

NOTE: Use additional Sheets where space on this form is insufficient or continue on back of last page.

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 1953); 28 U.S.C. 501 et seq., ; 44 U.S.C. 3101:4 CFR 101, et seq.; 28 CFR 0.160.0171 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 53408-5310 Justice/CRIM-016- at page 12774. 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.

PERSONAL IDENTIFICATION

1. Name (debtor)	2. Birth Date (mo. day, yr.)	3. Social Security No.
4. Home Address (Street)		5. Driver's License No.
6. (City, State & Zip Code)		6a. Home Phone (Area Code)

EMPLOYMENT * *

7. Present employers' name	8. Employer's Phone Number ()
9. Employer's Address (Street)	10. Job Title
(City State & Zip Code)	11. Present employment (Length)

12. List other employers you have had in the last 3 years:

SALARY, WAGES OR COMMISSION

13. Your gross salary (before any deductions) Circle One weekly biweekly monthly	\$-----
14. Your take home pay is	\$-----
15. Your commission is <i>List the amount of deductions for.</i>	\$-----
16. Federal Taxes	\$-----
17. State/County/City Taxes	\$-----
18. Social Security Taxes (FICA/Medicare)	\$-----
19. Total	\$-----
19. Medical Insurance	\$-----
20. Union Dues if applicable	\$-----
21. Allotments to Credit Union, Bank or others	\$-----
22. Life Insurance	\$-----
23. List any other payroll deductions (including 401 (k) contributions):	\$-----
	\$-----
ATTACH a copy of your last pay slip to this form	Total Deductions \$-----

SPOUSE/COMPANION

24. List current spouse's name	25. Social Security No.	26. Birth Date (mo. day yr.)
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27. If a spouse's home address is different list below

28. List spouse's employer's name and address	29. Employer's phone number ()
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30. Job Title	31. Present employment (Length)
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32. Spouse's gross salary is \$----- Spouse's take home pay is \$-----

(Note: If not married, but have a live-in companion, furnish information on this companion in items 24 through 32 above)

DEPENDENTS

33. List all dependents who live with you:

NAME	AGE	RELATIONSHIP

34. List names and addresses of all dependents who do not live with you

NAME/ADDRESS	AGE	RELATIONSHIP

35. List the amount of monthly income received by dependents from any sources other than you or your spouse \$-----

36. Total amount of monthly income paid by you or your spouse to dependents listed in item 34. \$-----

37. Does the spouse/companion receive alimony or child support from a previous marriage? If yes, amount: \$-----

38. List names and addresses of Parents/In-laws if living.

TAXES

39. Did you file a Federal Income Tax Return last year? Yes No
Joint Individual Amount of Gross Income on return was \$-----

40. Are you or did you receive a tax refund from Federal, State, City or County?
 Yes No If yes, list from whom and amount for each refund:
Total Amount \$-----

41. Do you owe delinquent taxes? Yes No If yes, list below years and amounts due:

ATTACH a copy of your last Federal income tax form filed. Include copies of all schedules and attachments to your income tax returns.

ATTACH a copy of your latest earning statement.

REAL PROPERTY/FARM LAND/VACATION/RENTAL

42. Are you buying the home in which you live? Yes No
 Are you buying or do you own real property other than your home Yes No?
 If yes, list the address and description of the property:

43. List the value of each piece of property and your equity in it: \$-----

44. Is any of the above listed property owned jointly with anyone else? Yes No
 If yes, list property and name of co-owner.

45. Are you making mortgage payments? Yes No If yes, amount \$-----

46. Do you rent the property to others? Yes No
 If yes, what is the net income to you? \$-----

47. Does your spouse/companion solely own real property? Yes No
 If the answer is yes, list the property address and value

 _____ \$-----

48. FIXED MONTHLY EXPENSES (Fill in Blanks)

Rent/Mortgage	\$-----	Home Insurance & Taxes	\$-----
		List only if paid directly by you	
Car Payment	\$-----	Car Insurance	\$-----
Gasoline	\$-----	Water	\$-----
Electricity	\$-----	Telephone	\$-----
Natural Gas	\$-----	Other Utilities (Specify)	\$-----
Cable TV	\$-----	Public Transportation	\$-----
Food	\$-----	Other	\$-----
Internet Service Provider _____	\$-----		
Subtotal	\$-----	Subtotal	\$-----
		Grand Total	\$-----

List credit card, installment or other payments

Creditor	Date of Debt and Purpose	Total Amount Due	Date of last Payment	Payment Amount	Frequency

(Additional Space needed use back of last page)

49. CASH

<i>Provide Name and address of Bank or Institution FILL IN THE ACCOUNT NUMBER</i>	<i>Amount in Account or on Deposit</i>	<i>Name and Address of Bank or Financial Institution</i>
<i>Checking Account Number</i>	\$	
<i>Savings Account(s) Number</i>	\$	
<i>Credit Union Account(s) Number</i>	\$	
<i>Money Market Account</i>	\$	
<i>Certificates of Deposit</i>	\$	
<i>IRA or Keogh Account</i>	\$	

Total Amount \$-----

OTHER ASSETS

50. Do you or your spouse/companion own U.S. Savings Bonds? _____ Yes _____ No

If yes, number (_____) State Denomination _____ Value \$-----

51. Do you own stocks or other type bonds? _____ Yes _____ No

If yes, list value and name and address of the issuer:

 _____ \$-----

(If additional space needed use back of last page)

52. Do you receive any other cash compensation such as: an insurance annuity,
lottery winnings, pensions, or disability benefits? _____ Yes _____ No

Do you receive food stamps, SSI funds or unemployment compensation? _____ Yes _____ No

If yes to either of these questions list below the source and amount:

_____ \$-----

_____ \$-----

(If additional space needed use back of last page)

53. List make and model of any auto owned or being purchased by you, your spouse/companion or dependent:

<i>Model/Year</i>	<i>Make/License No.</i>	<i>Value</i>

Total Amount \$-----

Do you or your spouse/companion own:

a. boat? \$-----

a. camper recreational vehicle \$-----

a motorcycle/bike \$-----

Antiques, art objects or stamp collections \$-----

Jewelry valued more than \$5000.00. \$-----

Total Amount \$-----

Is any of the property listed above owned jointly with anyone else? _____ Yes _____ No

If yes, Whom: _____

54. Do you or your spouse own a computer, Blackberry or Palm pilots? _____ Yes _____ No

55. Do you maintain an Ebay account? _____ Yes _____ No

If yes, provide information including each and every Ebay user name/id utilized, your Ebay seller profile information, the email and physical address provided by you on all accounts.

ITEMS WHICH MIGHT AFFECT FUTURE ASSETS

56. Are you involved in a lawsuit in which you might receive money or something of value? _____ Yes _____ No

If yes, state where the suit is filed and what it involves: (Include Court number and caption) _____

57. Are you a Trustee, Executor or Administrator of an estate? _____ Yes _____ No

If yes, give details: _____

58. Is anyone holding money on your behalf? _____ Yes _____ No

If yes give details: _____

59. Is there any likelihood you will receive an inheritance? _____ Yes _____ No

If yes give specific details: _____

60. Have you sold or transferred any property, including real estate or personal property, during the past six years?

_____ Yes _____ No

If you have give specific details: _____

61. Are your wages and/or those of your spouse under a garnishment at this time? _____ Yes _____ No

If yes, give specific details: _____

62. Are there outstanding unpaid judgments against you for any debts other than this one? _____ Yes _____ No

If yes, give specific details: _____

63. Do you owe large medical bills? _____ Yes _____ No If yes, give specific details and attach copies of the bills:

64. Do you receive or under any circumstances, expect to receive benefits from any established Trust, From a Claim for Compensation of Damages, or from a Contingent or Future interest in Property of any kind? _____ Yes, Explain Below _____ No

65. I have submitted a financial Statement to the following within the last three years: **

Name	Address	Phone Number	Contact

With knowledge of the penalties for false statements provided by 18 United States Code 1001 (\$10,000 fine and/or five years' imprisonment) and with the knowledge that this financial statement is submitted by me to affect action by the U.S. Department of Justice, I certify that I believe the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other.

DateSignature

** If you have submitted a financial statement to anyone or any entity within the past three years, please sign below to indicate you agree to have that person or entities release a copy of the financial statement to the U.S. Attorney's Office.

**** If you have added additional sheets to this form or added information on the back of this page, you must also sign these sheets.

* \$ _____ PLEASE INDICATE THE AMOUNT YOU PROPOSE TO PAY EACH MONTH. **

RELEASE OF FINANCIAL INFORMATION

I AGREE TO HAVE ANY LENDER, INCLUDING BUT NOT LIMITED TO ALL BANKS, FINANCIAL INSTITUTIONS, CREDIT CARD COMPANIES, AND/OR RENTAL AGENCIES, RELEASE TO THE UNITED STATES ATTORNEY'S OFFICE FOR THE NORTHERN DISTRICT OF GEORGIA COPIES OF ANY AND ALL FINANCIAL STATEMENTS I HAVE GIVEN THEM WITHIN THE PAST THREE YEARS.

Signature

Date