Scott, Pichelli & Easter Limited Licensed Insolvency Trustee Receiver and Manager

3600 Billings Court, Suite 109 Burlington, Ontario L7N 3N6 Telephone (905) 632-5853 Fax (905) 632-6113

CONSULTING DATE:	-	SIGNING DATE:			
FILE TYPE:		REFERRED BY:			
PAYMENT:		No. OF INCOME AND EXPENSE STMTS:			SE STMTS:
		PERSONAL II	NEOPMATIO	N	
FAMILY NAME:					
ALL GIVEN NAMES:					
ALIAS:					
ADDRESS:					
CITY:					
LIVED THERE SINCE					
DATE OF BIRTH:	Y M	D			
		E-Ma	il:		
MARITAL STATUS: _					
USUAL OCUPATION:					
PRESENT EMPLOYER					
DATE OF EMPLOYME					
HIGHEST LEVEL OF I					
		USE'S PERSON			
NAME:					
ALIAS:					
ADDRESS:					,
SIN:					
OCCUPATION:				M	D
EMPLOYER:					
DATE OF EMPLOYME					
HIGHEST LEVEL OF E					

<u>DEPENDANTS</u>

NAME: (First and Last)	RELATIONSHIP:	DATE OF BIRTH:	Do you claim for tax purposes:	
	TAX INFORMA	ATION		
DO YOU RECEIVE THE GUAR				
DO YOU CLAIM THE DISABII				
YEAR LAST RETURN WAS FI	LED: AMOU	JNT OWING/REFUND:		
REFUND PENDING:	REFU	ND RECEIVED:		
	DENT OD DDODEDTV	TAVEGRAIN		
	<u>RENT OR PROPERTY</u>			
	FIRST	SECOND		
ADDRESS				
DATE TO/FROM				
AMOUNT PAID				
LANDLORD NAME				
	EMPLOYERS FOR LAS	T TWO YEARS		
	FIRST	SECOND		
EMPLOYER				
DATE STARTED				
DATE ENDED				
	FAMILY SUPF	<u>PORT</u>		
AMOUNT OF: ALIMONY:	CHILD SUPPORT	:HOW OFTEN	N:	
DO YOU HAVE A LEGAL SEPA	ARATION:SEPA	RATION DATE:		
PAID TO: NAME:	· .	~		

QUESTIONAIRE

	YES	NO
1. HAVE YOU EVER BEEN BANKRUPT OR FILED A PROPOSAL?		
2. HAVE YOU RECEIVED OR DO YOU EXPECT TO RECEIVE AN INHERITANCE?		
3. ARE THERE ANY WRITS, JUDGEMENTS, GARNISHMENTS, ETC., AGAINST YOU?		
4. HAVE YOU BEEN SELF-EMPLOYED IN THE LAST FIVE YEARS?		
5. WITHIN THE LAST 12 MONTHS, HAVE YOU:		
A) DISPOSED OF OR TRANSFERRED ANY OF YOUR ASSETS?		
B) MADE PAYMENTS IN EXCESS OF REGULAR PAYMENTS TO A CREDITOR?		
C) HAD ANY ASSETS SEIZED BY A CREDITOR?		
D) CONTRIBUTED TO RRSP's		
6. WITH IN THE LAST FIVE YEARS HAVE YOU:		
A) SOLD, DISPOSED OF OR TRANSFERRED ANY REAL ESTATE?		
7. HAVE YOU MADE ARRANGEMENTS TO CONTINUE TO PAY ANY CREDITORS?		
8. DO YOU HAVE A SAFETY DEPOSIT BOX?		
9. HAVE YOU ANY CREDIT CARDS?		
10. HAVE YOU MADE ANY GIFTS TO RELATIVES OR OTHERS IN EXCESS OF \$500.00?		
WHAT IS YOUR CAUSE OF INSOLVENCY?		
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FIRST BUSINESS

NAME OF BUSINESS:		
BUSINESS ADDRESS:		
DEBTS INCURRED BY BUSINESS: YES	NO PERCENTAGE:	%
OWNERSHIP TYPE:	GUARANTEED LOAN:	
BUSINESS NATURE:		
PARTNERS:		
INCEPTION DATE:	MAX. # EMPLOYEES:	
OPERATION STARTED ON:	ENDED ON:	
SECOND BUSINESS		
NAME OF BUSINESS:		
DEBTS INCURRED BY BUSINESS: YES	NO PERCENTAGE:	
OWNERSHIP TYPE:	GUARANTEED LOAN:	
BUSINESS NATURE:		
PARTNERS:		
INCEPTION DATE:	MAX. # EMPLOYEES:	
OPERATION STARTED ON:	ENDED ON:	
<u>PREVIOU</u>	US BANKRUPTCY INFORMATION	
FIRST INSOLVENCY		
DATE OF BANKRUPTCY/PROPOSAL:		
CITY OF BANKRUPTCY/PROPOSAL:		
NAME OF TRUSTEE FIRM:		
SECOND INSOLVENCY		
DATE OF BANKRUPTCY/PROPOSAL:		
CITY OF BANKRUPTCY/PROPOSAL:	· · · · · · · · · · · · · · · · · · ·	
NAME OF TRUSTEE FIRM:		

MONTHLY INCOME & EXPENSES

NET MONTHLY INCOME	I	BANKRUPT	SPOUSE
NET EMPLOYMENT INCOME			
NET PENSION INCOME			
NET CHILD SUPPORT			
NET SPOUSAL SUPPORT			
NET EMPLOYMENT INSURANCE BENEFITS	S		
NET SOCIAL ASSISSTANCE			
NET SELF-EMPLOYED INCOME			
GROSS SELF-EMPLOYED INCOME			
OTHER INCOME SPECIFY:			
TOTAL INCOME			
NON DISCRETIONARY EXPENSE	DISCRETIONAR	BANKRUPT	SPOUSE
CHILD SUPPORT			
SPOUSAL SUPPORT			
CHILD CARE			
MEDICAL CONDITION			
FINES/PENALTIES IMPOSED BY COURT			
EXPENSES AS ACONDITION OF EMPLOYM	ENT		
DEBTS WERE STAY HAS BEEN LIFTED OTHER: SPECIFY:			
TOTAL NON DISCRETIONARY			
TOTAL NON DISCRETIONARY AVAILABLE MONTHLY INCOME:			

DISCRETIONARY EXPENSES

HOUSING EXPENSES:	LIVING EXPENSES:	LIVING EXPENSES:	
Rent/Mortgage	Food/Grocery		
Property Taxes/Condo Fees	Laundry/Dry Cleaning		
Heat	Grooming		
Telephone	Clothing		
Cable	Other		
Hydro	·		
Water	TRANSPORTATION EXPENS	ES:	
Other	_		
DEDCOMAL EMPENIONO	Car Payments		
PERSONAL EXPENSES:	Gas/Maintenance		
Cmalrina	Public Transportation		
SmokingAlcohol	Other		
Dining/Lunches/Restaurants	INSURANCE:		
Entertainment/Sports	INSURANCE:		
Gift/Charitable Donations	Vehicle		
Allowances	House		
Allowances	Contents		
NON-RECOVERABLE MEDICAL EXPES			
NON-RECOVERABLE MEDICAL EXTES	Other		
Prescriptions	Other		
Dental	PAYMENTS:		
	To the Estate:		
	To the Secured Creditor		
	To the Secured election		
TOTAL NON-DISCRETIONARY EXPENS	SES:		
	<u>SURPLUS INCOME</u>		
A. FAMILY INCOME:	1. Net Family Income (all Sources)	\$	
	2. Minus Non-Discretionary Expenses	\$	
	3. Total Net Monthly Family Income	\$	
	2	Ψ	
B. BANKRUPT'S INCOME	1. Total Monthly Income of Bankrupt	\$	
	2. Bankrupt's Income as a % of Total Income \$		
	•		
C. SURPLUS INCOME – FAMILY	1. Total Net Monthly Income (line A3.)	\$	
	2. Minus Standard (See Chart Below)	\$	
	3. Family surplus Income	\$	
D. REQUIRED MONTHLY PAYMEN	NT PER DIRECTIVE ON SURPLUS INCOME		
1. Family Surplus Income	$x \% = X \frac{1}{2}$		
2 Amount Bankrupt has Ag	\$ x X ½ \$ greed to Pay Monthly \$		
3. Difference Between Amo	ounts (D1) and (D2) \$		
SUPERINTENDANTS STANDARDS – 202	3 – TOTAL MONTHLY SURPLUS INCOME:		
	\$4,725.00 7 + Persons \$6,729.00		
	\$5,359.00		

6 Persons \$6,044.00

3 Persons \$3,891.00

<u>ASSETS</u>

ASSET	AMOUNT	EXEMPT	SECURITY/DESCRIPTION
CASH			
HOUSEHOLD GOODS			
PERSONAL EFFECTS			
INSURANCE POLOCIES			
STOCKS/SHARES			
HOUSE			
LAND			
COTTAGE			
AUTOMOBILE			
AUTOMOBILE			
MOTORCYCLE			
SNOWMOBILE			
BOAT/MOTOR			
TRAILER/CAMPER			
RRSP			
PROFIT SHARING PLAN			
CANADA SAVINGS BOND			
TOOLS			
ESTIMATED TAX REFUND			
NOTES:			
NOTES:			

CREDITORS

		SECURED TO:
AMOUNT:	ACCOUNT No.	
CREDITOR NAME:		SECURED TO:
AMOUNT:	ACCOUNT No.	
		SECURED TO:
ADDRESS:		
AMOUNT:	ACCOUNT No.	
CREDITOR NAME:		SECURED TO:
ADDRESS:		
AMOUNT:	ACCOUNT No.	
		SECURED TO:
ADDRESS:		
AMOUNT:	ACCOUNT No.	

		SECURED TO:
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		SECURED TO:
AMOUNT:	ACCOUNT No.	
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AMOUNT:	ACCOUNT No.	
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AMOUNT:	ACCOUNT No.	
		SECURED TO:
AMOUNT:	ACCOUNT No.	

		SECURED TO:
AMOUNT:	ACCOUNT No.	
		SECURED TO:
		SECURED TO:
CREDITOR NAME:		SECURED TO:
AMOUNT:	ACCOUNT No.	•
		SECURED TO:
AMOUNT:	ACCOUNT No.	