

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, 1993); 28 U.S.C. 501, *et seq.*; 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 C.F.R. 101, *et seq.*; 28 C.F.R. 0.160.0.171 and Appendix to Subpart Y. Fed. R. Civ. P. 33(a), 28 U.S.C. 1651, 3201, *et 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 System published in Vol. 42 of the Federal Register, Justice/CTV-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 information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal means.

NOTE: Use additional sheets where space on this form is insufficient or continue on reverse side of form if additional space is needed.

I. PERSONAL BACKGROUND INFORMATION

1. Name: _____ Maiden name: _____
2. Other names used: _____
3. Birth date (Month/Day/Year): _____ 4. Social Security Number: _____
5. Driver's license number: _____ State of issuance: _____
6. Home address: _____
 City: _____ State: _____ Zip: _____
7. Home phone #: _____ Cellular phone #: _____
8. Email address: _____

EDUCATION and LICENSING		Check all that apply:	School:	State:
9. PROVIDE YOUR EDUCATIONAL BACKGROUND:	Less than 12 years	<input type="checkbox"/>		
	High School Diploma or equivalent	<input type="checkbox"/>		
	Vocational School	<input type="checkbox"/>		
	College (provide degree or number of years attended)	<input type="checkbox"/>		
	Post Graduate (provide degree of number of years attended)	<input type="checkbox"/>		
10. PROFESSIONAL LICENSES:	Type:	Expiration Date:	License Number:	State:

II. EMPLOYMENT INFORMATION



1. Do you own or hold an interest in a business? Yes No If YES, answer questions 2 - 6.

2. Name of business: _____ Years of ownership / Interest: _____

3. Business address: _____

City: _____ State: _____ Zip: _____

4. Business phone #: _____ Business cellular phone #: _____

5. Nature of interest: _____ Ownership percentage: _____

6. List any partnerships or joint ventures by name: _____

Partners /Associates: _____

Date created: _____ Capital balance: _____ Ownership percentage: _____



7. Are you currently employed? Yes No If YES, answer questions 8 - 12.

8. Job Title: _____

9. Name of employer: _____

10. Employer's Address: _____

City: _____ State: _____ Zip: _____

11. Business phone #: _____

12. Years with this employer: _____ Date employment commenced: _____

13. List all previous employment for the last three years:	Employer phone number:	Dates of employment:
Employer:	Employer address:	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Are you a member of a union? Yes No If YES, answer question 15 - 16.

15. Name of union: _____ 16. Years of membership: _____

II. Employment Attachments Required: (1.) Proof of self-employment income for the prior 3 months (e.g. Invoices, commission, sales records, income statement. (7.) Proof of gross earnings and deductions for the past 3 months from each employer (e.g. pay stubs, earnings statements). If year to date information is available, send only 1 such statement (3 Month Minimum)

III. MARITAL / DEPENDENT BACKGROUND INFORMATION

1. Current Marital Status: Single Married Divorced

If Married, Answer All Questions Related to Your Spouse.

2. Spouse's name: _____ Maiden name: _____

3. Spouse's birth date: (Month/Day/Year: _____ Spouse's cellular phone #: _____

4. Spouse's Social Security #: _____

5. Spouse's driver's license #: _____

6. Spouse's address, (if different from your own): _____
 City: _____ State: _____ Zip: _____

7. Does your spouse have an interest in a business? Yes No If Yes, Answer Questions 8-14.

8. Name of business: _____ Years of ownership/Interest: _____

9. Business address: _____
 City: _____ State: _____ Zip: _____

10. Spouse's business phone #: _____ Business cellular phone #: _____

11. Nature of interest: _____ Ownership percentage: _____

12. List any partnerships or joint ventures by name: _____

13. Partner/Associates: _____

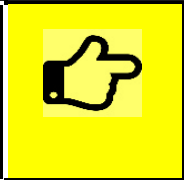
14. Date created : _____ Capital balance: _____ Ownership percentage: _____

15. Is your spouse currently employed? Yes No If YES, answer questions 16-18.

16. Spouse's job title: _____

17. Name of spouse's employer: _____ Telephone number: _____

18. Spouse's employer's address: _____
 City: _____ State: _____ Zip: _____



III. Marital Background Information Attachments Required: (7.) Proof of self-employment income for the prior 3 months (e.g. invoices, commission, sales records, income statement. (12.) Proof of gross earnings and deductions for the past 3 months from each employer (e.g. pay stubs, earnings statements) If year to date information is available, send only 1 such statement (3 month minimum)

16. List Dependents (include step-children, foster children, & children from previous marriages):

Name of Dependent	Social Security Number	Relationship	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. INCOME AND EXPENSES

8. PRESENT FINANCIAL NEEDS						
In order to help determine your financial needs, as well as those of your dependents, provide the following information as to present MONTHLY income and expenses.						
MONTHLY EARNINGS/INCOME	Yours	Spouse	Total		MONTHLY EXPENSES	Household
a. Primary job: -net salary					a. Rent / Mortgage	
-Commission, bonuses, & overtime					b. Utilities: -Electric	
b. Additional job: -net salary					-Heat (oil/gas/wood)	
-Commission, bonuses, & overtime					-Water / Sewer / Garbage	
c. Additional job: - net salary					-Landline / Cell phones	
-Commission, bonuses, & overtime					-Cable / Satellite TV	
d. Net profit from business					-Internet	
e. Net rental income					c. Groceries	
f. Military pay					d. Insurance: -Auto	
g. Social Security					-Health	
h. Disability compensation					-Life	
i. Pension					- Homeowners / Renters	
j. 401(k), 403(b), TSP, etc.					e. Additional medical costs	
k. IRA / Annuities					f. Court ordered alimony	
l. Interest					g. Court ordered child support	
m. Dividends					h. Childcare	
n. Alimony / Child support					i. Tuition (Private school / College)	
o. Benefits from the U.S.					j. Minimum installment payments (i.e. student loans, car payments, etc.)	
p. Food stamps					k. Minimum revolving payments (i.e. credit cards, charge accounts, etc.)	
q. Unemployment					l. Transportation	
r. Income of other dependents					m. Personal care / Hygiene	
s. Income from relatives					n. Household expenses	
t. Monetary gifts						
u. Inheritance proceeds						
v. Online sales						
w. Other (i.e. lottery winnings, patent royalties, tax refunds, etc.)						
x. Other						
TOTAL:					TOTAL:	

IV. Income and Expenses Attachments Required: Income - Please provide proof of income for the past 3 months from each payor including any statements showing deductions. If year-to-date information is available, send only 1 statement as long as a minimum of 3 months is represented. **Expenses** - Proof of all current expenses for the last 3 months. Copies of any court order requiring payment and proof of such payments for the last 3 months.

V. ASSETS – A. PROPERTY and VEHICLES

1. Do you or your spouse/companion have any interest in any real estate anywhere in the world? (This includes any real estate currently being sold under contract.) Check YES or NO. If YES, identify each real estate interest as stated below.					YES <input style="width: 30px; height: 20px;" type="checkbox"/>	NO <input style="width: 30px; height: 20px;" type="checkbox"/>
a. Complete address (Include State & County)	b. Name on deed	c. Purchase price	d. Balance due on mortgage	e. Monthly payment	f. List mortgages and liens on property	
A.		\$	\$	\$		
B.		\$	\$	\$		
C.		\$	\$	\$		
2. LEASEHOLD INTERESTS: If any real estate holdings are income producing properties, identify tenants name and address and current lease terms. Provide income statements and/or tax returns for the last two years for each rental property.		Leasee: _____ Address: _____ City: _____ State: _____ Zip: _____ Lease Terms: _____				
		Leasee: _____ Address: _____ City: _____ State: _____ Zip: _____ Lease Terms: _____				
3. Description: include year, make and model	a. Purchase price	b. Loan balance (if any)	c. Fair market value			
Automobile	\$	\$	\$			
Automobile (2nd)	\$	\$	\$			
Automobile (3rd)	\$	\$	\$			
Boat	\$	\$	\$			
Truck	\$	\$	\$			
Recreational vehicles (campers, motor homes)	\$	\$	\$			
Utility trailer	\$	\$	\$			
Any other vehicles (including ATVs, Jet-Skis, Snowmobiles)	\$	\$	\$			
Aircraft	\$	\$	\$			
Mobile home	\$	\$	\$			
Motorcycle	\$	\$	\$			
	V. Property and Vehicle attachments required: Please include your current statement from all current mortgage holders and lenders with monthly payment and current balance of each loan.					

V. ASSETS – B. BANK ACCOUNTS, INVESTMENTS



4. Personal checking account holder	Name of financial institution	Account number	Account balance
	_____	# _____	\$ _____
	_____	# _____	\$ _____
_____	_____	# _____	\$ _____



5. Personal savings account holder	Name of financial institution	Account number	Account balance
	_____	# _____	\$ _____
	_____	# _____	\$ _____
_____	_____	# _____	\$ _____



6. Business checking account holder	Name of financial institution	Account number	Account balance
	_____	# _____	\$ _____
	_____	# _____	\$ _____
_____	_____	# _____	\$ _____



7. Business savings account holder	Name of financial institution	Account number	Account balance
	_____	# _____	\$ _____
	_____	# _____	\$ _____
_____	_____	# _____	\$ _____



8. Retirement accounts and pensions (including IRAs, ERISA, Keogh, etc)	Name of financial institution	Account number	Current balance
	_____	# _____	\$ _____
	_____	# _____	\$ _____
_____	_____	# _____	\$ _____



9. Annuities	Name of financial institution	Account number	Current balance
	_____	# _____	\$ _____
	_____	# _____	\$ _____
_____	_____	# _____	\$ _____

	<p><u>V. Bank accounts, and Investments attachments required:</u> Please include your current bank statements and other statements for the past 3 months for all accounts, including but not limited to: Checking, Savings, Retirement, Pensions, Annuities, Money Market and Brokerage Accounts.</p>
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V. ASSETS – B. BANK ACCOUNTS, INVESTMENTS (Continued)



10. Certificates of deposit	Name of financial institution	Account number	Current balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____



11. Stocks, bonds, or other sureties	Name of financial institution	Account number	Current balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____



12. Cash surrender value of insurance policies	Name of financial institution	Account number	Current balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____




13. Other personal or business monetary investments	Name of financial institution	Account number	Current balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____



14. Name and address of money owed to you by others	Reason for loan, relationship to debtor, monthly payment	Amount owed	Date lent
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____



15. Safe deposit box location	Co-Owners	Contents	Value
_____	_____	_____	\$ _____

 **V. Bank Accounts and Investments attachments required: (10. and 11.) Please include your current CD and stock/bond statements for the past 3 months for all accounts. (12.) Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan. (13.) All statements last 3 months. (14.) All documentation evidencing the debt and payment history for the last 3 months. (15.) Safe Deposit box documentation.**

V. ASSETS – C. OTHER ASSETS

16. Virtual currency: Do you or your spouse possess any interest in any virtual currency, including and not limited to bitcoin and Ethereum. If YES, please furnish the following information for each such asset:				YES	<input type="checkbox"/>
				NO	<input type="checkbox"/>
Type of virtual currency	Number of virtual currency	Estimated total present value	Storage location type (digital wallet, printout)	Storage location and account # / User name	
17. Cash held outside of financial institutions (where held, provide details):					\$ _____
18. Money, advance payments, or other asset, held by someone else on your behalf:					\$ _____
19. Mortgage loan owed to you (include name, address, relationship, and amount					\$ _____
20. Anticipated Inheritance (from whom, when, description of assets to inherit):					Est. Value \$ _____
21. Lawsuits and judgments in which you might receive something of value: Court: _____ Case number: _____					\$ _____
22. Alimony, maintenance, support, and property settlements to which you may be entitled: Court: _____ Case number: _____					\$ _____
23. Books, art objects, antiques, stamp or coin collections, and any other collectibles:					Current Value: \$ _____
24. Firearms, sporting goods, and other hobby equipment:					Current Value: \$ _____
25. Television sets, smart phones, computers, tablets, video cameras, photo equipment, gaming, and any other electronic devices:					Current Value: \$ _____
26. Wearing apparel, furs, and jewelry:					Current Value: \$ _____
27. Time shares, season tickets:					Current Value: \$ _____
28. Tools:					Current Value: \$ _____
29. Home Furnishings:					Current Value: \$ _____
30. Office Equipment, furnishing and supplies:					Current Value: \$ _____
31. Farming equipment and implements, animals, crops, supplies, chemicals, feed, etc.:					Current Value: \$ _____
<div style="display: flex; align-items: center;"> <div> <p>V. Other Assets attachments required: Provide statements for the most recent 3 month period and copies of any court order requiring payments and proof of such payment. Include copies of any appraisals, invoices, or receipts evidencing value.</p> </div> </div>					

VI. LIABILITIES

1. CREDIT CARDS: Do you have any credit card, charge account or line of credit? If YES, please identify each type of account or credit/charge card, the name and address of the issuer, the credit limit, amount owed and the minimum monthly payment.

a. Type of account or card	b. Name and address of issuer	c. Credit limit	d. Amount owed	e. Minimum monthly payment

2. OUTSTANDING LOANS: Do you have any outstanding loans payable to banks, finance companies, etc?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	

If YES, please identify each type of account, the name and address of the lender, the credit limit, loan amount, debt owed and the minimum monthly payment.

a. Type of account	b. Name and address of lender	c. Loan amount	d. Owed	e. Minimum monthly payment

3. JUDGMENTS/OTHER DEBTS: Do you or your spouse have any judgments AND/OR other debts against you? If YES, specify as stated below.	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

a. Amount of judgment	b. Full name of creditor

	VI. Liability attachments required: Provide statements for the most recent 3 month period, copies of agreements, and /or court order requiring payment, and proof of such payments for the last 3 months.
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VII. ADDITIONAL INFORMATION



1. If you currently rent the premises where you live, indicate the name and address of your landlord:
 Name: _____ Address: _____
 City: _____ State: _____ Zip: _____



2. If you neither own, nor rent your residence, then state the name of the owner of the property in which you live and the arrangement by which you occupy the premises.



3. Indicate the date your last income tax return was filed: _____

4. Do you anticipate receiving an income tax refund this year? Yes No
 If YES, provide the approximate amount you expect to receive: \$ _____



5. List All Transfers of Property of \$1,000.00 or more, including cash (by loans, gifts, sales, etc.) made within the last six years:

Date	Amount	Property transferred	To whom
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



6. Are you a Trustee, executor, beneficiary, grantor, donor or administrator under any will or testament, insurance policy, or trust agreement? Yes No

If YES, provide details: _____

7. List all other forms of compensation which you or your spouse receive and which you have not already disclosed (including insurance annuity, disability benefits, lottery winnings, pensions, etc.

8. Have you ever been a party to, as an individual or as a business entity, any Chapter 7, 11, or 13 bankruptcy filings? If YES, list Type of bankruptcy, bankruptcy court, county and state, date filed, and discharge if any and discharge date.



VII. Additional Information Attachments Required: (1. and 2.) A copy of all lease/rental agreements and proof of such payments for the last 3 months. (3.) A copy of your filed Form 1040's (State and Federal), for the last 3 years, with all schedules. (5.) All documentation of such transfers. (6.) Provide copies of all documentation providing for the creation and terms of such interest.

VIII. VERIFICATION: PLEASE READ CAREFULLY BEFORE SIGNING:

WITH THE KNOWLEDGE OF THE PENALTIES FOR FALSE STATEMENTS PROVIDED BY 18 UNITED STATES CODE SECTION 1001 (FINE AND/OR UP TO FIVE YEARS IMPRISONMENT) AND WITH KNOWLEDGE THAT THIS FINANCIAL STATEMENT IS SUBMITTED BY ME TO AFFECT ACTION BY THE UNITED STATES DEPARTMENT OF JUSTICE, I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND THAT IT IS A COMPLETE STATEMENT OF ALL MY INCOME AND ASSETS, EXPENSES AND LIABILITIES, REAL AND PERSONAL, WHETHER HELD IN MY NAME OR BY ANY OTHER.

 Signature

Financial Statement of Debtor
 Pg. 10

 Date