

F-1. The following tables are for your unsecured creditors (credit cards, medical bills, personal loans, etc.). Please fill out the Creditor Name and Address, the date the debt was incurred, the type of debt, and the amount to the best of your knowledge. If you have more creditors than there is room for, please list additional creditors on another sheet of paper.

NOTE: You must list **all** of your debts. There is no such thing as a partial bankruptcy. If you do not list **all** of your debts when you file bankruptcy, you are committing a crime.

| Creditor Name and Address | Account Numbers | Date Acquired/Medical Bill, Credit Card, Personal Loan, Etc. | Amount |
|---------------------------|-----------------|---|--------|
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |

Sub-Total : _____

(List total of all unsecured debts on last page of packet before the administrative page)

| Creditor Name and Address | Account Numbers | Date Acquired/Medical Bill, Credit Card, Personal Loan, Etc. | Amount |
|---------------------------|-----------------|---|--------|
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |

Sub-Total: _____

| Creditor Name and Address | Account Numbers | Date Acquired/Medical Bill, Credit Card, Personal Loan, Etc. | Amount |
|---------------------------|-----------------|---|--------|
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |
| | | ___ Credit Card Date Acquired: ___ Medical Bill ___/___/___ ___ Personal Loan ___ Other: _____ ___ Unsure | |

Sub-Total: _____

Total Unsecured Debt (approx.) : _____