

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEBRASKA

UNITED STATES OF AMERICA, )  
)  
Plaintiff, )  
)  
v. )  
)  
MARK A. FREDERICK, )  
)  
Defendant. )

4:08CV3226

MEMORANDUM AND ORDER

IT IS ORDERED:

- 1) The government’s motion for supplementary proceedings, (filing no. 7), is granted; and
  - a. The defendant, Mark A. Frederick, shall appear before the undersigned in Courtroom 2, 593 Federal Building, 100 Centennial Mall North, Lincoln, Nebraska 68508 on January 27, 2011 at 1:00 p.m. to participate in a debtor’s examination. At the debtor’s examination, Mark Frederick will be required to answer questions concerning his/her assets, income.
  - b. The defendant, Mark A. Frederick, shall complete and sign the attached financial statement and shall bring the completed financial statement, and all items listed on Attachment A, to the debtor’s examination on January 27, 2011.
- 2) The clerk shall serve a copy of this order on the defendant, Mark Frederick.

DATED this 14th day of December, 2010.

BY THE COURT:

s/ Cheryl R. Zwart  
United States Magistrate Judge



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 CFR 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 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 53321; Justice/TAX-001 at page 15347; Justice/USA-00 at pages 53408-53410, Justice/CRIM-016 at page 12774. 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 address? \_\_\_\_\_

1a. Home Telephone: ( ) \_\_\_\_\_  
 1b. Cellular Number: ( ) \_\_\_\_\_

2. Marital Status:  
 Married  Separated  
 Not Married (single, divorced, widowed)

2a. Spouse's Name \_\_\_\_\_  
 2b. Spouse's Date of Birth \_\_\_\_\_

3. Your Social Security Number \_\_\_\_\_

4. Your Date of Birth \_\_\_\_\_

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

6. List the dependants you can claim on your tax return

First Name	Relationship	Age	Does this person live with you?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Section 2**

Employment Information

7. Your employer \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work telephone No. ( ) \_\_\_\_\_

7a. How long with this employer? \_\_\_\_\_  
 7b. Occupation (title) \_\_\_\_\_

8. Spouse's employer \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work telephone No. ( ) \_\_\_\_\_

8a. How long with this employer? \_\_\_\_\_  
 8b. Occupation (title) \_\_\_\_\_

★★★★★ **ATTACHMENTS REQUIRED:** Please provide proof of gross earnings and deductions for the past 3 months from each employer (i.e. pay stubs, earning statements).

**Section 3**

Your Business Information

9. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)  
 Yes  No If yes, provide the following information:

9a. Name of Business \_\_\_\_\_ 9c. Employer Identification No. \_\_\_\_\_  
 9b. Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

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

**Section 4**  
Other  
Income  
Information

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

Pension       Social Security       Other (specify, i.e. child support, alimony, rental property)

\*\*\*\*\* **ATTACHMENTS REQUIRED**: Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions.

**Section 5**  
Banking,  
Investment,  
Cash, Credit  
and Life Ins.  
Information

**11. CHECKING ACCOUNTS.** List all checking accounts

	<u>Type of Account</u>	<u>Full name of Bank, Credit Union or Institution</u>	<u>Bank Account No.</u>	<u>Current Account Balance</u>
11a.	Checking	Name _____ Address _____ City _____ State _____ Zip _____	_____	\$ _____
11b.	Checking	Name _____ Address _____ City _____ State _____ Zip _____	_____	\$ _____

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

	<u>Type of Account</u>	<u>Full name of Bank, Credit Union or Institution</u>	<u>Bank Account No.</u>	<u>Current Account Balance</u>
12a.	_____	Name _____ Address _____ City _____ State _____ Zip _____	_____	\$ _____
12b.	_____	Name _____ Address _____ City _____ State _____ Zip _____	_____	\$ _____

\*\*\*\*\* **ATTACHMENTS REQUIRED**. Please include your current bank/financial statements 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.

	<u>Name of Company</u>	<u>Number of Shares</u>	<u>Current Value</u>
13a.	_____	_____	\$ _____
13b.	_____	_____	\$ _____
13c.	_____	_____	\$ _____

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

14a. Total Cash on Hand \$ \_\_\_\_\_

**15. CREDIT DEBT.** List all lines of credit, including credit cards and signature loans.

(Attach a separate sheet if you need more space.)

15a.	<u>Full name of Credit Institution</u>	<u>Credit Limit</u>	<u>Current Balance</u>	<u>Minimum Monthly Payment</u>
	Name _____	\$ _____	\$ _____	\$ _____
	Address _____			
	City _____ State _____ Zip _____			

**Section 5**  
(continued)

15b. Full name of Credit Institution      Credit Limit      Current Balance      Minimum Monthly Payment  
 Name \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

15c. Full name of Credit Institution      Credit Limit      Current Balance      Minimum Monthly Payment  
 Name \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**16. LIFE INSURANCE.**

Do you have life insurance with a cash value?  Yes     No (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 (if applicable) \$ \_\_\_\_\_

**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.)

17a. Do you have a safe deposit box?  Yes     No

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?  Yes     No; if yes, where is it kept? \_\_\_\_\_

17c. Are there any garnishments against your wages  Yes     No If yes, who is the creditor? \_\_\_\_\_  
 \_\_\_\_\_ Date of Judgment \_\_\_\_\_ Amount of Debt \$ \_\_\_\_\_

17d. Are there any judgments against you?  Yes     No If yes, who is the creditor/plaintiff? \_\_\_\_\_  
 \_\_\_\_\_ Date of Judgment \_\_\_\_\_ Amount of Debt \$ \_\_\_\_\_

17e. Are you a party to a lawsuit?  Yes     No If yes, amount of suit \$ \_\_\_\_\_  
 Possible completion date \_\_\_\_\_ Court \_\_\_\_\_  
 Subject of suit \_\_\_\_\_

17f. Have you ever filed bankruptcy?  Yes     No  
 If yes, date filed \_\_\_\_\_ Date discharged \_\_\_\_\_

17g. In the past 10 years have you transferred any assets out of your name for less than their actual value?  
 Yes     No If yes, what asset(s)? \_\_\_\_\_ 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?  Yes     No  
 If yes, why will the income increase? \_\_\_\_\_ How much will it increase? \_\_\_\_\_

17i. Are you a beneficiary of a trust or an estate?  Yes     No If yes, name of trust/estate? \_\_\_\_\_  
 If yes, anticipated amount to be received? \$ \_\_\_\_\_ When will amount be received? \_\_\_\_\_

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



**Section 8**

Monthly  
Income and  
Expense

**TOTAL INCOME**

**TOTAL LIVING EXPENSES**

Expense Items (We generally do not allow you to claim tuition for private schools, college expenses, charitable donations, or voluntary retirement contributions.)

**NOTE:**

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

<u>Source</u>	<u>Monthly</u>
22a. Gross Wages (you)	\$ _____
22b. Gross Wages (spouse)	\$ _____
22c. Interest/Dividends	\$ _____
22d. Net Business Income	\$ _____
22e. Net Rental Income	\$ _____
22f. Pension/Social Security (you)	\$ _____
22g. Pension/Social Security (spouse)	\$ _____
22h. Child Support	\$ _____
22i. Alimony	\$ _____
22j. Other	\$ _____

<u>Items</u>	<u>Actual Monthly</u>
23a. Rent/Mortgage	\$ _____
23b. Electric	\$ _____
23c. Natural Gas	\$ _____
23d. Cable TV	\$ _____
23e. Telephone	\$ _____
23f. Water	\$ _____
23g. Food	\$ _____
23h. Car Payment	\$ _____
23i. Gasoline	\$ _____
23j. Car Insurance	\$ _____
23k. Cell Phone/Pager	\$ _____
23l. Clothing & Misc.	\$ _____
23m. Court Ordered Payments	\$ _____
23n. Child Support	\$ _____
23o. Child/Dependant Care	\$ _____
23p. Life Insurance	\$ _____
23q. Other expenses (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**DEDUCTIONS FROM WAGES**

<u>(including spouses)</u>	<u>Monthly</u>
24a. Taxes (Federal, State, FICA, etc.)	\$ _____
24b. Insurance	\$ _____
24c. Union Dues	\$ _____
24d. Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____

★★★★★ **ATTACHMENTS REQUIRED.** Please include:

- A copy of your last Form 1040 with all schedules
- Proof of all current expenses that you paid for last 3 months, including utilities, rent, insurance, property taxes, etc.
- Copies of any court order requiring payment and proof of such payments for the last 3 months.
- Copies of any paperwork to support claims on lines 22j, 23q or 24d.

**PAYMENTS**

**PROPOSED MONTHLY PAYMENT IS: \$ \_\_\_\_\_ ON \_\_\_\_\_ DAY OF THE MONTH.**

**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 than 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.**

## ATTACHMENT A

1. Earning statements from your most recent paychecks.
2. Business records for the present year and past calendar year which reflect assets, liabilities, gross receipts and expenses for any sole proprietorship, partnership or corporation in which you, or your spouse, own any interest.
3. Current bank statements for the past 12 months from all banks or other financial institutions, where any sole proprietorship, partnership, or corporation in which you, or your spouse, own any interest, has an account of any kind.
4. Current bank statements for the past 12 months from all banks, or other institutions, where you, or your spouse, have an account of any kind.
5. All trust agreements in which you, or your spouse, are named trustor, trustee or beneficiary.
6. All deeds, leases, contracts, and other documents representing any ownership interest you, or your spouse, have in any real property, and all deeds of thrust, mortgages, or other documents evidencing encumbrances of any kind on your real property.
7. All stocks, bonds, or other securities of any class you may own, by you separately or jointly with others, including options to purchase any securities.
8. Titles to all motor vehicles owned by you or your spouse.
9. All life insurance policies in which you are either the insured or the beneficiary.
10. All promissory notes held by you, and all other documents evidencing any money owed to you either now or in the future.
11. All financial statements furnished by you within the past five years.
12. All deeds, bills of sale, or other documents prepared in connection with any transfer made by you, either by gift, sale, or otherwise within the last five years.
13. A schedule of all regular expenses paid by you, such as installment debts, food, utilities, etc. Include the amount paid, the payee, and, if an installment debt, the amount of debt owing and any security pledged.
14. All documents evidencing any interest you have in any pension plan, retirement fund, or profit-sharing plan.
15. All records pertaining to your assets and finances.

16. Copies of income tax returns for the past three years.
17. All records of any unincorporated business of which you are an owner or part-owner, or have been an owner within the past three years.