FOR	OFFICE	USE
	ONLY	

SSN Verified

TRUSTEE QUESTIONNAIRE

-
Case Number:
This COMPLETED AND SIGNED form <u>must</u> be submitted to the Trustee 14 days prior to your meeting of creditors being conducted pursuant to 11 U.S.C. § 341 ("Meeting of Creditors").
Name(s):
Address:
Phone No:
I agree to accept and receive service of pleadings in my case via email and the email address to be used is listed below. If no email address is listed, I do not accept pleadings via email.
Email Address: Secondary email:
Marital Status: Married & living together Separated Divorced Single Widow(er) (check one)
DOMESTIC SUPPORT OBLIGATION
Are you obligated to pay support of any kind? \Box No \Box Yes (check one) Spousal Child Other
Amount per month \$ of which \$ is past due arrears.
NAME(S), ADDRESS(ES), AND PHONE NUMBERS OF RECIPIENT(S):
Were your support payments current on bankruptcy filing date? No Yes (check one) Amount behind \$ Is this amount included in your plan? Yes I No (check one) Image: Second Sec
Have you made all support payments that have come due since your bankruptcy filing date? \Box Yes \Box No (check one)

REAL PROPERTY

Are you buying or renting your home?
Buying
Renting (check one)

Have you paid your mortgage/rent payments that have come due since filing this bankruptcy? □ Yes □ No (check one)

Were you behind on your mortgage/rent payments when you filed?
Yes
No (check one)

How much? _____ (Include 1st, 2nd, and 3rd mortgages, if applicable)

<u>AUTOMOBILES</u> – List make and model of all of the cars that you have, what type of insurance coverage you have on the vehicle and the date it was purchased.

Make and Model	Full Coverage or Liability	Date Purchased

OTHER PERSONAL PROPERTY

Have you purchased any tangible personal property (furniture, appliances, jewelry, etc.) and financed it within the year prior to the filing of your bankruptcy? \Box Yes \Box No If yes, complete below.

Date Purchased	Item	Financed By	Purchase Price	Balance

RESIDENCY

Have you lived in Virginia continuously for the last 2 years?
Yes
No (check one)

If not, list all of the addresses where you have lived within the last 910 days preceding the filing of your bankruptcy, including the dates.

Address

Dates (From - To)

FOR PURPOSES OF DETERMINING 34-4 EXEMPTION LIMIT:

Are you 65 years old or older? □ Yes □ No (check one) Are you a Veteran? □ Yes □ No (check one) If you are a Veteran, do you have a service connected disability of forty percent or more, as rated by the U.S. Department of Veterans Affairs? □ Yes □ No (check one)

TAX RETURNS

Have you filed both Federal and State tax returns for	2024 and ALL prior years? 🗆 Yes 🗆 No
If the answer is 'No,' list the years that have not been	filed:
Have you filed any tax returns within the last 60 days	s? □ Yes □ No What years?
Do you expect, or did you receive a refund for 2024?	Amount?
2023?	Amount?
Amount of refund due to Earned Income Credit:	2024 \$
	2023 \$
Amount of refund due to Additional Child Tax Credi	t: 2024 \$
	2023 \$
Are you now repaying any debts owed to the Federal	
Marines) for overpayments, advance pay, travel, etc.	
Amount owed: \$ Monthly re	epayment: \$
EMPLOYMENT STATUS	
NAME AND ADDRESS OF EMPLOYED	
NAME AND ADDRESS OF EMPLOYER (Payroll Address)	<u>NAME AND ADDRESS OF EMPLOYER</u> (Payroll Address)
Debtor	Joint Debtor/Spouse
	•
Phone Number	Phone Number
Do you expect to receive any Bonus or SRB payments	s during your bankruptcy? 🛛 Yes 🗆 No
(check one)	
Dates: Ho	w much?
Has your employment status changed since you filed	this case? \Box Yes \Box No (check one)
If either spouse is unemployed:	
1. Are you looking for work? □ Yes □ No (chec	k one)
• 6	K One)
3. Have you factored future employment into the	
5. Have you factor of future employment fillo the	$r = 1115 \cup 1 \cup 1011$

PLEASE NOTE: Changes in employment status must be reported to the Trustee's office.

PAYMENT PLAN OPTIONS – PLEASE SELECT AN OPTION AND INITIAL BELOW

- 1. Direct payment by automatic debit via TFS, if so, sign up at <u>www.tfsbillpay.com</u> (initial) _____

If you do not complete or choose one of the above options provided, your case will be set for employer deducted payments.

CONTRIBUTIONS/RETIREMENT PLANS/LOANS

How much do you contribute monthly to charitable organizations? \$	
How much have you contributed each year for the past 2 years? \$	\$

Are you making payments into a retirement plan?
Yes
No (check one)
Do you plan to continue making these payments?
Yes
No (check one)

Are you repaying a loan to your re	tirement plan? 🗆 Yes 🗆 No (check one)
Do you plan to continue making th	tese loan payments? \Box Yes \Box No (check one)
Amount of Payment \$	How often?
Balance due on loan \$	

Have you read the Bankruptcy Information Sheet prepared by the Office of the U.S. Trustee?
Yes No

I declare under penalty of perjury that I have read the answers contained in the above Trustee's Questionnaire and that they are true and correct.

I agree to accept and receive service of pleadings in my case via email and the email address to be used is located on page one of this questionnaire.

Penalty for making a false statement or concealing property: Fine of up to \$500,000.00 or imprisonment for up to 5 years or both. (18 U.S.C. 152 & 3571)

<u>While this bankruptcy case is pending, any changes in my finances will be disclosed and I will report such changes to the Court and the Trustee.</u>

<u>I shall not, without prior Court approval, (a) incur new debt, whether secured or</u> <u>unsecured, that causes my total principal amount borrowed post-petition to exceed \$15,000.00 at</u> <u>any point in time, (b) transfer or sell real or personal property with a value that exceeds</u> <u>\$15,000.00, (c) refinance or modify a loan secured by real or personal property, or (d) encumber</u> <u>real or personal property.</u>

<u>I shall disclose to the Trustee and the Court any acquisition of real or personal property</u> with a value that exceeds \$15,000.00.

Signature:	
Signature:	

Date:	
Date:	