



United States Department of Justice

Financial Statement of Individual Debtor

(Submitted for Government Action on claims due the United States)

NOTE: Use additional sheets where space on this form is insufficient.

For official use only	
USAO/DJ Number:	

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. §301; 5 U.S.C. §901; Executive Order 61666, June 10, 1933; 28 U.S.C. §§ 501-530A; 28 U.S.C. §§ 3201-3206; 31 U.S.C. §§ 3701-3731; 44 U.S.C. §3101; 28 C.F.R. §0.160; 28 C.F.R. § 0.171; 31 C.F.R. §§5.1-5.36; Appendix to Subpart Y; Fed.R.Civ.P. 33(a)

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 pages 12774. Disclosure of the information is voluntary. If the requested information is not furnished, the United States Department of Justice may seek disclosure through other means.

PERSONAL IDENTIFICATION

1. Name (Debtor)	2. Birth Date (Mo. Day Yr.)	3. Taxpayer Identification No. (SSN or EIN)
4. Home Address (Street) (City, State & Zip Code)		5. Driver's License No./State
6. Mailing Address (if different) (City, State & Zip Code)		7. Home Phone () Cell Phone ()

EMPLOYER OR BUSINESS

8. Present Employer or Business Name	9. Employer or Business Telephone No. ()
10. Employer or Business Address (Street) (City, State & Zip Code)	11. Job Title/Occupation
	12. Years in Present Job or Business

13. List other employers or businesses you have had in the last 5 years. (Attach additional pages as needed.)

Employer or Business Name	Employer or Business Address	Phone No.	Employment Date
		()	
		()	

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SPOUSE

14. Provide current spouse's name.	15. Social Security No.	16. Birth Date (Mo. Day Yr.)
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17. If spouse's home address is different, list below.

18. List spouse's present employer's name and address.	19. Employer's Phone Number ()
20. Job Title	21. Years in Present Job

22. Spouse's annual gross salary/wages is \$ _____ Spouse's take home pay is \$ _____ per _____

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

(Note: if you have a live-in companion, furnish the above information regarding this companion.)

DEPENDENTS

24. List all dependents who live with you:

Name	Age	Relationship

25. List names and addresses of all dependents not living with you:

Name/Address	Age	Relationship

26. Are you recently divorced? If so, provide signed copy of distribution of assets approved by the probate court.

Yes No

27. List amount of monthly income received by dependents from any sources other than you or your spouse.

\$ _____

28. Total monthly amount paid by you or your spouse to dependents listed in item 24 (example: child support, alimony, etc.).

\$ _____

29. Total monthly amount paid by you or your spouse to dependents listed in item 25 (example: child support, alimony, etc.).

\$ _____

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SALARY, WAGES OR COMMISSIONS - Space provided for you as well as your Spouse

- | | You | Spouse |
|---|----------|----------|
| 30. Gross salary/wages before any deductions.
Circle one: weekly bi-weekly monthly | \$ _____ | \$ _____ |
| 31. Commissions you receive | \$ _____ | \$ _____ |
| 32. Take home pay (after deductions) | \$ _____ | \$ _____ |

***ATTACHMENTS REQUIRED:** Please provide proof of gross earnings and deductions for the past 3 months from each employer (e.g. pay stubs, earning statements). If year-to-date information is available, send only 1 such statement as long as a minimum of 3 months is represented.

33. Do you receive income from sources other than your own business or your employer? Yes No (Check all that apply)
- Pension Social Security Alimony Other (Specify) _____

How much do you receive on a monthly basis? _____

***ATTACHMENTS REQUIRED:** Please provide the most recent statement.

TAXES

34. Did you file a Federal Income Tax Return last year? Yes No
 Joint ____ Individual ____
35. Did you apply for a tax refund on your most recently filed Federal, State, City or County tax return?
 Yes No *If Yes, list the amount of the refund and from whom it will be received.*
- Total Amount of Refund: \$ _____ Received from: _____
36. Do you owe delinquent taxes? Yes No *If yes, list years and amounts due.* _____

***ATTACHMENTS REQUIRED:** Please provide copies of your federal income tax returns for the past 3 years.

REAL PROPERTY

37. List all real property owned or purchased by you or held in other names for your benefit. (Attach additional pages as needed.)

Description and Address of all Real Property <i>(home, farmland, vacation property etc.)</i>	How Owned <i>(individually, jointly, etc.)</i>	Current Property Value	Unpaid Mortgage/ Balance	Monthly Mortgage/ Payments	To Whom Mortgage/Contract Payments Are Owed

38. Do you rent any of the property listed above to others? Yes No *If yes, amount of rent?*
- Property _____ \$ _____
 Property _____ \$ _____
(Provide tenant name and contact information on separate sheet)

39. Does your spouse own real property not listed above? Yes No
- If yes, list the property address and current value.*
- _____ \$ _____
 _____ \$ _____

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FIXED MONTHLY EXPENSES

40. List monthly living expenses.

Rent/Mortgage*	\$ _____	Home Insurance & Property Taxes	\$ _____
Car or Lease Payment*	\$ _____	Car Insurance*	\$ _____
Alimony/Child Support	\$ _____	Telephone*	\$ _____
Cable or Satellite*	\$ _____	Water	\$ _____
Electricity*	\$ _____	Other Utilities* (Specify)	\$ _____
Food	\$ _____	Medical* (Specify)	\$ _____
Gasoline	\$ _____	Other _____	\$ _____
Natural Gas or Oil	\$ _____	Other _____	\$ _____

41. Total monthly living expenses: (total of all items listed on Line 40) \$ _____

42. List credit card, loans, or other debts you owe including any installment payments* (Attach additional pages as needed.)

Creditor	Total Amount Due	Date of last payment	Payment Amount	Frequency of Payment

43. Total credit card or other payments paid per month \$ _____

***ATTACHMENTS REQUIRED: Please provide copies of all expenses indicated above.**

CASH

44. List all accounts at banks, credit unions, and other financial institutions held by you individually or jointly.*

Name and Address of Bank, Credit Union, or other Institution	Account Number(s)	Highest Account Balance During Year	Current Account Balance
Checking Account(s)			
Savings Account(s)			
Money Market Account(s)			
Certificate of Deposit(s)			
IRA or Retirement or Pension Account(s)			

Total Balance of all Current Accounts \$ _____

***ATTACHMENTS REQUIRED: Please provide the past 3 statements of all accounts.**

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45. List all stocks, mutual funds, or bonds held by you, your spouse, or dependents. *(Attach additional sheets as needed.)*

Name of Stock/Mutual Fund or Bonds <i>(if bond also give the name and address of issuer)</i>	No. of Shares	Current Value

Total Value \$ _____

46. List all auto/motorcycles/truck/tractor or other vehicles owned, leased, or being purchased or leased by you, your spouse or dependents: *(Attach additional sheets as needed.)*

Type of vehicle	Make, Model and Year	License No./State	Current Value of Vehicle

Total Value \$ _____

47. List all other personal property owned or being purchased by you, your spouse or dependents. *(Attach additional sheets as needed.)*

Asset <i>(Attach additional sheets as needed.)</i>	Identify Specific Asset, Owner, Registration No. and Location	Date Purchased	Current Value
Boat(s) / aircraft / recreational vehicle(s)			
Antiques, art objects or stamp collections			
Jewelry with total value over \$1,000			
Other personal property with value over \$500			

Total Value \$ _____

48. List all other assets, investments, securities, notes and accounts receivable (e.g. trust; partnerships; sole proprietorships; etc.) possessed or owned by you, your spouse or dependents. *(Attach additional sheets as needed.)*

Identify each asset, including address, account numbers, persons indebted to you etc.	Basis for Value	Current Value

Total Value \$ _____

49. Are there any foreseeable circumstances you wish to disclose which may impact your ability to pay your judgment debt? If so, please describe in detail. Please feel free to include any/all documents which may verify this matter. *(Attach additional sheets as needed.)*

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OTHER INFORMATION

50. Are there any reasons to believe your salary/wages will substantially change during the next year? Yes No
If yes, give specific details. _____

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

52. Are your wages being garnished at this time? Yes No
If yes, give specific details. _____

53. Are you or were you a Trustee, Executor, or Administrator of an estate? Yes No
If yes, give specific details. _____

54. Do you owe any medical bills in excess of \$1,000? Yes No
If yes, give specific details (and attach copies of bills). _____

In the past 5 years, have you, your spouse, dependants or any entity in which you have an interest or over which you exercise control...

55. ...received any monies greater than \$1,000 per year (e.g. gambling wins, gift, dividends, loans, trust distribution) from any person, business or trust?
 Yes No (excluding revenue of businesses already listed)

56. ...received support of a value greater than \$1,000 per year in the form of free services, goods, or use of assets from any person or entity?
 Yes No

57. ...received any inheritance, renounced any inheritance or knowingly been named as a beneficiary in a will that has yet to be settled?
 Yes No

58. ...owned, operated or had interest in any closely-held corporations, partnerships, or sole proprietorships (except those already listed)?
 Yes No

59. ...owned or control any asset with a net value greater than \$25,000 (except those already listed)? Yes No

60. ...transferred any real estate by sale or gift or lost any real estate due to foreclosure? Yes No

61. ...transferred any non-real estate asset(s) with a value greater than \$1,000.00 to any other person or entity? Yes No

62. ...withdrew any funds from retirement accounts or sold any securities (stocks, bonds, etc.) totaling \$1,000 or more? Yes No

63. ...liquidate or borrow against any life insurance policies? Yes No

64. ...been a trustee, beneficiary or donor of any trust? Yes No

65. ...been a party in any bankruptcy actions or civil or criminal lawsuits? Yes No

66. ...possess any asset of any value in a location outside of the United States? Yes No

67. ...hold signature authority or power of attorney on any accounts or persons? Yes No

With knowledge of the penalties for false statements provided by 18 United States Code § 1001 (a fine of up to \$250,000 and/or 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 certify that I believe the above statement is true and that it is a complete statement of all of my income and assets, real and personal, whether held in my name or by any other.

Date

Signature

- Ⓢ If you have attached additional sheets to this form, you must also sign those sheets.
- Ⓢ Attach copies of the last 3 Federal Income Tax Returns you have filed.
- Ⓢ Attach copies of all other required documentation.