<b>FOR</b>	OFFICE	<b>USE</b>
	ONLY	

SSN Ver	ified		

## 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?   No  Yes (check one) Spousal  ChildOther
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 ☐ No (check one)
Have you made all support payments that have come due since your bankruptcy filing date?  ☐ Yes ☐ No (check one)

## REAL PROPERTY

Are you buying or	renting your h	ome? □ Buying □ Renting	(check one)	
Have you paid you ☐ Yes ☐ No (chec	0 0	at payments that have come	due since filing this bankr	ruptcy?
Were you behind o	on your mortga	ge/rent payments when you	filed? ☐ Yes ☐ No (check	k one)
How much?	(Include 1 <sup>st</sup>	$^{\rm t}, 2^{ m nd},$ and $3^{ m rd}$ mortgages, if a	applicable)	
		d model of all of the cars tha and the date it was purchase		nsurance
Make and Model		Full Coverage or Liability	Date Pure	chased
OTHER PERSON	AL PROPERT	Y		
	• •	personal property (furnitu o the filing of your bankrup		*
<b>Date Purchased</b>	Item	Financed By	Purchase Price	Balance
RESIDENCY				
Have you lived in	Virginia contin	uously for the last 2 years?	☐ Yes ☐ No (check one)	
If not, list all of the your bankruptcy, i		ere you have lived within the ates.	e last 910 days preceding t	he filing of
Address			Dates (From – To)	

## **FOR PURPOSES OF DETERMINING 34-4 EXEMPTION LIMIT:**

	you 65 years old or older?   Yes   No (check)	one)	
•	you a Veteran? □ Yes □ No (check one)	1:-1:1:4	
•	u are a Veteran, do you have a service connected ne U.S. Department of Veterans Affairs?   Yes [	· · · · · · · · · · · · · · · · · · ·	
by th	ic c.s. Department of veterans minutes.	= 1.0 (eneck one)	
<b>TAX</b>	<u> RETURNS</u>		
If the	e you filed both Federal and State tax returns for e answer is 'No,' list the years that <u>have not been</u> e you filed any tax returns within the last 60 days ou expect, or did you receive a refund for 2023? 2022?	filed:	
Amo	ount of refund due to Earned Income Credit:	2023 \$ 2022 \$	
Amo	ount of refund due to Additional Child Tax Credi	t: 2023 \$ 2022 \$	
Mari	you now repaying any debts owed to the Federal ines) for overpayments, advance pay, travel, etc. ount owed: \$ Monthly re		
<u>EMP</u>	PLOYMENT STATUS		
NAM	ME AND ADDRESS OF EMPLOYER	NAME AND ADDRESS OF EMPLOYER	
D 14	(Payroll Address)	(Payroll Address)	
Debt	cor	Joint Debtor/Spouse	
Phor	ne Number	Phone Number	
1 1101			
-	ou expect to receive any Bonus or SRB payments ek one)	s during your bankruptcy? ☐ Yes ☐ No	
	s:Ho	w much?	
Has	your employment status changed since you filed	this case? ☐ Yes ☐ No (check one)	
If eit	ther spouse is unemployed:		
1.	Are you looking for work? ☐ Yes ☐ No (chec	k one)	
2.	What is your line of work, if any?  Have you factored future employment into the terms of your plan? ☐ Yes ☐ No		
<b>3.</b>	Have you factored future employment into the	e terms of your plan? ∟ Yes ∟ No	

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

## PAYMENT PLAN OPTIONS – PLEASE SELECT AN OPTION AND INITIAL BELOW ☐ Direct payment by automatic debit via TFS, if so, sign up at www.tfsbillpay.com 1. (initial) ☐ Employer Payroll Allotment Deductions, if so, deductions from Debtor or Joint/Co-2. Debtor (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? $\square$ Yes $\square$ No (check one) Are you repaying a loan to your retirement plan? $\square$ Yes $\square$ No (check one) Do you plan to continue making these loan payments? $\square$ Yes $\square$ 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? $\square$ Yes $\square$ 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) 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. I shall not, without prior Court approval, (a) incur new debt, whether secured or unsecured, that causes my total principal amount borrowed post-petition to exceed \$15,000.00 at any point in time, (b) transfer or sell real or personal property with a value that exceeds

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

\$15,000.00, (c) refinance or modify a loan secured by real or personal property, or (d) encumber

real or personal property.

<b>Signature:</b>	<b>Date:</b>	
Signature:	<b>Date:</b>	