

Before we can file: you have to get a Certificate of Consumer Credit Counseling!

The Hurricanes of 2005 caused the United States Trustee to delay Credit Counseling in the Western District of Louisiana. On March 10, 2008, that delay ended. Under the Bankruptcy Reform Act, you cannot file any personal Bankruptcy without getting a Certificate of Consumer Credit Counseling from an agency approved by the U.S.Trustee.

You can secure this counseling from any agency approved by the U.S. Trustee. But for your convenience, we have made arrangements with an agency that is set up to handle this on a telephone call. They will send us a completion certificate that we can provide the court when we file your case. Your case cannot be filed without this certificate, so do this before you bring back your papers for us to prepare your case, or if you want us to start, be sure to complete it before we file. **WE WILL NOT FILE UNTIL THERE IS A CERTIFICATE, BECAUSE THE CASE WILL BE DISMISSED!**

At the time of returning this questionnaire we will need the following:

1. Completed questionnaire
2. Copies of recent pay stubs for the last six months, **INCLUDING THE 60 DAYS IMMEDIATELY BEFORE YOUR CASE IS FILED**
3. Copy of pictured ID and Copy of Social Security card.
4. Copy of State and Federal tax returns for the past 2 years
5. Copy of last 3 bank statements (for all accounts)

NOTICE REGARDING INCOME TAX - RETURNS AND REFUNDS:

IF WE FILE A CHAPTER 7, THE TRUSTEE WILL REQUIRE YOUR TAX RETURN FOR THE YEAR OF FILING IN ADDITION TO THE TWO PAST YEARS. THE TRUSTEE GETS ANY REFUND YOUR ARE ENTITLED TO AT THE TIME OF FILING THE CASE.

IF WE FILE A CHAPTER 13, THE TRUSTEE MUST GET A COPY OF YOUR TAX RETURN EACH YEAR DURING THE PLAN, AND MOST DEBTORS MUST GIVE THE TRUSTEE THEIR INCOME TAX REFUND DURING THE FIRST 3 YEARS OF THE PLAN. **FAILURE TO TURN OVER TAX REFUNDS AND RETURNS CAN LEAD TO DISMISSAL OF YOUR CASE AND GIVE CREDITORS THEIR COLLECTION RIGHTS BACK.**

NOTICE - AFTER WE FILE
BEFORE YOUR DEBTS CAN BE ERASED

REMEMBER:

BOTH OF YOU HAVE TO GET A CERTIFICATE
AFTER TAKING A DEBTOR FINANCIAL MANAGEMENT COURSE

We have provided information on the agency or agencies offering this, and suggested one you can work with on the telephone. The agency we work with will send us your certificate by electronic mail. However, you may choose any approved agency on the U.S. Trustee's list. The new Law in 2005 mandated that people filing Bankruptcy have to get pre-filing "Consumer Counseling", which can be by phone or Internet, as well as in person. But also, there is another requirement, for Financial Management Training. In Chapter 13, the Trustee will provide this. In Chapter 7 its up to YOU!

Your debts will not be erased unless you take care of this.

The best approach is to make the call right after we file your case, that way its done and nothing will stand in the way of your FRESH START!

YOU HAVE TO GET A CERTIFICATE
AFTER TAKING A DEBTOR FINANCIAL MANAGEMENT COURSE

PART ONE: INFORMATION ABOUT DEBTORS

1-A HUSBAND:

Full Name _____ Soc. Sec. # _____

1-B WIFE:

Full Name _____ Soc. Sec. # _____

___ My address is the same as husband (If so skip the rest of this question)

Check the answers off on each of the following,

___ Yes ___ No Own or operate a business?

___ Yes ___ No Owned or operated a business in the last 24 months?.

___ Yes ___ No Ever used any other names, including a name of a business of yours?

If yes, please list names for each of these questions:

_____ Tax ID # _____

_____ Tax ID # _____

___ Yes ___ No **Less than two years at your current address ?** If yes, give us your address(es) for last two years:

Address: _____ When: _____

Address: _____ When: _____

___ Yes ___ No **Resident of your Parish less than 180 days ?**

INFORMATION ABOUT YOUR BILLS AND PAYMENTS:

___ Yes ___ No **Paid anybody "extra", meaning more than \$1,000 (other than the regular payment) on a bill during the last 90 days?** If yes, please give complete details of the payment(s)

Name of Creditor: _____
Amount: _____

Name of Creditor: _____
Amount: _____

Name of Creditor: _____

Amount: _____

____ Yes ____ No **Paid a family member, partner or other associate more than \$1,000 within the last year on a loan or bill?** If yes, please name the person paid, the amount paid, and explain the purpose of the loan or bill:

Name of Person Paid in last year: _____

Amount: _____

Relationship to the Person: ____ parent ____ spouse ____ ex-spouse
____ brother/sister ____ business partner ____ not related

____ Yes ____ No **Anybody filed a lawsuit (court proceedings) against you to try and collect a debt?**

If yes, provide details for each case here (If you attach a copy of the Petition just check Yes and skip next)

1. Name of Creditor: _____ Name of

Court: _____

Court Case or Docket Number: _____

Kind of Case: ____ bill ____ injury case ____ charge account or credit card ____
car loan ____ home loan ____ amount left after foreclosure

2. Name of Creditor: _____ Name of

Court: _____

Court Case or Docket Number: _____

Kind of Case: ____ bill ____ injury case ____ charge account or credit
card ____ car loan ____ home loan ____ amount left after foreclosure

____ Yes ____ No **Any creditor picked up, either by your agreement or a foreclosure suit, or otherwise taken possession of anything that was owned by your for payment of any debt?** If the answer is NO, skip next.

If yes, give details of what person or business picked it up, when, what the item was, what the item was valued at (worth) and how much you owed.

1. Name of Creditor: _____

Item picked up: _____ Value when picked up: _____

Date picked up: _____ Balance due on account: _____

____ Lawsuit or foreclosure. ____ Voluntary Surrender (Did you sign an agreement for releasing the balance due? ____ Yes)

2. Name of Creditor: _____

Item picked up: _____ Value when picked up: _____

Date picked up: _____ Balance due on account: _____

____ Lawsuit or foreclosure.

____ Voluntary Surrender (Did you sign an agreement for releasing the balance due? ____ Yes)

____ Yes ____ No **Within the last 90 days, has anybody garnished or withheld money they owed you, taken money out of an account of yours or otherwise gotten a "setoff" for money you owe them?** If Yes, explain who, for what debt, and the amounts involved **on the DETAILS SHEETS found at the end of this questionnaire**

____ Yes ____ No **Within the last 90 days, have you charged anything to a credit card or created any debt immediately before filing bankruptcy? Give us all details, who, when, how much, etc. on the DETAILS SHEETS found at the end of this questionnaire.**

____ Yes ____ No **Signed a mortgage or done any transfer of any type of property during the last year? Give us all details, who, when, how much, etc. on the DETAILS SHEETS found at the end of this questionnaire**

List any gifts or assignments of property, money or other assets you have made within the last 12 months, only for gifts valued at over \$500, including property or assets you have just "put in somebody's name". List additional detail on the DETAIL SHEET at the end of this form.

Thing Given	Value	Who Given To	Date Given	Purpose

___ Yes ___ No **Have you suffered a fire, theft or other loss in the last year?** If you have, Please list what was lost, how, and its value. **Provide information on DETAILS SHEETS at the end of this form.**

___ Yes ___ No **Claims, Lawsuits, other property.** (Include any claims you have against others in an accident case, rights in a succession, or any other property or asset with a value of over \$100. Provide details on any claims including the name and address of your attorney.) **Provide information on DETAILS SHEETS at the end of this form.**

___ Yes ___ No **Payments to Attorneys/Debt Counselors?** Show the payments to lawyers or debt counselors in the last year, including the name and address of the service, amount paid, and when. (Includes Consumer Credit Counselors, Inc.)

___ Yes ___ No **Do you have any property, or any business, that has been cited by the Environmental Protection Agency for pollution or other violation of environmental laws?** If Yes, please provide complete details with a separate written statement, or copies of EPA documents. **USE THE DETAIL SHEET AT THE END OF THE FORM**

___ Yes ___ No **Within the last year, did you divide property with a former spouse in a property settlement or agreement?**

If Yes, was the property comprised of Real Estate? ___ Yes ___ No

Was there a written property contract ? ___ Yes ___ No (If Yes, attach that contract)

Was the property simply movables and household goods? ___ Yes ___ No

NAME AND CURRENT ADDRESS OF SPOUSE DIVORCED IN THE LAST YEAR:

___ Yes ___ No **Have any rental contract or lease for a building, auto, machinery or an agreement to perform work under a contract that is not yet complete?** If Yes, please attach a copy to this questionnaire or describe that here.

___ Yes ___ No **Had a safe deposit box during the last year?** If so, give the name of the bank, box number and contents.

DEBTS, BUDGET SECTION

___ Yes ___ No **Any property that you have in your possession that actually belongs to someone else?** Include furniture for the children, and any household effects that are loaned to you by relatives. **Show the name and address of the owner.**

Thing	Owner's Name	Value	Owner Address	Location

___ Yes ___ No **Closed any bank accounts, stock accounts or other accounts in which you held assets, stocks or cash within the last 12 months?** If YES, please provide details:

Location of Account	Type of Account	Date Closed	Last Balance	Acct. Number

___ Yes ___ No **Any of your loans or bills also signed by someone else as co-signer or guarantor?** If Yes, give the name of the bill here, and include the name and address of the co-signer.

Bill Name (Who is owed)	Co-signer Name	Co-signer Address (Complete including street, city, zip code)	Money Used For (What you did with the money)	Amount

BUDGET INFORMATION ABOUT INCOME AND EXPENSES

INCOME

Please list children or other dependents who live with you or depend upon you for more than ½ of their support:

Name _____ Age _____ Relation: _____

Name _____ Age _____ Relation: _____

Name _____ Age _____ Relation: _____

BUDGET INFORMATION ABOUT INCOME AND EXPENSES

INCOME

Please list children or other dependents who live with you or depend upon you for more than ½ of their support:

Name _____ Age _____ Relation: _____

Name _____ Age _____ Relation: _____

Name _____ Age _____ Relation: _____

I-1 HUSBAND'S INCOME

PUT A CHECK NEXT TO EACH KIND OF INCOME YOU ARE GETTING. You will give us the details after that:

_____ **Wages** _____ **Commissions** _____ **Child Support**

_____ **Alimony** _____ **Social Security Retirement** _____ **Social Security Disability**

_____ **Pension or Retirement** _____ **Private Disability Income** _____ **other**

I-2(a) Identify Husband's Employer

Job Description (what do you do at work) _____

Name of Business: _____

Mailing Address of Employer: _____

_____ Zip Code: _____

How long has husband worked for this employer? _____

If you have another job, please provide the same information for the second job by making a copy of this part and filling in all information for each job.

I-2(b) HOW OFTEN DOES HE GET A PAYCHECK? (Nobody gets "bi-weekly", which is two times a week)

_____ Once a week

_____ Two times a month (1st and 15th)

_____ Once a month

_____ Every two weeks (for example, every other Friday)

_____ By the job

_____ Other

I-2(c) AMOUNT HE IS PAID EACH TIME (You may attach the last 3 pay stubs and skip this part)

Payroll Information:

Gross Amount (before deductions) _____

Taxes Withheld

Federal _____

Health Ins. _____

State _____

401K _____

Unemployment _____

Loan Payment _____

Retirement Withheld _____

Savings _____

Overtime? _____ Yes _____ No

Is your overtime just during part of the year? _____ Yes _____ No

Describe when you are paid overtime and how much:

I-2 (d) Husband's Past Income: LAST YEAR: _____
YEAR BEFORE LAST: _____

I-2 WIFE'S INCOME

PUT A CHECK NEXT TO EACH KIND OF INCOME YOU ARE GETTING. You will give us the details after that:

_____ **Wages** _____ **Commissions** _____ **Child Support**

_____ **Alimony** _____ **Social Security Retirement** _____ **Social Security Disability**

_____ **Retirement** _____ **Private Disability Income** _____ **other**

I-2(a) Identify Wife's Employer

Job Description: _____

Name of Business: _____

Mailing Address of Employer: _____

_____ Zip: _____

How long have you worked for this employer? _____

If you have another job, please provide the same information for the second job by making a copy of this part and filling in all information for each job on the Details Sheet at the end of this form.

I-2(b) HOW OFTEN DOES SHE GET A PAYCHECK?

____ Once a week ____ Every two weeks (for example, every other Friday)
____ Once a month ____ By the job
____ Two times a month (1st and 15th)
____ Other

I-2(c) AMOUNT SHE IS PAID EACH TIME (You may attach the last 3 pay stubs and skip this part)

Payroll Information:

Gross Amount (before deductions) _____

Taxes Withheld

Federal _____

Health Ins. _____

State _____

401K _____

Unemployment _____

Loan Payment _____

Retirement Withheld _____

Savings _____

Overtime? ____ Yes ____ No

Is your overtime just during part of the year? ____ Yes ____ No

Describe when you are paid overtime and how much:

I-2(d) Wife's Past Income: LAST YEAR: _____
YEAR BEFORE LAST: _____

I-3 OTHER INCOME TO THE FAMILY FROM ANY SOURCE

Please include any other income amounts coming in, from any source, including benefits, contributions from family members, and show what is received on a monthly basis:

Rents Received _____ Interest _____

Dividends _____ Minerals _____

Soc. Security _____ Welfare _____

Retirement _____ Child Support _____

Alimony _____ Other Income: _____

For each monthly amount, provide complete detailed information on the DETAIL INFORMATION SHEETS at the end of this form.

YOUR COST OF LIVING

The next section is the expense part of your budget. This information may be verified by the United States Trustee, or the Court. Accurate amounts are required to file under Chapter 7 (liquidation) or Chapter 13 (payment plan)

These are the regular household expenses. It is understood that some of these are based on your estimate, but they have to be reasonable and if possible, base them on past experience. It may be that some things you haven't spent in the recent past, such as entertainment, need to be put in these numbers so that you have a realistic budget.

Do not include the debt that the Bankruptcy will Discharge (erase), but do include things like your car and house payment if we are re-affirming those (keeping). This is important and detail is necessary here.

Don't try "varies" because that is not a number. Numbers that vary have to be included as an average. For example, we might consider the past year and come up with an estimate. We have to come up with our best estimate. The best way is to look at what you've done in the past, except that if you have been paying a lot of debt, we may need to adjust some things up to show a normal budget.

Household Expenses on Monthly Basis: (you need to estimate this based on what you've spent in the past and expect to spend once we stop collection efforts with your Bankruptcy Filing)

Rent/House Note \$ _____ Mobile Home Lot Rent \$ _____

House Insurance \$ _____ (Leave blank if included in note)

House Maintenance \$ _____

Electricity \$ _____ Telephone \$ _____ Gas \$ _____

Garbage \$ _____ Water \$ _____ Cable TV \$ _____

Food \$ _____ Clothes \$ _____

Laundry/Cleaning \$ _____ Doctor Bills \$ _____ Medicine \$ _____

Transportation \$ _____ (Gasoline, auto repairs, bus fares, **NOT PAYMENTS**)

Recreation/Clubs / Entertainment \$ _____ Periodicals/Books \$ _____

Charities \$ _____

INSURANCE (don't include here if we show a payroll deduction for the insurance)

Life Insurance \$ _____ Health Insurance \$ _____ Auto Insurance \$ _____

Auto Payments \$ _____ \$ _____ (Only show for cars you are going to keep)

Other Monthly Payments (On secured loans for things you will keep)

Thing _____ Amount per month \$ _____

Thing _____ Amount per month \$ _____

Alimony/Child Support Payments \$ _____ Put Name & Address of who you pay to on

DETAILS SHEET AT END OF FORMS

Other Expenses \$_____ (School fees, tuition etc. Explain in your own words.)

Any other monthly expenses:

NOTE- Under the 2005 Bankruptcy Reform Act these expenses may be limited by law. We will have to review yours to determine whether the law allows the amounts you currently spend or not.

INFORMATION ON YOUR BILLS:

Please list your debts, and provide the information needed in each column. **IT IS MOST IMPORTANT TO GIVE US THE CORRECT MAILING ADDRESS AND ACCOUNT NUMBER.** We have to use the address used to send your bills, so located that. If there is a dispute about the bill, that is, you don't think you owe the amount claimed, indicate that and write what you think you do owe.

We can run a CREDIT BUREAU REPORT for you if you're not sure what your bills are. But the Credit Report may not include every bill. When you sign the Bankruptcy papers you will say under oath that all your bills are included. Any bill not listed may not be discharged.

Include all the things you are keeping. The court needs to know what is being re-affirmed. This form is not just for debts that are going to be discharged.

D - 1 AUTO & HOME LOANS (Show the details for auto loans and home loans. This includes any bills which the property is used to secure, so not just the loan when you bought the property, but second mortgages and new loans where the creditor has the car or home as security. Even if we are keeping a secured bill, we must show the Bankruptcy Court the details on the debt, so list it here.)

Creditor Name	Creditor Address	Account Number	Describe Car or Home and state if 1 st or 2 nd Mortgage?	Total Owed

D - 2 OTHER LOANS WITH SECURITY ITEMS (Include here those bills that are secured by furniture, land, or other items. Sometimes loan companies will indicate a few items on the loan documents as such security. This group includes accounts like SEARS if you are paying on an appliance or riding lawnmower or some other “hard goods”)

Creditor Name	Creditor Address & Account Number	Items or Things Listed as Security	Value of Items	Keep?	Total Owed	Monthly Payment

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D - 3 CREDIT CARDS, MEDICAL BILLS, SIGNATURE LOANS WITHOUT SECURITY, ANY OTHER DEBTS (List in this group your medical bills, credit cards, charge accounts, bank charges, repair bills and any other bill that you owe or might owe. This would include bills from during a marriage after the marriage ends, just to protect you. It would also include claims that someone might bring up against you, such as for an accident.)

Creditor Name	Creditor Address (must be correct and complete)	Kind of Account & Account Number (credit card, medical bill, rent, repair, whatever)	Total Owed (Its o.k. if this is not exact)

Creditor Name	Creditor Address (must be correct and complete mailing address, city & zip code)	Kind of Account & Account Number (credit card, medical bill, rent, repair, whatever)	Total Owed (Its o.k. if this is not exact)

Creditor Name	Creditor Address (must be correct and complete mailing address, city & zip code)	Kind of Account & Account Number (credit card, medical bill, rent, repair, whatever)	Total Owed (Its o.k. if this is not exact)

D - 4 TAXES AND OTHER GOVERNMENT DEBT (This includes Income Tax, Withholding Tax for a business, Government Guaranteed Student Loans, other debts to government)

Name & Address of Collecting Agency (Full Name and mailing address)	Loan Number	Description (What type of debt? Income Tax, Student Loan, whatever.)	Total Due

D- 5 GIVE US THE NAME OF ANY OF THE LISTED BILLS OR DEBT THAT IS IN THE HANDS OF AN ATTORNEY OR COLLECTING AGENCY. INCLUDE THE NAME AND ADDRESS OF SUCH A BILL COLLECTOR. (This will allow us to list the bill collector as an additional party to be given notice, so that collection efforts will stop when the Bankruptcy is filed with the Court.)

Creditor Name (Who had the original bill for you)	Debt Collector Name (Who is contacting you)	Debt Collector Address & Account Number (Check your collection letters for the mailing address)	Have you listed the original debt in these papers? (You need to give us the details in the previous questions)

WHAT DO YOU OWN? YOUR PROPERTY AND ASSETS (Your rights in Bankruptcy are connected to a duty to truthfully disclose your ownership of things, even though you are retaining them or they are exempt. Be sure you give us complete information because it is a Federal Crime to lie about your property in the Bankruptcy Papers. **THIS INCLUDES SHARES OF PROPERTY DONATED TO YOU OR "IN YOUR NAME", INCLUDING SHARES OF LESS THAN A 100% INTEREST**)

___ Yes ___ No **P-1 LAND** (Even if you are retaining the property, we need the details)

Description (What kind of land? City Lot with a house? Country property? How many acres or what size?)	Location or Address (City property has an address. Country property will be in a certain Parish or location)	Value (Best value available)	Creditor holding Mortgage or lien & Account Number (Details should be in the creditor form earlier in the packet)

P-2 HOME ___ Yes ___ No **Describe it, including bedrooms, bath rooms, square feet, brick, wood**

or if you own a Mobile Home , provide the following details:

Year of Purchase: _____ Original Price: _____ Size: _____ by _____

Bedrooms: _____ Bathrooms: _____

Monthly Payment _____ Paying to: _____

(should also be on the Secured Debt Schedule earlier in form with complete mailing address)

Do you intend to keep this home? ___ Yes ___ No

Are you behind on payments? ___ Yes ___ No **Number of payments missed:** _____

P3 - Automobiles, Trucks, Motorcycles, Tractors, other vehicles (Don't forget, even if you are keeping a car, we need the full information on it)

Make (Brand Name)	Model (Type of vehicle)	Year	Mileage	Date You Bought	Price Paid	Estimated Value (If you know)	Lender or Mortgage (Be sure the details are listed in the Secured Bills table)

Please list which of your cars/ trucks you want to keep:

Which car /truck is used to get to work?

P - 4 Furniture/ Appliances Remember this is mostly “exempt”, meaning its not taken from you, but we still need accurate information. We use the year of purchase to estimate value.

____ Washer Year of Purchase: _____ ____ Dryer Year of Purchase: _____

____ Range Year of Purchase _____

____ Refrigerator Year of Purchase _____ ____ Freezer Year of Purchase _____

____ Television(s) Brand: _____ Size: _____ Year Purchased _____

Brand: _____ Size: _____ Year Purchased _____

Brand: _____ Size: _____ Year Purchased _____

Any Other major appliances:

Furniture:

_____ Living Room _____ Couch _____ Recliner _____ Loveseat _____

Others: _____ Total Value Living Room: _____

_____ Bedrooms, List and estimate value:

_____ Dining or Kitchen _____ Table & Chairs _____ Hutch or Cabinet

Other furniture:

P-5 Jewelry: Include description and value, date of purchase. (Include only items whose individual value would be more than \$100, unless in a collection which has a total value over \$100)

_____ Wedding Rings _____ Engagement & Bands, Value _____ (These are Exempt)

_____ Other Jewelry:

P-6 Hobby Equipment, Guns, Collections. (Include only items with a value of over \$100 or collections that have that value. If a collection, provide a description.)

Yes No **P-7 Bank and Other Accounts** (List each account of each type, whether stock, IRA, 401K, Savings, or Checking. Remember, even exempt accounts such as your retirement have to be listed)

Name of Bank or Broker	Type of Account (Is this a Bank Account, Stock Fund, whatever)	Address of Bank or Broker (Complete mailing address)	Source of funds (Where did the money come from for this account)	Balance in Account (Current balance)	Any co-owners? Liens? (Anyone else named on account? Is the account pledged for a loan?)

WARNING - FEDERAL LAW MANDATES CRIMINAL PENALTIES

**THE INFORMATION IN THIS QUESTIONNAIRE IS INTENDED FOR USE IN
PREPARATION OF YOUR FILING UNDER THE UNITED STATES BANKRUPTCY
CODE.**

**YOU WILL SIGN DOCUMENTS SWEARING TO THE ACCURACY OF THIS
INFORMATION, AND IT WILL NOT BE A DEFENSE TO CLAIM THAT YOU DID
NOT TAKE THE TIME TO READ THE DOCUMENTS.**

TAX RETURNS AND INCOME

Hiding Income, Property or otherwise not being honest could cause you serious problems in the future, including Criminal Prosecution! You must have filed Tax Returns for every year required by law, or the case can be dismissed. We will need copies of your last two years' returns, and you will be required to give the Trustee in your case copies of Tax Returns, in Chapter 7 cases (Regular Bankruptcy) the Trustee gets returns that apply to a period of the year your case is filed. In Chapter 13 Plan Cases, two years before filing and then every year during your plan payments.

PRIVACY POLICY:

The information we receive from you is not shared with any other party or entity, other than as required by the United States Bankruptcy Code. We maintain the attorney-client privilege regarding information you provide to the extent that we can do so while providing the Bankruptcy Court the information that the law says must be included. Files in the Bankruptcy Court may be Public Record, and third parties have access to the Bankruptcy papers filed with the Clerk of Court. We will not disclose any information other than that which is necessary to your representation in the case, and to any work we do for re-affirmation of debts with creditors, other than such information which is public record under the law. The Bankruptcy Court requires pictured I.D. and Social Security Card by photocopy in the file of the case with the Court. The file in our office is private and confidential.

DETAIL INFORMATION SHEETS Use these extra pages for additional information we need on other questions, such as former spouses, descriptions of law suits, or anything else:

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