U.S. Department of Justice
Financial Statement of Debtor
(Submitted for Government Action on Claims Due the United States)
NOTE: Use additional sheets where space on this form is insufficient or continue on back of last page.

FINANCIAL STATEMENT OF DEBTOR

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, 1933); 28 U.S.C. 501, *et seq.*; 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 CFR 101, *et seq.*; 28 CFR 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 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 page 12274. Disclosure of the 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 methods.

Section 1
Personal Information

1. Full Name(s) ______________________________
____
Street Address ______________________________
City__________________State______ Zip_________
County of Residence______________________________
How long at this residence? ________________

1a. Home Telephone: (____) ______________
Best Time to Call ______a.m. ______ p.m.
1b. Cellular Number: (____) ______________
2. Marital Status:
☐Married ☐Separated
☐Unmarried (single, divorced, widowed)

3. Your Social Security No. (SSN) ________________
4. Spouse's Social Security No. ________________
3a. Your Date of Birth (mm/dd/yy)__________
4a. Spouse's Date of Birth (mm/dd/yy)__________

5. ☐ Own Home ☐Rent ☐Other (specify, i.e. share rent, live with relative)______________________

6. List the dependants you can claim on your tax return: (Attach sheet if more space is needed)

First Name	Relationship	Age	Does this person live with you?	First Name	Relationship	Age	Does this person live with you?
			☐No ☐Yes				☐No ☐Yes
			☐No ☐Yes				☐No ☐Yes

Section 2
Your Business Information

7. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)
☐ No ☐ Yes If yes, provide the following information:
7a. Name of Business ______________________
7b. Street Address ______________________
City__________________State______ Zip________
7c. Employer Identification No:____________
7d. Do you have employees? ☐ No ☐ Yes
7e. Do you have accounts receivable? ☐ No ☐ Yes
If yes, please complete section 8 on page 5.

☞ **ATTACHMENTS REQUIRED:** Please provide proof of self-employment income for the prior 3 months (e.g. invoices, commissions, sales records, income statement).

Section 3
Employment Information

8. Your employer______________________________
Street Address ______________________________
City__________________State______ Zip________
Work telephone no. (____)__________________
May we contact you at work? ☐ No ☐ Yes
8a. How long with this employer? ________________
8b. Occupation______________________________

9. Spouse's Employer______________________
Street Address ______________________
City______________State______ Zip________
Work telephone no. (____)__________________
May we contact you at work? ☐ No ☐ Yes
9a. How long with this employer?______________
9b. Occupation______________________________

☞ **ATTACHMENTS REQUIRED:** Please provide 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 as long as a minimum of 3 months is represented.

Section 4
Other Income Information

10. Do you receive income from sources other than your own business or your employer? (Check all that apply.)

☐ Pension ☐ Social Security ☐ Other (specify, e.g. child support, alimony, rental)__________

☞ **ATTACHMENTS REQUIRED:** Please provide proof of pension/social security/other 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 3 months is represented.

Section 5
Banking, Investment, Cash, Credit and Life Insurance Information

11. CHECKING ACCOUNTS. List all checking accounts. (If you need additional space, attach a separate sheet.)

	Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
11a.	Checking	Name__________ Address__________ City/State/Zip__________	__________	$__________
11b.	Checking	Name__________ Address__________ City/State/Zip__________	__________	$__________
11c.	Total Checking Accounts Balances			$__________

12. OTHER ACCOUNTS. List all accounts, including brokerage, savings and money market, not listed in 11.

	Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
12a.	________	Name__________ Address__________ City/State/Zip__________	__________	$__________
12b.	________	Name__________ Address__________ City/State/Zip__________	__________	$__________
12c.	Total Other Account Balances			$__________

☞ **ATTACHMENTS REQUIRED:** Please include your current bank statements (checking, savings, money market and brokerage accounts) for the past 3 months for all accounts.

13. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits and retirement assets such as IRAs, Keogh and 401(k) plans.

	Name of Company	Number of Shares/Units	Current Value	Loan Amount (if any)	Used as collateral on loan?
13a.	__________	________	$________	$________	☐ No ☐ Yes
13b.	__________	________	$________	$________	☐ No ☐ Yes
13c.	__________	________	$________	$________	☐ No ☐ Yes

13d. **Total Investments** $__________

14. CASH ON HAND. Include any money that you have that is not in the bank.

14a. Total Cash on Hand $__________

Section 5 continued

15. AVAILABLE CREDIT. List all lines of credit, including credit cards. (If you need additional space, attach a separate sheet.)

	Full Name of Credit Institution	Credit Limit	Amount Owed	Minimum Payment
15a.	Name________________ Address________________ City/State/Zip________________	________	________	$________
15b.	Name________________ Address________________ City/State/Zip________________	________	________	$________

15c. Total Minimum Payments $

16. LIFE INSURANCE. Do you have life insurance with a cash value? ☐ No ☐ Yes
(Term Life Insurance does not have a cash value.)
16a. Name of Insurance Company________________________________
16b. Policy Number(s)________________________________
16c. Owner of Policy________________________________
16d. Current Cash Value $______________ 16e. Outstanding Loan Balance $______________

Subtract "Outstanding Loan Balance: line 16e from "Current Cash Value" line 16d = 16f $________

ATTACHMENTS REQUIRED: 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.

Section 6 Other

17. OTHER INFORMATION. Respond to the following questions related to your financial condition:
(Attach a separate sheet if you need more space.)Information

17a. Do you have a safe deposit box? ☐ No ☐ Yes
If yes, please include the name and address of location of box, the box number and the contents below:
____
____

17b. Do you have a will? ☐ No ☐ Yes; if yes, where is it kept?________________________

17c. Are there any garnishments against your wages? ☐ No ☐ Yes
If yes, who is the creditor?______________ Date of Judgment__________ Amount of debt $______

17d. Are there any judgments against you? ☐ No ☐ Yes
If yes, who is the creditor?______________ Date of Judgment__________ Amount of debt $______

17e. Are you a party to a lawsuit? ☐ No ☐ Yes
If yes, amount of suit $__________ Possible completion date__________ Court______________
Subject matter of suit____

17f. Did you ever file bankruptcy? ☐ No ☐ Yes
If yes, date filed________________ Date discharged ________________

17g. In the past 10 years did you transfer any assets out of your name for less than their actual value?
☐ No ☐ Yes
If yes, what asset?______________________ Value of asset at time of transfer $______________
When was it transferred?______________ To whom was it transferred? ______________

17h. Do you anticipate any increase in household income in the next 2 years? ☐ No ☐ Yes
If yes, why will the income increase?______________________ (Attach sheet if you need more space.)
How much will it increase? ______________________

17i. Are you a beneficiary of a trust or an estate? ☐ No ☐ Yes
If yes, name of the trust or estate________________ Anticipated amount to be received $__________
When will the amount be received?________________

17j. Are you a participant in a profit sharing plan? ☐ No ☐ Yes
If yes, name of plan______________________________ Value in plan $______________

Section 7
Assets and Liabilities

*Current Value is the amount you could sell the asset for today

18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

	Description (year, make, model)	*Current Value	Current Loan Balance	Name of Lender	Purchase Date	Monthly Payment
18a.		$	$			$
18b.		$	$			$

LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

	Description (year, make, model)	Lease Balance	Name and Address of Lessor	Lease Date	Monthly Payment
18c.		$			$
18d.		$			$

☞ **ATTACHMENTS REQUIRED:** Please include your current statement from lender with monthly car payment and current balance of the loan for each vehicle purchased or leased.

20. REAL ESTATE. List all real estate you own. (If you need additional space, attach a separate sheet.)

	Street Address, City State, Zip, County Lender/Lien Holder	Date Purchased	Purchase Price	*Current Value	Loan Balance	Monthly Pymt
20a.			$	$	$	$
20b.			$	$	$	$

21. PERSONAL ASSETS. List all personal assets below. (If you need additional space, attach a separate sheet.)
Furniture/Personal effects includes the total current market value of your household such as furniture and appliances
Other Personal Assets includes all artwork, jewelry, collections, antiques or other assets

	Description	Current Value	Loan Balance	Lender	Monthly Payment	Date of Final Pymt
21a.	Furniture/Personal Effects	$	$		$	
	Other: (List below)					
21b.	Artwork	$	$		$	
21c.	Jewelry	$	$		$	
21d.		$	$		$	
21e.		$	$		$	

Section 7
continued

22. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code filings. (If you need additional space, attach a separate sheet.) *Tools used in Trade or Business* includes the basic tools or books used to conduct your business, excluding automobiles. *Other Business Assets* includes machinery, equipment, inventory or other assets.

	Description	Current Value	Loan Balance	Lender	Monthly Payment	Date of Final Pymt
22a.	Tools used in Trade/ Business	$________	$________	________	$________	________
	Other: (List below)					
22b.	Machinery	$________	$________	________	$________	________
22c.	Equipment	$________	$________	________	$________	________
22d.	________	$________	$________	________	$________	________
22e.	________	$________	$________	________	$________	________

Section 8
Accounts/ Notes Receivable

Use only if needed

23. ACCOUNTS/NOTES RECEIVABLE. List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

	Description	Amount Due	Date Due	Age of Account
23a.	Name________________ Address________________ City/State/Zip________________	$________	________	☐ 0-30 days ☐ 30-60 days ☐ 60-90 days ☐ 90+ days
23b.	Name________________ Address________________ City/State/Zip________________	$________	________	☐ 0-30 days ☐ 30-60 days ☐ 60-90 days ☐ 90+ days
23c.	Name________________ Address________________ City/State/Zip________________	$________	________	☐ 0-30 days ☐ 30-60 days ☐ 60-90 days ☐ 90+ days
23d.	Name________________ Address________________ City/State/Zip________________	$________	________	☐ 0-30 days ☐ 30-60 days ☐ 60-90 days ☐ 90+ days
23e.	Name________________ Address________________ City/State/Zip________________	$________	________	☐ 0-30 days ☐ 30-60 days ☐ 60-90 days ☐ 90+ days
23f.	Name________________ Address________________ City/State/Zip________________	$________	________	☐ 0-30 days ☐ 30-60 days ☐ 60-90 days ☐ 90+ days

Add "Amount Due" from lines 23a through 23f = 23g $________

Section 9

Monthly Income and Expense Analysis

If only one spouse has a debt, but both have income, list the total household income and expenses.

Total Income

Source	Gross monthly
24. Wages (yourself)	$________
25. Wages (spouse)	________
26. Interest - Dividends	________
27. Net Business Income	________
28. Net Rental Income	________
29. Pension/Social Security	________
30. Pension/Social Security (Spouse)	________
31. Child Support	________
32. Alimony	________
33. Other	________
34. Total Income	$________

Total Living Expenses

Expense Items[1]	Actual Monthly
35. Rent/Mortgage	$________
36. Electric	________
37. Natural Gas	________
38. Cable TV	________
39. Telephone	________
40. Water	________
41. Food	________
42. Car Payment	________
43. Gasoline	________
44. Car Insurance	________
45. Cell Phone/Pager	________
46. Other Utilities	________
47. Clothing & Misc.	________
48. Health Care	________
49. Court Ordered Payments	________
50. Child/Dependant Care	________
51. Life Insurance	________
52. Other secured debt	________
53. Other expenses	________
54. Education Expenses	________
55. Total Living Expenses	$________

☞ **ATTACHMENTS REQUIRED**: Please include;

- A copy of your last Form 1040 with all Schedules
- Proof of all current expenses that you paid for the last 3 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g car payments, lease payments, fuel, oil, insurance, parking, registration)
- Proof of payments for health care, including health insurance premiums, co-payments and other out-of-pocket expenses
- Copies of any court order requiring payment and proof of such payments for the past 3 months

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CERTIFICATION

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other that as shown in this statement, including any attachment.

Signature ____________ Social Security No. ____________ Date ____________

WARNING

False statements are punishable up to five years imprisonment, a fine of $250,000, or both pursuant to 18 U.S.C. §1001.

[1] Expenses generally not allowed: We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable donations, voluntary retirement contributions, payments on unsecured debts such as credit card bills and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family.