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**THE LAW OFFICES OF
EBER N. BAYONA**

Long Beach Office:
800 E. Ocean Blvd. St. 1406
Long Beach, California 90802
Office: (323) 632-3061
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Name and Residence

Your full:	
First name:	.
Middle name:	
Last name:	.

Your Social Security Number:	- -
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Your date of birth:	/ /
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List any other names you have used, or other ways you have signed your names to papers and checks, during the last eight years (include married, maiden, and trade names):	(e.g. aliases, dba's, maiden name, etc...)
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The street address of your current residence:	
Address (Line 1):	
Address (Line 2):	
Address (Line 3):	
City:	
County of residence or of the principal place of business:	
State:	
ZIP code:	

Is your street address different from your mailing address? (Yes / No)	
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Telephone number:	
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Have you lived at the same address for the last three years? (Yes / No)	
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Marital Status

Status: (e.g. married, single, divorced, etc...)

Other Bankruptcies

Have you EVER been involved before in a bankruptcy (chapter 7, 11, 12, or 13)? (Yes / No)	
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Does any spouse, partner, or affiliate have a pending bankruptcy case that has not been closed?	
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Occupation

What is your usual occupation?	
Are you employed? (Yes / No)	

Monthly Income

Enter your gross income for this month, and for each of the six preceding months:	Current Month	Months Ago					
		1 month ago	2 months ago	3 months ago	4 months ago	5 months ago	6 months ago
Gross wages, salary, tips, bonuses, commissions.							
Overtime.							
Regular income from the operation of a business, profession or farm.							
Rent and other real property income.							
Interest, dividends.	***	***	***	***	***	***	***
Royalties.	***	***	***	***	***	***	***
Regular contributions to household expenses of yourself or your dependents (excluding alimony, maintenance or support payments).	***	***	***	***	***	***	***
Alimony, maintenance, or support payments payable to you for your or your dependents' use.							
Unemployment compensation, excluding benefits under the Social Security Act.							
Unemployment compensation claimed to be a benefit under the Social Security Act.							
Pension or retirement income.							

Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:	
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Monthly Expenses

Estimate your average monthly expenses for yourself and your family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Payroll deductions:	
Payroll taxes and social security	
Insurance	
Union dues	

Rent or home mortgage:	
Rent or home mortgage payment (include lot rented for mobile home)	
Are real estate taxes included? (Yes / No)	
Is property insurance included? (Yes / No)	

Utilities:	
Electricity and heating fuel	
Water and sewer	
Telephone	

Home and personal:	
Home maintenance (repairs and upkeep)	
Food	
Clothing	
Laundry and dry cleaning	
Medical and dental expenses	
Transportation (not including car payments)	
Recreation, clubs and entertainment, newspapers, magazines, etc.	
Charitable contributions	

Insurance (not deducted from wages or included in home mortgage payments):	
Homeowner's or renter's	
Life	
Health	
Auto	

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Installment payments:	
Auto	

Support:	
Alimony, maintenance, and support paid to others	
Payments for support of additional dependents not living at your home	

Business and real property expenses:							
Months Ago	Current Month	Months Ago					
		1 month ago	2 months ago	3 months ago	4 months ago	5 months ago	6 months ago
Regular expenses from operation of business, profession, or farm							
Ordinary and necessary expenses for operating real property							

Miscellaneous; anticipated fluctuation:	
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Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	
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