CHAPTER 13 TRUSTEE'S FIRST MEETING OF CREDITORS QUESTIONNAIRE

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED BY EACH DEBTOR TO THE TRUSTEE AT LEAST A WEEK PRIOR TO THE DATE AND TIME SET FOR THE MEETING OF CREDITORS

e:		Case No.		
		341 Date:		
	Disease area ide viene compet moiling address:			
	Please provide your correct mailing address:			
			_	
			_	
	Email address:			
	Email address:			
	I consent to Trustee sending correspondence by email.		Yes	No
	What is your current phone number?			
	Home phone: Cell phone:			
	Do you have a domestic support obligation YOU HAVE TO PAY such as		Yes	No
		omia support, or many		
	If yes, please provide the following:			
	Claimant's name (person you owe):			
	Address:	- Maria		
	Payment amount: \$			
	When will your obligation to pay end?		Vac	No
	If yes, are you current on your domestic support obligation payments since	filing your Chapter 13 case?	Yes	_ No
	Have you filed all required tax returns for the past four years?		Yes	No
		Not required to	file a tax ret	urn
		.,,,,,		-
	If no, why not and identify the specific years:			
	Have you previously filed bankruptcy?		Yes	_ No
	If yes, under what chapter did you file, when did you file,			
	where did you file and state if you received a discharge?			
	If employed, please provide your employer's address:			

. If you have had a change in employment since filing your Chapter 13 case-		
Name & address of new employer		, a 12
New monthly income amount \$_		
How often are you paid? Weekly Every two weeks Semi-Monthly	Monthly	
Did you personally read and then sign the petition, schedules, statements and related documents?	Yes	No
. Is the signature on the petition and the schedules your own?	Yes	No
0. Did you list everyone you owe money to in your schedules and statements?	Yes	No
Did you list everything you own in your schedules and statements?	Yes	No
2. I have reviewed my budget today. The budget is accurate and I can live on this budget.	Yes	No
3. Do you have a lawsuit or potential lawsuit against any person or company?	Yes	No
4. Identify the attorney or other individual with whom you determined which chapter to file under. Identify the attorney or other individual who assisted you in the preparation of your Chapter 13 plan.		
Identify the attorney or other individual who assisted you in the preparation of your Chapter 13 plan.		No
Identify the attorney or other individual who assisted you in the preparation of your Chapter 13 plan.	Yes	No
Identify the attorney or other individual who assisted you in the preparation of your Chapter 13 plan. 5. I certify that I watched the Discharge Video found at www.ch13nsh.com.	Yes	
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