

Financial Statement of Debtor

(Submitted for Government Action on Claims Due the United States)

NOTE: Use additional sheets where space on this form is insufficient or continue on back of this page.

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301. 901 (see Note, Executive Order 6166 June 10, 1933); 28 U.S.C. 501. ex seq; U.S. 31 U.S.C. 951. ex seq; 44 U.S.C. 3101: 4 CFR 101, ex seq.: 28 CFR 0.160.0.171 and Appendix to Subpart Y. Fed R. Civ. P. 33(a), 28 U.S.C. 1651, 3201 ex seq.

The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register: Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; Justice/CRIM-016 at page 12774. Disclosure of the information is voluntary. However, if the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

PERSONAL IDENTIFICATION

1. Name (<i>debtor</i>)	2. Birth Date (<i>mo. day yr.</i>)	3. Social Security No.
4. Home Address (<i>Street</i>)	5. Driver's License No.	
(<i>City, State & Zip Code</i>)	6. Home Phone (<i>Area Code</i>)	

EMPLOYMENT

7. Present Employer's Name	8. Employer's Phone Number
9. Employer's Address (<i>street</i>)	10. Job Title
(<i>City, State, and Zip Code</i>)	11. Present Employment (<i>length</i>)
12. List other employers you have had in the last 3 years:	

SALARY, WAGES OR COMMISSION

13. Your gross salary (before any deductions) <input type="checkbox"/> <i>monthly</i> <input type="checkbox"/> <i>bi-weekly</i> <input type="checkbox"/> <i>weekly</i>	_____
14. Your take home pay is	_____
15. Your commission is	_____
<i>List the amount of deductions for:</i>	
16. Federal Taxes State/County/City Taxes	\$ _____
17. State/County/City Taxes	\$ _____
18. Social Security Taxes (FICA/Medicare)	\$ _____
	TOTAL \$ _____
19. Medical Insurance	_____
20. Union Dues if applicable	_____
21. Allotments to Credit Union, Bank or others	_____
22. Life Insurance	_____
23. List any other payroll deductions (including 401 (k) contributions): <i>Attach a copy of your last pay slip to form</i>	_____
TOTAL DEDUCTIONS	\$ _____

SPOUSE/COMPANION

24. List Current Spouse's Name	25. Social Security Number:	26. Birth Date (mo./day/yr.)
27. If Spouse's home address is different, list below		
28. List Spouse's present Employer's name and address		29. Employer's Phone Number
30. Job Title		31. Present employment (length)
32. Spouse's gross salary is \$ _____ Spouse's take home pay is \$ _____ (Note: If not married, but have a live-in companion, furnish information on this companion in items 24 through 32 above.)		

DEPENDENTS

33. List all dependents who live with you:

NAME	AGE	RELATIONSHIP

34. List names and addresses of all dependents who do not live with you:

NAME/ADDRESS	AGE	RELATIONSHIP

35. List amount of monthly income received by dependents from any sources other than you or your spouse \$ _____

36. Total amount of monthly income paid by you or your spouse to dependents listed in item 34 is \$ _____

37. Does spouse/companion receive alimony or child support from a previous marriage? If yes, amount \$ _____

38. List names and addresses of Parents/In-Laws if living. _____

TAXES

39. Did you file a Federal Income Tax Return last year? Yes No

Joint Individual Amount of Gross Income on return was \$ _____

40. Are you or did you receive a tax refund from Federal, State, City or County? Yes No
If yes, list from whom and amount for each refund:

Entity: _____ \$ _____

Entity: _____ \$ _____

41. Do you owe delinquent taxes? Yes No If yes, list below years and amounts due:

Attach a copy of your last Federal income tax form filed.

REAL PROPERTY: FARM/LAND/VACATION HOME/RENTAL

42. Are you buying the home in which you live? Yes No
 Are you buying or do you own real property other than your home? Yes No

43. List the value of each piece of property and your equity in it:

44. Is any of the above listed property owned jointly with anyone else? Yes No

If yes, list property and the name of the co-owner:

45. Are you making mortgage payments? Yes No

If yes, amount? \$

46. Do you rent property to others? Yes No

If yes, what is the net income to you? \$

47. Does your spouse/companion solely own real property? Yes No

If the answer is yes, list the property address and value:

48. FIXED MONTHLY EXPENSES (Fill in Blanks)

<i>Rent/Mortgage</i>		<i>Home Insurance & Taxes</i> <i>(List only if paid directly by you)</i>	
<i>Car Payment</i>		<i>Car Insurance</i>	
<i>Gasoline</i>		<i>Water</i>	
<i>Electricity</i>		<i>Telephone</i>	
<i>Cable TV</i>		<i>Public Transportation</i>	
<i>Natural Gas</i>		<i>Other Utilities (Specify)</i>	
<i>Food</i>		<i>Other</i>	
<i>Subtotal</i>		<i>Subtotal</i>	
		GRAND TOTAL	

List Credit Card, installment, or other payments below

Creditor	Date of Debt	Total Amount	Date of last	Payment	Frequency

If additional space needed, use back of last page

TOTAL FIXED MONTHLY EXPENSES \$ _____

49. CASH

Provide name and address of Bank or Institution	Amount in Accounts or on Deposit
Checking Account Number	
Savings Account Number	
Credit Union Account(s) Number	
Money Market Account	
Certificate of Deposit	
IRA or Keogh Account	
<i>Total Amount</i> \$	

OTHER ASSETS

50. Do you or your spouse/companion own U.S. Savings Bonds? Yes No
 If yes, number (____). State Denomination _____ Value: \$ _____

51. Do you own stocks or other types of bonds? Yes No
 If yes, list value and name and address of issuer:
 _____ \$ _____
 _____ \$ _____

52. Do you receive any other cash compensations, such as: an insurance annuity, lottery winnings, pensions, or disability benefits? Yes No

53. Do you receive food stamps, SSI funds or unemployment compensation? Yes No
 If yes to either of these questions, list below the source and amount:
 _____ \$ _____
 _____ \$ _____

54. List make and model of any auto owned or being purchased by you, your spouse/companion or dependent:

Model/Year	Make/License No.	Value
TOTAL VALUE \$ _____		

55. Do you or your spouse own:
a camper/recreational vehicle? \$ _____
a boat, motorcycle, or bike? \$ _____
Antiques, art collections? \$ _____
Jewelry valued over \$5,000? \$ _____

Is any of the property listed above owned jointly with anyone else? Yes No
 If yes, with whom: _____

ITEMS WHICH MIGHT AFFECT FUTURE ASSETS

56. Are you involved in a lawsuit in which you might receive money or something of value? Yes No
 If yes, state where the suit is filed and what it involves: (include Court number and caption)

57. Are you a Trustee, Executor, or Administrator of an estate? Yes No
 If yes, give details:

58. Is anyone holding money on your behalf? Yes No
 If yes, give details

59. Is there any likelihood you will receive an inheritance? Yes No
 If yes, give specific details

60. Have you sold or transferred either real property or stocks and bonds in the past three years Yes No
 If you have, give specific details

61. Are your wages and/or those of your spouse under garnishment at this time? Yes No
 If yes, give specific details:

62. Are there any outstanding unpaid judgments against for debts other than this one? Yes No
 If yes, give specific details

63. Do you owe large medical bills Yes No
 If yes, give specific details and attach copies of the bills:

With knowledge of the penalties for false statements provided by 18 United States Code 1001 (\$10,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the U.S. Department of Justice, I certify that I believe the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other.

 Date

 Signature

 Date

 Spousal Signature (if applicable)

PLEASE NOTE: *If you have added additional sheets to this form or added information on the back of this (or any) page, please also sign these sheets.