: Construction of the debtor 2 only  |                 | i <b>s:</b> Check all that apply  | ou file, the claim i  | As of the da  |                              |                                |        |
| Image: Constraint of the debtor 1 and Debtor 2 only       Image: Disputed         Image: Check if this claim is for a community debt       Student loans         Image: Check if this claim is for a community debt       Student loans         Image: Check if this claim is for a community debt       Obligations arising out of a separation agreement or divorce that you did not report as priority claims         Image: Check if this claim subject to offset?       Debts to pension or profit-sharing plans, and other similar debts         Image: Check if this claim subject to offset?       Debts to pension or profit-sharing plans, and other similar debts         Image: Check if this claim subject to offset?       Debts to pension or profit-sharing plans, and other similar debts         Image: Check if this claim subject to offset?       Debts to pension or profit-sharing plans, and other similar debts         Image: Check if this claim subject to offset?       Debts to pension or profit-sharing plans, and other similar debts         Image: Check if this claim subject to offset?       Debts to pension or profit-sharing plans, and other similar debts         Image: Check if this claim subject to offset?       Debts to pension or profit-sharing plans, and other similar debts         Image: Check if this claim subject to offset?       MEDICAL DEBT         4.6       VERIZON WIRELESS BK       Last 4 digits of account number       UNKNOWN         Saint Charles, MO 63304       Number Street City State Zip Code   |                 |   |                       | Continger     | hly                          | Debtor 1 only                  |        |
| At least one of the debtors and another       Type of NONPRIORITY unsecured claim:         Check if this claim is for a community debt       Student loans         Is the claim subject to offset?       Obligations arising out of a separation agreement or divorce that you did not report as priority claims         No       Debts to pension or profit-sharing plans, and other similar debts         Yes       Other. Specify         MEDICAL DEBT         4.6       VERIZON WIRELESS BK         ADMINISTRATION       Last 4 digits of account number         Nonpriority Creditor's Name       When was the debt incurred?         S00 TECHNOLOGY DRIVE       When was the debt incurred?         Suift Charles, MO 63304       As of the date you file, the claim is: Check all that apply         Who incurred the debt? Check one.       Contingent         Debtor 1 only       Contingent         Debtor 2 only       Disputed  |                 |   |                       | 🗖 Unliquida   | ıly                          | Debtor 2 only                  |        |
| A check if this claim is for a community       Student loans         Check if this claim is for a community       Obligations arising out of a separation agreement or divorce that you did not report as priority claims         No       Debts to pension or profit-sharing plans, and other similar debts         Yes       Other. Specify         MEDICAL DEBT         4.6       VERIZON WIRELESS BK         ADMINISTRATION       Last 4 digits of account number         Nonpriority Creditor's Name         500 TECHNOLOGY DRIVE       When was the debt incurred?         2016         Suite 50         Saint Charles, MO 63304         Number Street City State Zlp Code         Who incurred the debt? Check one.         Debtor 1 only       Contingent         Debtor 2 only       Unliquidated         Debtor 1 and Debtor 2 only       Disputed  |                 |   |                       |               | ,                            |                                |        |
| debt   Is the claim subject to offset?   Is the claim subject to person or profit-sharing plans, and other similar debts   Is the claim subject to person or profit-sharing plans, and other similar debts   Is the claim subject to person or profit-sharing plans, and other similar debts   Is the claim subject to person or profit-sharing plans, and other similar debts   Is the claim subject to person or person o   |                 | ed claim:   |                       |               | e of the debtors and another | At least one of th             |        |
| Is the claim subject to offset?       report as priority claims         No       Debts to pension or profit-sharing plans, and other similar debts         Yes       Other. Specify       MEDICAL DEBT         4.6       VERIZON WIRELESS BK<br>ADMINISTRATION       Last 4 digits of account number       UNKNOWN       \$i         Nonpriority Creditor's Name       When was the debt incurred?       2016       \$i         SuiTE 550       Saint Charles, MO 63304       As of the date you file, the claim is: Check all that apply       \$i         Who incurred the debt? Check one.       Contingent       Unliquidated       Unliquidated         Debtor 1 only       Debtor 2 only       Disputed       Disputed  |                 | paration agreement or diverse that you did not                                |                       |               | his claim is for a community |                                |        |
| Image: Pres       Other. Specify       MEDICAL DEBT         4.6       VERIZON WIRELESS BK<br>ADMINISTRATION       Last 4 digits of account number       UNKNOWN       \$4         Nonpriority Creditor's Name       Soo TECHNOLOGY DRIVE       When was the debt incurred?       2016       2016         Suite 550       Saint Charles, MO 63304       As of the date you file, the claim is: Check all that apply       Saint Charles, MO 63304       As of the date you file, the claim is: Check all that apply       Uniquidated         Image: Debtor 1 only       Image: Contingent       Image: Contingent <t< td=""><td></td><th>aration agreement of divorce that you did not</th><td></td><td></td><td>ubject to offset?</td><td></td><td></td></t<>  |                 | aration agreement of divorce that you did not                                 |                       |               | ubject to offset?            |                                |        |
| 4.6       VERIZON WIRELESS BK<br>ADMINISTRATION       Last 4 digits of account number       UNKNOWN       \$1         Nonpriority Creditor's Name       500 TECHNOLOGY DRIVE       When was the debt incurred?       2016       2016         SUITE 550       Saint Charles, MO 63304       As of the date you file, the claim is: Check all that apply       As of the date you file, the claim is: Check all that apply       Example 1         Who incurred the debt? Check one.       Contingent       Contingent       Unliquidated         Debtor 1 only       Disputed       Disputed   |                 | ing plans, and other similar debts  | sion or profit-sharin | Debts to      |                              | No                             |        |
| 4.6       ADMINISTRATION       Last 4 digits of account number       UNKNOWN       \$1         Nonpriority Creditor's Name       500 TECHNOLOGY DRIVE       When was the debt incurred?       2016         Suite 550       Saint Charles, MO 63304       As of the date you file, the claim is: Check all that apply       4s of the date you file, the claim is: Check all that apply         Who incurred the debt? Check one.       Contingent       Contingent       10 Debtor 2 only         Debtor 1 and Debtor 2 only       Disputed       Disputed  |                 | DEBT  |                       | Other. Sp     |                              | ☐ Yes                          |        |
| 500 TECHNOLOGY DRIVE       When was the debt incurred?       2016         SUITE 550       Saint Charles, MO 63304       As of the date you file, the claim is: Check all that apply         Number Street City State Zlp Code       As of the date you file, the claim is: Check all that apply         Who incurred the debt? Check one.       Contingent         Debtor 1 only       Contingent         Debtor 2 only       Unliquidated         Debtor 1 and Debtor 2 only       Disputed  | \$890.00        | UNKNOWN   | account number        | Last 4 digits | RATION                       | ADMINISTRAT                    | 4.6    |
| Number Street City State Zlp Code       As of the date you file, the claim is: Check all that apply         Who incurred the debt? Check one.       Contingent         Debtor 1 only       Contingent         Debtor 2 only       Unliquidated         Debtor 1 and Debtor 2 only       Disputed  |                 | 2016  | lebt incurred?        | When was t    |                              | 500 TECHNOL                    |        |
| Debtor 2 only     Unliquidated       Debtor 1 and Debtor 2 only     Disputed  |                 | is: Check all that apply  | ou file, the claim i  | As of the da  | City State ZIp Code          | Number Street City             |        |
| Debtor 1 and Debtor 2 only  |                 |   |                       | Continger     | hly                          | Debtor 1 only                  |        |
|   |                 |   |                       | 🗖 Unliquida   | nly                          | Debtor 2 only                  |        |
| At least one of the debtors and another Type of NONPRIORITY unsecured claim:  |                 |   |                       | Disputed      | nd Debtor 2 only             | Debtor 1 and De                |        |
|   |                 | əd claim:   | IORITY unsecured      | Type of NON   | e of the debtors and another | At least one of th             |        |
| Check if this claim is for a community  |                 |   |                       |               | is claim is for a community  |                                |        |
| debt          □ Obligations arising out of a separation agreement or divorce that you did not         report as priority claims   |                 | aration agreement or divorce that you did not                                 |                       |               | ubiect to offset?            |                                |        |
| ■ No Debts to pension or profit-sharing plans, and other similar debts  |                 | ing plans, and other similar debts  |                       |               |                              |                                |        |
| □ Yes □ Other. Specify CELL SERVICE   |                 |   |                       |               |                              |                                |        |
| Part 3: List Others to Be Notified About a Debt That You Already Listed   |                 |   |                       |               |                              |                                |        |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 JANE SAMPLE MONTANA   |   | Case number (if know)  | 3/03/10 12.301 W |  |  |  |
|--|---|--|------------------|--|--|--|
| Name and Address<br>COLLECTION BUREAU SERVICES,<br>INC.<br>212 E. SPRUCE STREET  | On which entry in Part 1 or Part 2 c<br>Line <u><b>4.5</b></u> of ( <i>Check one</i> ): | id you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims        |                  |  |  |  |
| Missoula, MT 59802   | Last 4 digits of account number   |  |                  |  |  |  |
| Name and Address<br>MICHAEL J. MOORE/JOHN<br>NOWAKOWSKI<br>COLLECTION BUREAU SERVICES<br>PO BOX 7339<br>Missoula, MT 59807 | On which entry in Part 1 or Part 2 o<br>Line <u><b>4.5</b></u> of ( <i>Check one):</i>  | lid you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims       |                  |  |  |  |
|  | Last 4 digits of account number   |  |                  |  |  |  |
| Name and Address<br>MIDLAND FUNDING<br>2365 NORTHSIDE DRIVE<br>SUITE 30<br>San Diego, CA 92108                             | On which entry in Part 1 or Part 2 or<br>Line <b><u>4.2</u> of (<i>Check one):</i></b>  | lid you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims       |                  |  |  |  |
|  | Last 4 digits of account number   |  |                  |  |  |  |
| Name and Address<br>MISSOULA COUNTY JUSTICE<br>COURT<br>200 WEST BROADWAY<br>Missoula, MT 59802                            | On which entry in Part 1 or Part 2 o<br>Line <u><b>4.5</b></u> of ( <i>Check one</i> ): | iid you list the original creditor?<br>☐ Part 1: Creditors with Priority Unsecured Claims<br>■ Part 2: Creditors with Nonpriority Unsecured Claims |                  |  |  |  |
|  | Last 4 digits of account number   |  |                  |  |  |  |
| Name and Address<br>PORTFOLIO RECOVERY<br>120 CORPORATE BLVD.<br>Norfolk, VA 23502   | On which entry in Part 1 or Part 2 c<br>Line <b><u>4.6</u></b> of ( <i>Check one):</i>  | id you list the original creditor?<br>☐ Part 1: Creditors with Priority Unsecured Claims<br>■ Part 2: Creditors with Nonpriority Unsecured Claims  |                  |  |  |  |
| Notion, VA 20002   | Last 4 digits of account number   |  |                  |  |  |  |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                      |            |   |            |      | Total Claim          |
|----------------------|------------|---|------------|------|----------------------|
|                      | 6a.        | Domestic support obligations  | 6a.        | \$   | 0.00                 |
| Total                |            |   |            |      |                      |
| claims<br>rom Part 1 | 6b.        | Taxas and partain other debte you awa the government  | 6b.        | ¢    | 000.00               |
| om Fart I            |            | Taxes and certain other debts you owe the government  |            | \$   | 900.00               |
|                      | 6c.        | Claims for death or personal injury while you were intoxicated  | 6c.        | \$   | 0.00                 |
|                      | 6d.        | Other. Add all other priority unsecured claims. Write that amount here.   | 6d.        | \$   | 0.00                 |
|                      |            |   |            | [    |                      |
|                      | 6e.        | Total Priority. Add lines 6a through 6d.  | 6e.        | \$   | 900.00               |
|                      |            |   |            |      |                      |
|                      |            |   |            |      |                      |
|                      | <u> </u>   | Otudant Isana   | ~          |      | Total Claim          |
|                      | 6f.        | Student loans   | 6f.        | \$   | 1 otal Claim<br>0.00 |
| Total                | 6f.        | Student loans   | 6f.        | \$   |                      |
| claims               | -          |   | 6f.        | \$   | 0.00                 |
| claims               | 6f.<br>6g. | Student loans<br>Obligations arising out of a separation agreement or divorce that<br>you did not report as priority claims   | 6f.<br>6g. | \$\$ |                      |
| claims               | -          | Obligations arising out of a separation agreement or divorce that   |            |      | 0.00                 |
|                      | 6g.        | Obligations arising out of a separation agreement or divorce that<br>you did not report as priority claims<br>Debts to pension or profit-sharing plans, and other similar debts<br>Other. Add all other nonpriority unsecured claims. Write that amount | 6g.        | \$   | 0.00<br>0.00<br>0.00 |
| claims               | 6g.<br>6h. | Obligations arising out of a separation agreement or divorce that<br>you did not report as priority claims<br>Debts to pension or profit-sharing plans, and other similar debts   | 6g.<br>6h. | \$   | 0.00                 |

| Fill in this infor        | mation to identify your  | case:               |           |                     |
|---------------------------|--------------------------|---------------------|-----------|---------------------|
| Debtor 1                  | JANE SAMPLE M            | IONTANA             |           |                     |
|                           | First Name               | Middle Name         | Last Name |                     |
| Debtor 2                  |                          |                     |           |                     |
| (Spouse if, filing)       | First Name               | Middle Name         | Last Name |                     |
| United States Ba          | ankruptcy Court for the: | DISTRICT OF MONTANA |           |                     |
| Case number<br>(if known) |                          |                     |           | Check if this is an |
|                           |                          |                     |           | amended filing      |
|                           |                          |                     |           | amended filing      |

## Official Form 106G Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

□ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code |        |       |          | State what the contract or lease is for |  |  |  |  |
|-----|--|--------|-------|----------|---|--|--|--|--|
| 2.1 |  |        |       |          |   |  |  |  |  |
|     | Name   |        |       |          |   |  |  |  |  |
|     | Number   | Street |       |          |   |  |  |  |  |
|     | City   |        | State | ZIP Code |   |  |  |  |  |
| 2.2 |  |        |       |          |   |  |  |  |  |
|     | Name   |        |       |          |   |  |  |  |  |
|     | Number   | Street |       |          |   |  |  |  |  |
|     | City   |        | State | ZIP Code | —                                       |  |  |  |  |
| 2.3 |  |        |       |          |   |  |  |  |  |
|     | Name   |        |       |          |   |  |  |  |  |
|     | Number   | Street |       |          |   |  |  |  |  |
|     | City   |        | State | ZIP Code |   |  |  |  |  |
| 2.4 |  |        |       |          |   |  |  |  |  |
|     | Name   |        |       |          |   |  |  |  |  |
|     | Number   | Street |       |          | _                                       |  |  |  |  |
|     | City   |        | State | ZIP Code | —                                       |  |  |  |  |
| 2.5 | •  |        |       |          |   |  |  |  |  |
|     | Name   |        |       |          |   |  |  |  |  |
|     | Number   | Street |       |          |   |  |  |  |  |
|     | City   |        | State | ZIP Code |   |  |  |  |  |
|     |  |        |       |          |   |  |  |  |  |

| Fill in this infor        | mation to identify your  | case:               |           |                                       |
|---------------------------|--------------------------|---------------------|-----------|---------------------------------------|
| Debtor 1                  | JANE SAMPLE M            | IONTANA             |           |                                       |
|                           | First Name               | Middle Name         | Last Name |                                       |
| Debtor 2                  |                          |                     |           |                                       |
| (Spouse if, filing)       | First Name               | Middle Name         | Last Name |                                       |
| United States Ba          | ankruptcy Court for the: | DISTRICT OF MONTANA |           |                                       |
| Case number<br>(if known) |                          |                     |           | Check if this is an<br>amended filing |

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| 1. Do you have any codebtors? | (If | you are | e filing | a join | case, | do not | t list | either | · spouse | as a | codebtor |
|-------------------------------|-----|---------|----------|--------|-------|--------|--------|--------|----------|------|----------|
|-------------------------------|-----|---------|----------|--------|-------|--------|--------|--------|----------|------|----------|

| No |
|----|
|----|

🛛 Yes

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

No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

|     |        | Your codebtor<br>er, Street, City, State a |       | <i>Column 2:</i> <b>The creditor to whom you owe the debt</b><br>Check all schedules that apply: |  |  |  |
|-----|--------|--|-------|--|--|--|--|
| 3.1 | Name   |  |       |  | □ Schedule D, line<br>□ Schedule E/F, line<br>□ Schedule G, line |  |  |
|     | Number | Street                                     |       |  | -  |  |  |
|     | City   |  | State | ZIP Code   |  |  |  |
| 3.2 |        |  |       |  | Schedule D, line   |  |  |
|     | Name   |  |       |  | □ Schedule E/F, line<br>□ Schedule G, line                       |  |  |
|     | Number | Street                                     |       |  | -  |  |  |
|     | City   |  | State | ZIP Code   |  |  |  |

12/15

| Fill in this information t      | to identify your case:                 |   |
|---------------------------------|--|---|
| Debtor 1                        | JANE SAMPLE MONTANA                    |   |
| Debtor 2<br>(Spouse, if filing) |  |   |
| United States Bankrup           | tcy Court for the: DISTRICT OF MONTANA |   |
| Case number                     |  | Check if this is:   |
|                                 |  | <ul> <li>An amended filing</li> <li>A supplement showing postpetition chapter</li> <li>13 income as of the following date:</li> </ul> |
| Official Form                   | 1061                                   | MM / DD/ YYYY   |

## **Schedule I: Your Income**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### \_

| Part 1: | Describe Employment |  |
|---------|---------------------|--|
|         |                     |  |

| <ol> <li>Fill in your employment<br/>information.</li> </ol> |                      | Debtor | · 1                        | D | ebtor 2 or non-filing spouse |
|--|----------------------|--------|----------------------------|---|------------------------------|
| If you have more than one job,                               | Employment status    | 🔳 Emp  | bloyed                     |   | Employed                     |
| attach a separate page with<br>information about additional  | Employment status    | 🛛 Not  | employed                   |   | Not employed                 |
| employers.   | Occupation           | SCHO   | OL CUSTODIAN               |   |                              |
| Include part-time, seasonal, or self-employed work.          | Employer's name      | SCHO   |                            |   |                              |
| Occupation may include student or homemaker, if it applies.  | Employer's address   |        | ST STREET<br>ula, MT 59801 |   |                              |
|  | How long employed th | ere?   | 3 YEARS                    |   |                              |
| Part 2: Give Details About Mon                               | thly Income          |        |                            |   |                              |

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|    |   |    | F     | For Debtor 1 |     | otor 2 or<br>ng spouse |
|----|---|----|-------|--------------|-----|------------------------|
| 2. | List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. | \$    | 2,254.00     | \$  | N/A                    |
| 3. | Estimate and list monthly overtime pay.   | 3. | +\$ _ | 0.00         | +\$ | N/A                    |
| 4. | Calculate gross Income. Add line 2 + line 3.  | 4. | \$    | 2,254.00     | \$  | N/A                    |

### Debtor 1 JANE SAMPLE MONTANA

Case number (if known)

|     |                          |  |            | For I    | Debtor 1      |          | Debtor 2 or<br>-filing spouse |      |
|-----|--------------------------|--|------------|----------|---------------|----------|-------------------------------|------|
|     | Сору                     | y line 4 here  | 4.         | \$       | 2,254.00      | \$       | N/A                           |      |
| F   | 1 :01 /                  |  |            |          |               |          |                               |      |
| 5.  |                          | all payroll deductions:  | Fo         | ¢        | 400.00        | ¢        | <b>N</b> 1/A                  |      |
|     | 5а.<br>БЪ                | Tax, Medicare, and Social Security deductions  | 5a.        | \$       | 400.00        | \$       | <u>N/A</u>                    |      |
|     | 5b.                      | Mandatory contributions for retirement plans   | 5b.        | \$       | 0.00          | ·        | <u>N/A</u>                    |      |
|     | 5c.<br>5d.               | Voluntary contributions for retirement plans<br>Required repayments of retirement fund loans   | 5c.<br>5d. | \$       | 120.00        | \$       | N/A                           |      |
|     |                          |  |            | э<br>\$  | 0.00          | \$       | <u>N/A</u>                    |      |
|     | 5e.                      | Insurance  | 5e.        | э<br>\$  | 0.00          | \$       | <u>N/A</u>                    |      |
|     | 5f.                      | Domestic support obligations   | 5f.        | э<br>\$  | 0.00          | э<br>\$  | <u>N/A</u>                    |      |
|     | 5g.                      | Union dues   | 5g.        | · · —    | 0.00          | · ·      | <u>N/A</u>                    |      |
| •   | 5h.                      | Other deductions. Specify:   | _ 5h.+     | ·        | 0.00          |          | <u>N/A</u>                    |      |
| 6.  |                          | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$       | 520.00        | \$       | N/A                           |      |
| 7.  | Calc                     | ulate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$       | 1,734.00      | \$       | N/A                           |      |
| 8.  | List a<br>8a.            | all other income regularly received:<br>Net income from rental property and from operating a business,<br>profession, or farm<br>Attach a statement for each property and business showing gross<br>receipts, ordinary and necessary business expenses, and the total                                  | 2          | <u>_</u> |               | <u>^</u> |                               |      |
|     | <b>C</b> 1               | monthly net income.  | 8a.        | \$       | 0.00          | \$       | N/A                           |      |
|     | 8b.                      | Interest and dividends   | 8b.        | \$       | 0.00          | \$       | N/A                           |      |
|     | 8c.                      | Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        | \$       | 250.00        | \$       | N/A                           |      |
|     | 8d.                      | Unemployment compensation  | 8d.        | \$       | 0.00          | \$       | N/A                           |      |
|     | 8e.                      | Social Security  | 8e.        | \$       | 0.00          | \$       | N/A                           |      |
|     | 8f.                      | Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance<br>that you receive, such as food stamps (benefits under the Supplemental<br>Nutrition Assistance Program) or housing subsidies.<br>Specify: <b>SNAP BENEFIT</b> | 8f.        | \$       | 420.00        | \$       | N/A                           |      |
|     | 8g.                      | Pension or retirement income   | 8g.        | \$       | 0.00          | \$       | N/A                           |      |
|     | 8h.                      | Other monthly income. Specify:   | _ 8h.+     | \$       | 0.00          | + \$     | N/A                           |      |
| 9.  | Add                      | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$       | 670.00        | \$       | N/A                           |      |
| 10. | Calc                     | ulate monthly income. Add line 7 + line 9.   | 10. \$     | 2        | 2,404.00 + \$ |          | N/A = \$ 2,40                 | 4.00 |
|     | Add t                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | -          |          |               |          |                               |      |
| 11. | State<br>Inclue<br>other | e all other regular contributions to the expenses that you list in Schedule<br>de contributions from an unmarried partner, members of your household, your<br>friends or relatives.<br>ot include any amounts already included in lines 2-10 or amounts that are not a                                 | depend     |          |               | -        | Schedule J.<br>11. +\$        | 0.00 |
| 12. |                          | the amount in the last column of line 10 to the amount in line 11. The res<br>that amount on the Summary of Schedules and Statistical Summary of Certail<br>es   |            |          |               |          |                               | 4.00 |
|     | appin                    |  |            |          |               |          | Combined                      |      |
|     | appin                    |  |            |          |               |          | Combined<br>monthly inco      | ome  |
| 13. |                          | ou expect an increase or decrease within the year after you file this form   | ?          |          |               |          |                               | ome  |
| 13. |                          | ou expect an increase or decrease within the year after you file this form<br>No.  | ?          |          |               |          |                               | ome  |

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| Fill in this informat          | tion to identify your case:              |
|--------------------------------|--|
| Debtor 1                       | JANE SAMPLE MONTANA                      |
| Debtor 2<br>Spouse, if filing) |  |
| United States Bankro           | uptcy Court for the: DISTRICT OF MONTANA |
| Case number<br>(If known)      |  |

## Official Form 106J **Schedule J: Your Expenses**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Your Household

- 1. Is this a joint case?
  - No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

□ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

#### Do you have dependents? 2.

|   | • •                                |      |  |   |                    |                               |
|---|------------------------------------|------|--|---|--------------------|-------------------------------|
|   | Do not list Debtor 1 and Debtor 2. | Yes. | Fill out this information for each dependent | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's<br>age | Does dependent live with you? |
|   | Do not state the                   |      |  |   |                    | D No                          |
|   | dependents names.                  |      |  | Daughter  | 3                  | Yes                           |
|   |                                    |      |  |   |                    | 🗆 No                          |
|   |                                    |      |  | Daughter  | 6                  | Yes                           |
|   |                                    |      |  |   |                    | 🗆 No                          |
|   |                                    |      |  | Son   | 9                  | Yes                           |
|   |                                    |      |  |   |                    | D No                          |
|   |                                    |      |  |   |                    | □ Yes                         |
| 2 |                                    |      |  |   |                    |                               |

Do your expenses include 3. No expenses of people other than □ Yes yourself and your dependents?

### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

### If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- Home maintenance, repair, and upkeep expenses 4c.
- Homeowner's association or condominium dues 4d
- 5. Additional mortgage payments for your residence, such as home equity loans

Check if this is:

- ☐ An amended filing
- A supplement showing postpetition chapter 13 expenses as of the following date:

Your expenses

4c. \$

4. \$

4a. \$

4b. \$

4d. \$\_\_\_

5. \$

850.00

0.00

0.00

0.00

0.00

0.00

MM / DD / YYYY

| Debtor 1 | JANE | SAMPL | E MONTANA |
|----------|------|-------|-----------|
|----------|------|-------|-----------|

Case number (if known)

| 6. Utilities:   |      |            |          |
|---|------|------------|----------|
| 6a. Electricity, heat, natural gas  | 6a.  | \$         | 125.00   |
| 6b. Water, sewer, garbage collection  | 6b.  | \$         | 23.00    |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.  | \$         | 130.00   |
| 6d. Other. Specify:   | 6d.  | \$         | 0.00     |
| 7. Food and housekeeping supplies   | 7.   | \$         | 500.00   |
| 8. Childcare and children's education costs   | 8.   | \$         | 90.00    |
| 9. Clothing, laundry, and dry cleaning  | 9.   | \$         | 100.00   |
| 10. Personal care products and services   | 10.  | \$         | 50.00    |
| 11. Medical and dental expenses   | 11.  | \$         | 60.00    |
| 12. Transportation. Include gas, maintenance, bus or train fare.  |      |            | 100.00   |
| Do not include car payments.  | 12.  | •          | 120.00   |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.  |            | 25.00    |
| 14. Charitable contributions and religious donations  | 14.  | \$         | 0.00     |
| 15. Insurance.  |      |            |          |
| Do not include insurance deducted from your pay or included in lines 4 or 20.   |      | •          |          |
| 15a. Life insurance   | 15a. | •          | 0.00     |
| 15b. Health insurance   | 15b. |            | 0.00     |
| 15c. Vehicle insurance  | 15c. |            | 60.00    |
| 15d. Other insurance. Specify:  | 15d. | \$         | 0.00     |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.   |      | •          |          |
| Specify:  | 16.  | \$         | 0.00     |
| 17. Installment or lease payments:  | 170  | ¢          | 000.00   |
| 17a. Car payments for Vehicle 1   | 17a. | •          | 222.00   |
| 17b. Car payments for Vehicle 2   | 17b. | •          | 0.00     |
| 17c. Other. Specify:  | 17c. | ·          | 0.00     |
|   | 17d. | \$         | 0.00     |
| 18. Your payments of alimony, maintenance, and support that you did not report as   | 18.  | \$         | 0.00     |
| deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).<br>19. Other payments you make to support others who do not live with you.   | 10.  | \$         | 0.00     |
| Specify:  | 19.  | Ψ          | 0.00     |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule   |      | our Income |          |
| 20a. Mortgages on other property  | 20a. |            | 0.00     |
| 20b. Real estate taxes  | 20b. | ·          | 0.00     |
| 20c. Property, homeowner's, or renter's insurance   | 20c. | •          | 0.00     |
| 20d. Maintenance, repair, and upkeep expenses   | 20d. | ·          | 0.00     |
| 20e. Homeowner's association or condominium dues  | 20e. | ·          | 0.00     |
| 21. Other: Specify: PET FOOD/VET  |      | +\$        | 45.00    |
|   | 21.  | ιψ<br>Γ    | 43.00    |
| 22. Calculate your monthly expenses   |      |            |          |
| 22a. Add lines 4 through 21.  |      | \$         | 2,400.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |      | \$         |          |
| 22c. Add line 22a and 22b. The result is your monthly expenses.   |      | \$         | 2,400.00 |
|   |      |            |          |
| 23. Calculate your monthly net income.  |      |            |          |
|   | 23a. | ·          | 2,404.00 |
| 23b. Copy your monthly expenses from line 22c above.  | 23b. | -\$        | 2,400.00 |
| 22. Colored and the second block of the second se |      |            |          |
| <ol> <li>Subtract your monthly expenses from your monthly income.</li> <li>The result is your monthly net income.</li> </ol>  | 23c. | \$         | 4.00     |
|   |      | L .        |          |

24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

| No.  |
|------|
| Yes. |

Explain here:

| Fill in this infor  | rmation to identify your | case:              |           |                     |
|---------------------|--------------------------|--------------------|-----------|---------------------|
| Debtor 1            | JANE SAMPLE N            | IONTANA            |           |                     |
|                     | First Name               | Middle Name        | Last Name |                     |
| Debtor 2            |                          |                    |           |                     |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                     |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF MONTAN | A         |                     |
| Case number         |                          |                    |           |                     |
| (if known)          |                          |                    |           | Check if this is ar |
|                     |                          |                    |           | amended filing      |

## Official Form 106Dec Declaration About an Individual Debtor's Schedules

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If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |  |
|--|--|
| Did you pay or agree to pay someone who is NOT a   | in attorney to help you fill out bankruptcy forms?       |
| No   |  |
| Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice             |
|  | Declaration, and Signature (Official Form 115            |
| nder penalty of perjury, I declare that I have read th<br>nat they are true and correct.                 | Declaration, and Signature (Official Form 115            |
| hat they are true and correct.   | ne summary and schedules filed with this declaration and |
| hat they are true and correct.           (         /s/ JANE SAMPLE MONTANA           JANE SAMPLE MONTANA | ne summary and schedules filed with this declaration and |
| hat they are true and correct.   | ne summary and schedules filed with this declaration and |

| Fill in this infor  | mation to identify your  | case:              |           |                     |
|---------------------|--------------------------|--------------------|-----------|---------------------|
| Debtor 1            | JANE SAMPLE M            | ONTANA             |           |                     |
|                     | First Name               | Middle Name        | Last Name |                     |
| Debtor 2            |                          |                    |           |                     |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                     |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF MONTAN | A         |                     |
| Case number         |                          |                    |           |                     |
| (if known)          |                          |                    |           | Check if this is an |
|                     |                          |                    |           | amended filing      |

## Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
- Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

🛛 No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1 Prior Address:<br>123 3RD STREET<br>Missoula, MT 59802 | Dates Debtor 1<br>lived there<br>From-To:<br>OCTOBER | Debtor 2 Prior Address: | Dates Debtor 2<br>lived there<br>Same as Debtor 1<br>From-To: |
|---|--|-------------------------|---|
|   | 2014-SEPTEMBE<br>R 2016                              |                         |   |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

| No  |       |
|---|-------|
| Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106 | ъ́Н). |

| urt 2 | Explain the | Sources of | Your Income |
|-------|-------------|------------|-------------|
|       |             | Sources or |             |

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

🛛 No

P

Yes. Fill in the details.

| Debtor 1                                   |
|--|
| Sources of income<br>Check all that apply. |

Gross income (before deductions and exclusions) Debtor 2

Sources of income Check all that apply. Gross income (before deductions and exclusions)

|   | Debtor 1                                   |   | Debtor 2                                   |   |
|---|--|---|--|---|
|   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions,<br>bonuses, tips       | \$6,760.00  | Wages, commissions,<br>bonuses, tips       |   |
|   | Operating a business                       |   | ☐ Operating a business                     |   |
| For last calendar year:<br>(January 1 to December 31, 2017 )            | Wages, commissions,<br>bonuses, tips       | \$27,040.00   | ☐ Wages, commissions, bonuses, tips        |   |
|   | Operating a business                       |   | □ Operating a business                     |   |
| For the calendar year before that:<br>(January 1 to December 31, 2016 ) | Wages, commissions,<br>bonuses, tips       | \$26,000.00   | ☐ Wages, commissions, bonuses, tips        |   |
|   | Operating a business                       |   | Operating a business                       |   |

5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

🛛 No

Yes. Fill in the details.

|   | Debtor 1                             |   | Debtor 2                             |   |
|---|--------------------------------------|---|--------------------------------------|---|
|   | Sources of income<br>Describe below. | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | SNAP                                 | \$1,260.00  |                                      |   |
|   | Child Support                        | \$750.00  |                                      |   |
| For last calendar year:<br>(January 1 to December 31, 2017 )            | SNAP                                 | \$5,040.00  |                                      |   |
|   | Child Support                        | \$3,000.00  |                                      |   |
| For the calendar year before that:<br>(January 1 to December 31, 2016)  | SNAP                                 | \$4,728.00  |                                      |   |

### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

### 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

□ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No. Go to line 7.

- Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
- \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
- □ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

|                  | Creditor's Name and Address   | Dates of payment                                       | Total amount paid   | Amount you<br>still owe                     | Was this payment for   |
|------------------|---|--|---|---|--|
| 7.               | Within 1 year before you filed for bankruptc<br>Insiders include your relatives; any general par<br>of which you are an officer, director, person in<br>a business you operate as a sole proprietor. 11<br>alimony.         | tners; relatives of any gen control, or owner of 20% o | eral partners; partne<br>r more of their voting                             | erships of which yo<br>g securities; and ar | u are a general partner; corporations<br>ny managing agent, including one fo |
|                  | <ul><li>No</li><li>Yes. List all payments to an insider.</li></ul>  |  |   |   |  |
|                  | Insider's Name and Address  | Dates of payment                                       | Total amount<br>paid  | Amount you<br>still owe                     | Reason for this payment  |
| 8.               | Within 1 year before you filed for bankruptc       insider?         Include payments on debts guaranteed or cosid       Include payments on debts guaranteed or cosid         No       Yes. List all payments to an insider |  | ments or transfer a   | ny property on a                            | ccount of a debt that benefited an   |
|                  | Insider's Name and Address  | Dates of payment                                       | Total amount<br>paid  | Amount you<br>still owe                     | Reason for this payment<br>Include creditor's name                           |
| <b>Par</b><br>9. | t 4: Identify Legal Actions, Repossession<br>Within 1 year before you filed for bankrupto<br>List all such matters, including personal injury of<br>modifications, and contract disputes.                                   | y, were you a party in an                              |   |   |  |
|                  | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>  |  |   |   |  |
|                  | Case title<br>Case number   | Nature of the case                                     | Court or agency   |   | Status of the case   |
|                  | CBS V. JANE SAMPLE MONTANA<br>CV-2017-XXX   | COLLECTION   | MISSOULA COUNTY<br>JUSTICE COURT<br>200 WEST BROADWAY<br>Missoula, MT 59802 |   | <ul><li>Pending</li><li>On appeal</li><li>Concluded</li></ul>                |
|                  |   |  |   |   | JUDGMENT AGAINST<br>DEBTOR   |
| 10.              | Within 1 year before you filed for bankruptc<br>Check all that apply and fill in the details below  |  | erty repossessed, f   | oreclosed, garnis                           | hed, attached, seized, or levied?  |
|                  | No. Go to line 11.  |  |   |   |  |
|                  | Yes. Fill in the information below.   |  |   |   |  |

|     | Creditor Name and Address  | Describe the Property   | Date                         | Value of the<br>property |
|-----|--|---|------------------------------|--------------------------|
|     |  | Explain what happened   |                              | F . F . 7                |
|     | COLLECTION BUREAU SERVICES,<br>INC.  | WAGES   | JANUARY-MA<br>RCH 2018       | \$1,300.50               |
|     | 212 E. SPRUCE STREET<br>Missoula, MT 59802   | <ul> <li>Property was repossessed.</li> <li>Property was foreclosed.</li> </ul> |                              |                          |
|     |  | <ul> <li>Property was garnished.</li> </ul>                                     |                              |                          |
|     |  |   |                              |                          |
|     |  | Property was attached, seized or levied.  |                              |                          |
| 11. | <ul> <li>Within 90 days before you filed for bankrup accounts or refuse to make a payment beca</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> | tcy, did any creditor, including a bank or financia<br>ause you owed a debt?    | l institution, set off any a | mounts from your         |
|     | Creditor Name and Address  | Describe the action the creditor took   | Date action was taken        | Amount                   |
| 12. | Within 1 year before you filed for bankrupto         court-appointed receiver, a custodian, or an         No         Yes                                 | ey, was any of your property in the possession of a nother official?            | an assignee for the bene     | fit of creditors, a      |
| Par | t 5: List Certain Gifts and Contributions  |   |                              |                          |
| 13. | Within 2 years before you filed for bankrup  | tcy, did you give any gifts with a total value of mo                            | re than \$600 per person?    |                          |
|     | ■ No   |   |                              |                          |
|     | Yes. Fill in the details for each gift.  |   |                              |                          |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts  | Dates you gave the gifts     | Value                    |
|     | Person to Whom You Gave the Gift and Address:  |   |                              |                          |
| 14. | Within 2 years before you filed for bankrup<br>No  | tcy, did you give any gifts or contributions with a                             | total value of more than \$  | 600 to any charity?      |
|     | □ Yes. Fill in the details for each gift or cont   | tribution.  |                              |                          |
|     | Gifts or contributions to charities that tota<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)                 | al Describe what you contributed  | Dates you<br>contributed     | Value                    |
| Par | t 6: List Certain Losses   |   |                              |                          |
| 15. | Within 1 year before you filed for bankrupto or gambling?  | ey or since you filed for bankruptcy, did you lose a                            | anything because of theft    | , fire, other disaster,  |
|     | ■ No   |   |                              |                          |

☐ Yes. Fill in the details.

| Describe the property you lost and | Describe any insurance coverage for the loss             | Date of your | Value of property |
|------------------------------------|--|--------------|-------------------|
| how the loss occurred              | Include the amount that insurance has paid. List pending | loss         | lost              |
|                                    | insurance claims on line 33 of Schedule A/B: Property.   |              |                   |

| Part 7: | List Certain Payments or Transfers |
|---------|------------------------------------|
|         |                                    |

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

|  | □ No  |                                   |   |              |   |   |
|--|---|-----------------------------------|---|--------------|---|---|
|  | <ul> <li>Yes. Fill in the details.</li> <li>Person Who Was Paid</li> <li>Address</li> </ul>   | Description and transferred       | value of any propert  | ty           | Date payment<br>or transfer was                   | Amount of<br>payment                          |
|  | Email or website address<br>Person Who Made the Payment, if Not You   |                                   |   |              | made  | payment                                       |
|  | CREDIT COUNSELING 123   | CREDIT COUNS                      | SELING  |              | 3/8/2018  | \$9.99  |
|  | www.creditcounseling123.com   |                                   |   |              |   |   |
| 17.  | Within 1 year before you filed for bankrupto<br>promised to help you deal with your credito<br>Do not include any payment or transfer that yo   | ors or to make payments           |   |              | r transfer any prope                              | erty to anyone who                            |
|  | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>  |                                   |   |              |   |   |
|  | Person Who Was Paid<br>Address  | Description and transferred       | Description and value of any property Date payment<br>transferred or transfer was<br>made |              |   | Amount of<br>payment                          |
| <ul> <li>18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any proprotection of the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest include gifts and transfers that you have already listed on this statement.</li> <li>No</li> </ul> |   |                                   |   |              |   |   |
|  | Yes. Fill in the details.   |                                   |   |              |   | -   |
|  | Person Who Received Transfer<br>Address   | Description and property transfer |   |              | ny property or<br>received or debts<br>hange      | Date transfer was made                        |
|  | Person's relationship to you  |                                   |   |              |   |   |
| 19.  | Within 10 years before you filed for bankrup<br>beneficiary? (These are often called <i>asset-pro</i>   |                                   | ny property to a self   | -settled tru | st or similar device                              | of which you are a                            |
|  | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>  |                                   |   |              |   |   |
|  | Name of trust   | Description and                   | value of the propert  | y transferre | d   | Date Transfer was made                        |
| Par  | t 8: List of Certain Financial Accounts, In   | struments, Safe Deposi            | t Boxes, and Storag   | ge Units     |   |   |
| 20.  | <ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?     Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.</li> <li>No</li> <li>Yes, Fill in the details.</li> </ul> |                                   |   |              |   |   |
|  | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)  | Last 4 digits of account number   | Type of account of instrument   | clos<br>mov  | e account was<br>sed, sold,<br>ved, or<br>sferred | Last balance<br>before closing or<br>transfer |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

|     |        | No<br>Yes | . Fill in th              | e details.                                    |                  |   |                   |        |  |                       |
|-----|--------|-----------|---------------------------|---|------------------|---|-------------------|--------|--|-----------------------|
|     |        |           |                           | al Institution<br>Street, City, State and     | I ZIP Code)      | Who else had ac<br>Address (Number, State and ZIP Code)           |                   | Des    | scribe the contents  | Do you still have it? |
| 22. | Have   | e yoı     | u stored p                | property in a sto                             | orage unit or pl | ace other than you  | r home within 1   | year   | r before you filed for bankruptcy                                      | ?                     |
|     |        | No<br>Yes | . Fill in th              | e details.                                    |                  |   |                   |        |  |                       |
|     |        |           | f Storage<br>S (Number, S | Facility<br>Street, City, State and           | I ZIP Code)      | Who else has or<br>to it?<br>Address (Number, State and ZIP Code) |                   | Des    | scribe the contents  | Do you still have it? |
| Par | 't 9:  | Ide       | entify Pro                | perty You Hold                                | or Control for   | Someone Else  |                   |        |  |                       |
| 23. | -      |           | nold or co<br>eone.       | ontrol any prope                              | rty that someo   | ne else owns? Incl  | lude any proper   | ty yo  | ou borrowed from, are storing for                                      | r, or hold in trust   |
|     |        | No<br>Yes | . Fill in tl              | ne details.                                   |                  |   |                   |        |  |                       |
|     | -      |           | s Name<br>S (Number, S    | Street, City, State and                       | I ZIP Code)      | Where is the pro<br>(Number, Street, City,<br>Code)               |                   | Des    | scribe the property  | Value                 |
| Par | rt 10: | Gi        | ve Details                | About Environ                                 | mental Informa   | ation   |                   |        |  |                       |
| For | the p  | ourpo     | ose of Pa                 | rt 10, the followi                            | ng definitions   | apply:  |                   |        |  |                       |
|     | toxi   | c sul     | bstances,                 | wastes, or mate                               | erial into the a | -   | e water, ground   |        | pollution, contamination, release<br>er, or other medium, including st |                       |
|     |        |           | -                         | ocation, facility, o<br>or utilize it, inclu  |                  | •   | environmental     | law, v | whether you now own, operate,  | or utilize it or used |
|     |        |           |                           | <i>ial</i> means anythi<br>al, pollutant, coi | -                |   | as a hazardous    | s was  | ste, hazardous substance, toxic s                                      | substance,            |
| Rep | ort al | ll not    | tices, rele               | eases, and proce                              | eedings that yo  | ou know about, reg  | ardless of wher   | n the  | y occurred.  |                       |
| 24. | Has    | any       | governm                   | ental unit notifie                            | ed you that you  | ı may be liable or p  | otentially liable | und    | er or in violation of an environm                                      | ental law?            |
|     |        | No<br>Yes | . Fill in th              | e details.                                    |                  |   |                   |        |  |                       |
|     |        |           | f site<br>S (Number, S    | Street, City, State and                       | I ZIP Code)      | Governmental ur<br>Address (Number, S<br>ZIP Code)                |                   |        | Environmental law, if you<br>know it                                   | Date of notice        |
| 25. | Have   | e yoı     | u notified                | any governmen                                 | ntal unit of any | release of hazardo  | ous material?     |        |  |                       |
|     |        | No<br>Yes | . Fill in th              | e details.                                    |                  |   |                   |        |  |                       |
|     |        | ne o      | f site                    | Street, City, State and                       | I ZIP Code)      | Governmental un<br>Address (Number, S<br>ZIP Code)                |                   |        | Environmental law, if you<br>know it                                   | Date of notice        |
|     |        |           |                           |   |                  |   |                   |        |  |                       |

Official Form 107

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

| 20.                   | have you been a party in any judicial of aut  | initiative proceeding under any enviro   |   |                    |
|-----------------------|---|--|---|--------------------|
|                       | No  |  |   |                    |
|                       | Yes. Fill in the details.   |  |   | Ctatus of the      |
|                       | Case Title<br>Case Number   | Court or agency<br>Name<br>Address (Number, Street, City,<br>State and ZIP Code)   | Nature of the case                          | Status of the case |
| Par                   | rt 11: Give Details About Your Business or  | Connections to Any Business  |   |                    |
| 27.                   | Within 4 years before you filed for bankrupt  | cy. did you own a business or have any   | of the following connections to an          | v business?        |
|                       | A sole proprietor or self-employed in   |  | -   |                    |
|                       | ☐ A member of a limited liability comp  |  | ·   |                    |
|                       | A partner in a partnership  |  |   |                    |
|                       | ☐ An officer, director, or managing exe   | ecutive of a corporation   |   |                    |
|                       | An owner of at least 5% of the voting   | ·  |   |                    |
|                       | _   |  |   |                    |
|                       | No. None of the above applies. Go to P  |  |   |                    |
|                       | Yes. Check all that apply above and fill Business Name  | Describe the nature of the business.   | Employer Identification number              | ar                 |
|                       | Address<br>(Number, Street, City, State and ZIP Code)   |  | Do not include Social Security              |                    |
|                       | (Number, Street, City, State and Zir Code)  | Name of accountant or bookkeeper   | Dates business existed                      |                    |
| 28.                   | Within 2 years before you filed for bankrupt<br>institutions, creditors, or other parties.  | cy, did you give a financial statement to  | anyone about your business? Incl            | ude all financial  |
|                       | No  |  |   |                    |
|                       | Yes. Fill in the details below.   |  |   |                    |
|                       | Name<br>Address<br>(Number, Street, City, State and ZIP Code)   | Date Issued  |   |                    |
| Par                   | rt 12: Sign Below   |  |   |                    |
| are t<br>with<br>18 U | ve read the answers on this <i>Statement of Fin</i><br>true and correct. I understand that making a<br>a bankruptcy case can result in fines up to 9<br>J.S.C. §§ 152, 1341, 1519, and 3571.<br>JANE SAMPLE MONTANA | false statement, concealing property, o<br>\$250,000, or imprisonment for up to 20 | r obtaining money or property by fr         |                    |
|                       | NE SAMPLE MONTANA<br>Inature of Debtor 1  | Signature of Debtor 2  |   |                    |
| Dat                   | te March 9, 2018  | Date   |   |                    |
| Did<br>■ N<br>□ Y     |   | ent of Financial Affairs for Individuals Fi  | <i>ling for Bankruptcy</i> (Official Form 1 | 07)?               |
| Did                   | you pay or agree to pay someone who is not  | an attorney to help you fill out bankrup   | otcy forms?                                 |                    |

No

□ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this infor        | mation to identify your  | case:               |           |                       |
|---------------------------|--------------------------|---------------------|-----------|-----------------------|
| Debtor 1                  | JANE SAMPLE N            | IONTANA             |           |                       |
|                           | First Name               | Middle Name         | Last Name |                       |
| Debtor 2                  |                          |                     |           |                       |
| (Spouse if, filing)       | First Name               | Middle Name         | Last Name |                       |
| United States Ba          | ankruptcy Court for the: | DISTRICT OF MONTANA |           |                       |
| Case number<br>(if known) |                          |                     |           | □ Check if this is an |

## Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

creditors have claims secured by your property, or

you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral  | What do you intend to do with the property that secures a debt?  | Did you claim the property<br>as exempt on Schedule C? |
|--|--|--|
| Creditor's SAMPLE CAR FINANCING name:  | <ul><li>Surrender the property.</li><li>Retain the property and redeem it.</li></ul>   | □ No   |
| Description of<br>property<br>securing debt: 2006 SUBARU OUTBACK<br>125000 miles<br>Location: 555 5TH STREET,<br>Missoula MT 59801 | <ul> <li>Retain the property and enter into a <i>Reaffirmation Agreement.</i></li> <li>Retain the property and [explain]:</li> </ul> | ■ Yes  |

### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases     | Will the lease be assumed? |
|--|----------------------------|
| Lessor's name:<br>Description of leased<br>Property: | □ No<br>□ Yes              |
| Lessor's name:<br>Description of leased<br>Property: | □ No<br>□ Yes              |

#### Statement of Intention for Individuals Filing Under Chapter 7

page 1

### Debtor 1 JANE SAMPLE MONTANA

Case number (if known)

| Lessor's name:<br>Description of leased<br>Property: | □ No<br>□ Yes |
|--|---------------|
| Lessor's name:<br>Description of leased<br>Property: | □ No<br>□ Yes |
| Lessor's name:<br>Description of leased<br>Property: | □ No<br>□ Yes |
| Lessor's name:<br>Description of leased<br>Property: | □ No<br>□ Yes |
| Lessor's name:<br>Description of leased<br>Property: | □ No<br>□ Yes |

### Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

| /s/ JAN   | E SAMPLE MONTANA | X  |
|-----------|------------------|--|
|           |                  | Signature of Debtor 2  |
| Signature | e of Debtor 1    |  |
| _         |                  |  |
| Date      | March 9, 2018    | Date   |
|           | JANE S           | /s/ JANE SAMPLE MONTANA         JANE SAMPLE MONTANA         Signature of Debtor 1         Date       March 9, 2018 |

| Fill in this information to identify your case: |
|---|
| United States Bankruptcy Court for the:         |

DISTRICT OF MONTANA

Case number (if known):

## Official Form 121 Statement About Your Social Security Numbers

12/15

Use this form to tell the court about any Social Security or federal Individual Taxpayer Identification numbers you have used. Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

To protect your privacy, the court will not make this form available to the public. You should not include a full Social Security Number or Individual Taxpayer Number on any other document filed with the court. The court will make only the last four digits of your numbers known to the public. However, the full numbers will be available to your creditors, the U.S. Trustee or bankruptcy administrator, and the trustee assigned to your case.

Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

|     |                                 | For Debtor 1:  | For Debtor 2 (Only if Spouse is Filing:)                                     |
|-----|---------------------------------|--|--|
|     |                                 |  |  |
| 1.  | Your name                       | JANE   |  |
|     |                                 | First name   | First name   |
|     |                                 | SAMPLE   |  |
|     |                                 | Middle name  | Middle name  |
|     |                                 | MONTANA  |  |
|     |                                 | Last name  | Last name  |
|     |                                 |  |  |
| a   | t 2: Tell the Court Abo         | out all of Your Social Security or Federal Individual Tax  | xpayer Identification Numbers  |
|     |                                 |  |  |
|     |                                 |  |  |
| 2.  | All Social Security             |  |  |
|     | Numbers you have                |  |  |
|     | used                            | 123-45-6789  |  |
|     |                                 |  |  |
|     |                                 | You do not have a Social Security Number                   | You do not have a Social Security Number                                     |
|     |                                 |  |  |
| 3.  | All federal Individual          |  |  |
|     | Taxpayer                        |  |  |
|     | Identification                  |  |  |
|     | Numbers (ITIN) you<br>have used | _  |  |
|     | nave useu                       | You do not have an ITIN.                                   | ☐ You do not have an ITIN.   |
|     |                                 |  |  |
| 'aı | rt 3: Sign Below                |  |  |
|     |                                 |  | the demonstration of a setting of the demonstration of the former of the set |
|     |                                 | Under penalty of perjury, I declare that the information I | Under penalty of perjury, I declare that the information I                   |
|     |                                 | have provided in this form is true and correct.            | have provided in this form is true and correct.                              |
|     |                                 | X /s/ JANE SAMPLE MONTANA                                  | х  |
|     |                                 |  | Signature of Debtor 2  |
|     |                                 |  | Signature of Debtor 2  |
|     |                                 | Signature of Debtor 1                                      |  |
|     |                                 |  |  |
|     |                                 | Date March 9, 2018   | Date   |

| Fill in this information to identify you   | r case:                 | Check one box only as directed in this form and in Form   |
|--|-------------------------|---|
| Debtor 1 JANE SAMPLE I   | MONTANA                 | 122A-1Supp:   |
| Debtor 2<br>(Spouse, if filing)<br>United States Bankruptcy Court for t<br>Case number<br>(if known) | he: District of Montana | <ul> <li>1. There is no presumption of abuse</li> <li>2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 122A-2).</li> <li>3. The Means Test does not apply now because of qualified military service but it could apply later.</li> </ul> |

Check if this is an amended filing

## Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

□ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|    |   |                     |                       |                             | Colui<br>Debt |          | Column B<br>Debtor 2 or |
|----|---|---------------------|-----------------------|-----------------------------|---------------|----------|-------------------------|
|    |   |                     |                       |                             |               |          | non-filing spouse       |
| 2. | Your gross wages, salary, tips, bonuses, overtime, payroll deductions).   | and c               | ommissio              | ons (before all             | \$            | 2,254.00 | \$                      |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in.   | paym                | ents from             | a spouse if                 | \$            | 250.00   | \$                      |
| 4. | All amounts from any source which are regularly pa<br>of you or your dependents, including child support.<br>from an unmarried partner, members of your household<br>and roommates. Include regular contributions from a sp<br>filled in. Do not include payments you listed on line 3. | . Includ<br>d, your | de regular<br>depende | contributions nts, parents, | \$            | 0.00     | \$                      |
| 5. | Net income from operating a business, profession,   | or far              | m                     |                             |               |          |                         |
|    |   |                     | Deb                   | otor 1                      |               |          |                         |
|    | Gross receipts (before all deductions)  | \$                  | 0.00                  |                             |               |          |                         |
|    | Ordinary and necessary operating expenses   | -\$                 | 0.00                  |                             |               |          |                         |
|    | Net monthly income from a business, profession, or far  | m \$                | 0.00                  | Copy here ->                | \$            | 0.00     | \$                      |
| 6. | Net income from rental and other real property  |                     |                       |                             |               |          |                         |
|    |   |                     | Deb                   | otor 1                      |               |          |                         |
|    | Gross receipts (before all deductions)  | \$                  | 0.00                  |                             |               |          |                         |
|    | Ordinary and necessary operating expenses   | -\$                 | 0.00                  |                             |               |          |                         |
|    | Net monthly income from rental or other real property   | \$                  | 0.00                  | Copy here ->                | \$            | 0.00     | \$                      |
| 7. | Interest, dividends, and royalties  | _                   |                       |                             | \$            | 0.00     | \$                      |

Debtor 1 JANE SAMPLE MONTANA

Case number (if known)

| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  X /s/ JANE SAMPLE MONTANA JANE SAMPLE MONTANA Signature of Debtor 1  | <ul> <li>8. Unemployment compensation</li> <li>Bo not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:</li> <li>For you\$\$</li></ul>   | Debtor 1 \$ | 0.00        | Debtor 2 or<br>non-filing s<br>\$ |           |           |
|--|---|---|-------------|-----------------------------------|-----------|-----------|
| Do rougerise the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:       Image: Contend to the Social Security Act. Instead, list it here:         For you:       S       0.00         Social Security Act.       Social Security Act or payments         received as a victim of a war other sources on a separate page and put the       S       0.00         For you:       S       420.00       S   | Do not enter the amount if you contend that the amount received was a benefit under<br>the Social Security Act. Instead, list it here:<br>For you\$   | \$4<br>\$<br>\$   | 0.00        |                                   |           |           |
| the Social Security Act. Insignal, list it here:<br>For you spouse <u>\$</u> 0.00<br>For your spouse <u>\$</u> 0.00<br>Social Security Act. Insignal, list it here:<br>For your spouse <u>\$</u> 0.00<br>Social Security Act. Insignal, list of there sources not listed above. Specify the source and amount.<br>Do not include any benefits received under the Social Security Act or payments<br>received as a vicit of a war orine, a crime against humanity, or international or<br>dormask: there sources not listed above. Specify the source and amount.<br>Do not include any benefits received under the Social Security Act or payments<br>received as a vicit of a war orine, a crime against humanity, or international or<br>dormask: there sources not a separate pages, if any.<br>Source that you total current monthly income. Add lines 2 through 10 for<br>each column. Then add the total for Column A. to the total for Column B.<br>Calculate your total current monthly income for be year. Follow these steps:<br>12a. Copy your total current monthly income for the year. Follow these steps:<br>12b. The result is your annual income form line 11<br>Copy line 11 here=><br>Multiply by 12 (the number of months in a year)<br>12b. The result is your annual income for this part of the form<br>13. Calculate the median family income for the year. Follow these steps:<br>Fill in the state in which you live.<br>Multiply by 12 (the number of months in a year)<br>13. Calculate the median family income for your state and size of household.<br>14. How do the lines compare?<br>14. How do the lines compare?<br>15. The result is determined by Form 122A-2.<br>Go to Part 3 and fill out Form 122A-2.<br>Go to Part 3 and fill out Form 122A-2.<br>So to Part 3 and fill out Form 122A-2  | the Social Security Act. Instead, list it here:<br>For you\$ 0.00<br>For your spouse\$<br>9. Pension or retirement income. Do not include any amount received that was a<br>benefit under the Social Security Act.<br>10. Income from all other sources not listed above. Specify the source and amount.<br>Do not include any benefits received under the Social Security Act or payments<br>received as a victim of a war crime, a crime against humanity, or international or<br>domestic terrorism. If necessary, list other sources on a separate page and put the<br>total below.<br>   | \$<br>\$<br>\$  | 20.00       | \$                                |           |           |
| For your spouse  | For your spouse       \$         9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.       10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.         •  | \$<br>\$<br>\$  | 20.00       | \$                                |           |           |
| <ul> <li>9. Persion or retriement income: Do not include any amount received that was a benefit under the Social Security Act.</li> <li>10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received as a victim of a war ofme, a crime against humanity, or international or domestic tenorism. If necessary, list other sources on a separate page and put the total below.</li> <li><u>SNAP</u></li> <li><u>S</u></li> <li><u>Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.</u></li> <li><u>S</u></li> <l< u=""></l<></ul> | <ul> <li>9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.</li> <li>10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.</li> <li>SNAP</li> <li>Total amounts from separate pages, if any.</li> <li>11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.</li> </ul> | \$<br>\$<br>\$  | 20.00       | \$                                |           |           |
| benefit under the Social Security Act.   | benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  SNAP Total amounts from separate pages, if any.  11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  | \$<br>\$<br>\$  | 20.00       | \$                                |           |           |
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| Part 2:       Determine Whether the Means Test Applies to You         12. Calculate your current monthly income for the year. Follow these steps:       \$_2,924.00         12a. Copy your total current monthly income from line 11Copy line 11 here=>       \$_2,924.00         Multiply by 12 (the number of months in a year)       x 12         12b. The result is your annual income for this part of the form       12b.         13. Calculate the median family income that applies to you. Follow these steps:       Fill in the state in which you live.         Fill in the number of people in your household.       4         Fill in the median family income for your state and size of household.       13.         To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.       13.         14. How do the lines compare?       14a.       Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3.       14b.         It in 12b is less than or equal to form 122A-2.       Sign Below         By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.         X /s/JANE SAMPLE MONTANA       JANE SAMPLE MONTANA         JANE SAMPLE MONTANA       Signature of Debtor 1  |   |   | ] [         |                                   |           |           |
| 12. Calculate your current monthly income for the year. Follow these steps:         12a. Copy your total current monthly income from line 11       Copy line 11 here=>       \$2,924.00         Multiply by 12 (the number of months in a year)       x 12         12b. The result is your annual income for this part of the form       12b. \$   | Fight Determine Whether the Means Lest Applies to You   |   |             |                                   | income    | e         |
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| <ul> <li>13. Calculate the median family income that applies to you. Follow these steps:</li> <li>Fill in the state in which you live.</li> <li>MT</li> <li>Fill in the number of people in your household.</li> <li>If ill in the median family income for your state and size of household.</li> <li>To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.</li> <li>14. How do the lines compare?</li> <li>14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i>. Go to Part 3.</li> <li>14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i>. Co to Part 3 and fill out Form 122A-2.</li> <li>Part 3: Sign Below</li> <li>By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.</li> <li>X /s/ JANE SAMPLE MONTANA JANE SAMPLE MONTANA Signature of Debtor 1</li> </ul>   | Multiply by 12 (the number of months in a year)   |   |             |                                   |           |           |
| Fill in the state in which you live.       MT         Fill in the number of people in your household.       4         Fill in the median family income for your state and size of household.       13.         To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.       13.         14. How do the lines compare?       14a.       Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3.         14b.       Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.         Part 3:       Sign Below         By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.         X       /s/ JANE SAMPLE MONTANA         JANE SAMPLE MONTANA         Signature of Debtor 1  | 12b. The result is your annual income for this part of the form   |   |             | 12b.                              | . \$      | 35,088.00 |
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| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.          X       /s/ JANE SAMPLE MONTANA         JANE SAMPLE MONTANA         Signature of Debtor 1  | 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The pres</i>  | sumption of   | abuse is o  | determined by                     | Form 12   | 22A-2.    |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.          X       /s/ JANE SAMPLE MONTANA         JANE SAMPLE MONTANA         Signature of Debtor 1  | Part 3: Sign Below  |   |             |                                   |           |           |
| JANE SAMPLE MONTANA<br>Signature of Debtor 1   |   | ement and i   | n any atta  | chments is tru                    | ue and co | orrect.   |
| JANE SAMPLE MONTANA<br>Signature of Debtor 1   | Y /s/ IANE SAMPLE MONTANA   |   |             |                                   |           |           |
|  | JANE SAMPLE MONTANA   |   |             |                                   |           |           |
|  | Date March 9, 2018  |   |             |                                   |           |           |
| MM / DD / YYYY   |   |   |             |                                   |           |           |
| If you checked line 14a, do NOT fill out or file Form 122A-2.  | If you checked line 14a, do NOT fill out or file Form 122A-2.   |   |             |                                   |           |           |
| If you checked line 14b, fill out Form 122A-2 and file it with this form.  | If you checked line 14b, fill out Form 122A-2 and file it with this form.   |   |             |                                   |           |           |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

# You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee           |
|---|---------|----------------------|
| + | \$550   | administrative fee   |
| - | QOOQ    | aariiriistrative lee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

| \$2  | 235 filing fee          |   |
|------|-------------------------|---|
| + \$ | \$75 administrative fee | Э |
| \$3  | 310 total fee           | - |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_form s.html#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### United States Bankruptcy Court District of Montana

In re JANE SAMPLE MONTANA

Debtor(s)

Case No. Chapter

7

## **VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: March 9, 2018

/s/ JANE SAMPLE MONTANA JANE SAMPLE MONTANA Signature of Debtor SAMPLE CAR FINANCING PO BOX 555 Gulf Shores, AL 36542 MICHAEL J. MOORE/JOHN NOWAKOWSKI COLLECTION BUREAU SERVICES PO BOX 7339 Missoula, MT 59807

IRSMIDLAND FUNDINGCENTRALIZED INSOLVENCY OPERATION2365 NORTHSIDE DRIVEPO BOX 7346SUITE 30PHILADELPHIA, PA 19101San Diego, CA 92108

CAPITAL ONE PO BOX 30281 Salt Lake City, UT 84130 MISSOULA COUNTY JUSTICE COURT 200 WEST BROADWAY Missoula, MT 59802

CHASE BANK USA NA PO BOX 15298 WILMINGTON, DE 19850 MONTANA DEPARTMENT OF REVENUE BANKRUPTCY SPECIALIST PO BOX 7701 Helena, MT 59604-7701

CLARK FORK EMERGENCY PHYSICIAN**\$**ORTFOLIO RECOVERY 2827 FORT MISSOULA ROAD 120 CORPORATE BLVD. Missoula, MT 59804 Norfolk, VA 23502

PROVIDENCE HEALTH & SERVICES BUSINESS OFFICE PO BOX 3177 Portland, OR 97208

ST. PATRICK HOSPITAL 500 WEST BROADWAY STREET Missoula, MT 59802

VERIZON WIRELESS BK ADMINISTRATION 500 TECHNOLOGY DRIVE SUITE 550 Saint Charles, MO 63304

COLLECTION BUREAU SERVICES, INC. 212 E. SPRUCE STREET Missoula, MT 59802

### **Mont. LBF30. STATEMENT OF DOMESTIC SUPPORT OBLIGATION(S)** [Mont. LBR 4002-1(e)]

JANE SAMPLE MONTANA PO BOX 555 MISSOULA, MT 59807 406-555-5555

## UNITED STATES BANKRUPTCY COURT DISTRICT OF MONTANA

In re: JANE SAMPLE MONTANA

) Case No. \_\_\_\_\_ ) ) Debtor(s) )

## STATEMENT OF DOMESTIC SUPPORT OBLIGATIONS

[If filing jointly, information for both spouses must be provided on this form]

Pursuant to Mont. LBR 4002-1(e), the undersigned hereby provides this Statement of Domestic Support Obligation(s), as defined in 11 U.S.C. § 101(14A).

1. Debtor's name (enter full name): JANE SAMPLE MONTANA

2. Does Debtor have a domestic support obligation:  $\Box$  yes  $\swarrow$  no. If yes, please fill out the rest of this form. If no, do not fill out the rest, but sign where indicated below.

3. Debtor's employer and employer address:

4. Name, address, phone number, employer's name, and address of employer for any person responsible with the Debtor for the support:

5. Name, address and phone number for the holder of the claim of support:

[If the Debtor does not know the whereabouts of the former spouse, this fact should be affirmatively stated above, but the address for the support collection agency must be provided.]

### AS OF THE DATE OF FILING OF THE BANKRUPTCY PETITION:

1. Amount of support obligation: \$\_\_\_\_\_ per \_\_\_\_ [i.e. month, week, etc.]

2. Term of support obligation: from \_\_\_\_\_ until \_\_\_\_\_

3. Amount that the domestic support obligation is in arrears: \$\_\_\_\_\_

- 4. Court name and jurisdiction in which order of support was issued:
- 5. Court Case No.
- 6. Name and address of State Child Support Enforcement Agency involved in such a claim:

## I/We declare under penalty of perjury that the foregoing is true and correct.

| /s/ JANE SAMPLE MONTANA | March 9, 2018 |
|-------------------------|---------------|
| Signature of Debtor     | Date          |

Penalty for making a false statement: Fine up to \$250,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571

Penalty for making a false statement: Fine of up to \$250,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571 Mont. LBF37. NOTICE OF COMPLIANCE WITH § 521. [Mont. LBR 4002-1(g)]

> ) ) )

JANE SAMPLE MONTANA PO BOX 555 MISSOULA, MT 59807 406-555-5555

## UNITED STATES BANKRUPTCY COURT DISTRICT OF MONTANA

In re: JANE SAMPLE MONTANA

Case No.

Debtor(s) )

## NOTICE OF COMPLIANCE WITH § 521

Debtor(s) hereby certify under penalty of perjury that:

1. Pursuant to 521(a)(1)(A), the list of creditors is filed herewith.

2. Pursuant to 521(a)(1)(B), the schedules of (i) assets and liabilities; (ii) current income and expenditures; (iii) statement of financial affairs; and (iv) the proof of delivery of the § 342(b) notice to the debtor is filed herewith.

3. Pursuant to 521(a)(1)(B)(iv), the Debtor(s) has/have filed with the Court copies of all payment advices or other evidence of payment received within 60 days before the date of filing of the Debtor's/Debtors' petition;

4. Pursuant to 521(b)(1)(B)(v), the Debtor(s) has/have filed with the Court Schedules I and J, showing the amount of monthly net income, itemized to show how the amount is calculated, and the Statement of Current Monthly Income and Means Test Calculation.

5. Pursuant to § 521(a)(1)(vi), the Debtor(s) state(s) that:

- □ The Debtor(s) anticipate(s) an increase in income or expenditures over the 12-month period following the date of filing the petition. Specifically:
- The Debtor(s) does/do not anticpate(s) an increase in income or expenditures over the 12-month period following the date of filing the petition.

6. Pursuant to § 521(b)(1), the required credit counseling certification is filed herewith.

7. Pursuant to § 521(b)(2), the Debtor(s) state(s) that there are no debt repayment plans of the type contemplated by this statute (or, a copy of such repayment plan is filed herewith); Software Copyright (c) 1996-2018 Best Case, LLC - www.bestcase.com
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- 8. Pursuant to § 521(c), the Debtor(s) state(s) that:
- □ The Debtor(s) has/have an interest in an account or program of the type specified in § 521(c) of the Code, with documentation thereof filed herewith.
- The Debtor(s) has/have no interest in an account or program of the type specified in § 521(c) of the Code.

Dated March 9, 2018.

## I/We declare under penalty of perjury that the foregoing is true and correct.

| /s/ JANE SAMPLE MONTANA | March 9, 2018 |
|-------------------------|---------------|
| Signature of Debtor     | Date          |

Penalty for making a false statement: Fine up to \$250,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571