

NICOLE TESTA MEHDIPOUR
UNITED STATES BANKRUPTCY TRUSTEE
SOUTHERN DISTRICT OF FLORIDA

**§ 341 WRITTEN INFORMATION SHEET TO BE EXECUTED BY EACH DEBTOR
PLEASE ANSWER THE FOLLOWING QUESTIONS AND UNDERSTAND THAT YOUR
ANSWERS ARE GIVEN UNDER PENALTY OF PERJURY**

1. Are you or any of your family members involved in any claim for personal injury, products liability or malpractice, even if a suit has not been filed? Yes No.

If YES, please explain. _____

2. Have you or any of your family members engaged the services of any attorney in any state to present you or a member of your family in any legal action? Yes No.

If YES, please explain. _____

3. Are you the beneficiary of any estate, will or trust? Yes No.

If YES, please explain. _____

4. Are you involved in any probate proceeding, will contest or trust contest? Yes No.

If YES, please explain. _____

5. Do you understand that if you become entitled to any inheritance or life insurance payment(s) within six (6) months of the filing of your bankruptcy, you must immediately notify your Chapter 7 Trustee and that the payment(s) received may be property of the bankruptcy estate and used to pay your creditors? Yes No.

6. I am currently employed? Yes No. *If YES, please provide your employer's name and address.*

7. Have all documents and information which you, your agent or attorney have provided to the Trustee and the Trustee's office been true, accurate and complete? Yes _____ No _____.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED
HEREIN IS TRUE, COMPLETE AND CORRECT ON THIS _____ DAY OF _____, 2020.**

CASE NO. _____	
PRINT NAME OF DEBTOR _____	PRINT NAME OF JOINT DEBTOR _____
Signature _____	Signature _____