

**FINANCIAL DISCLOSURE STATEMENT
TO BE COMPLETED BY INDIVIDUAL DEFENDANT**

A. GENERAL INSTRUCTIONS - READ CAREFULLY

The information requested in the following form is to be submitted concerning a current case in connection with an asset investigation. Prior to completing and submitting this form, you should discuss this matter and this form thoroughly with your own attorney.

The purpose of this form is to determine what assets you may have or are in control of. If you are married or have a live-in companion, you must list assets held by your spouse or companion, as well as yourself, and show whether each asset is owned individually or jointly. By completing and signing this financial disclosure statement, you acknowledge that the information provided will affect action by the United States Department of Justice and further understand that any false answers can lead to prosecution for false statements as provided under Title 18, United States Code, Section 1001 (maximum prison sentence of five (5) years and/or a fine of not more than \$250,000).

Each separate question must be answered completely. If the answer is "none" you must state "none." Do not leave any question unanswered.

You must date and initial each page, and sign the last page. If there is insufficient space on the form, please attach additional sheets as necessary, and date and initial each additional page.

B. ACKNOWLEDGMENT, IF REPRESENTED BY COUNSEL

I _____ am _____ am not (check one) represented by counsel in the collection of this debt. If I am represented by retained or appointed counsel, I acknowledge having reviewed the foregoing instructions with my counsel. My counsel's name is _____.

Date: _____ Name: _____
Last First Middle

Signature _____

Authority for the solicitation of the requested information includes one or more of the following: 5 U.S.C. § 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. § 501-530A; 28 U.S.C. § 1651, 3201-3206, 31 U.S.C. § 3701-3731; 44 U.S.C. § 3101; 4 C.F.R. § 101-101.8; 28 C.F.R. § 0.160, 0.171 and Appendix to Subpart Y; 18 U.S.C. § 3664(d)(3).

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 53408-53410; Justice/CRIM-016 at pages 12774. Disclosure of the information is voluntary. If the requested information is not furnished, the United States may seek disclosure through other names.

UNITED STATES DEPARTMENT OF JUSTICE
UNITED STATES ATTORNEY FINANCIAL STATEMENT OF INDIVIDUAL DEBTOR

PERSONAL IDENTIFICATION

1. Name (Debtor) 2. Birth Date (Mo. Day Yr.) 3. Taxpayer Identification No. (SSN or EIN)

4. Home Address (Street) 5. Driver's License No./State

(City, State & Zip Code) 6. Home Phone ()

EMPLOYER OR BUSINESS

7. Present Employer or Business Name 8. Employer or Business Tel. No. ()

9. Employer or Business Address (Street) 10. Job Title/Occupation

(City, State & Zip Code) 11. Years in Present Job or Business

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

Employer or Business Name	Employer or Business Address	Phone No. ()	Employment Date
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Employer or Business Name	Employer or Business Address	Phone No. ()	Employment Date
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SPOUSE/COMPANION

13. Provide current spouse's/companion's name 14. Social Security No. 15. Birth Date (Mo. Day Yr.)

16. If spouse's home address is different, list below.

17. List spouse's/companion's present employer's name and address. 18. Employer's Phone No. ()

19. Job Title 20. Years in Present Job

Initials _____

21. Spouse's/Companion's annual gross salary/wages is \$ _____ Spouse's/Companion's take-home pay is \$ _____ per _____

22. Does spouse/companion receive alimony or child support from a previous marriage?
If yes, amount \$ _____

DEPENDENTS

23. List all dependents who live with you:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>

24. List names and addresses of all dependents not living with you:

<u>Name/Address</u>	<u>Age</u>	<u>Relationship</u>

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

26. Total monthly amount paid by you or your spouse to dependents listed in item 23 (example: child support, alimony, etc.). \$ _____

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

SALARY, WAGES OR COMMISSIONS
(space provided for you as well as your spouse/companion)

INCOME: (Estimate of average monthly income)	DEBTOR	SPOUSE/COMPANION
28. Current monthly gross wages, salary and commissions (Prorate if not paid monthly.)	\$ _____	\$ _____
29. Estimate monthly overtime	\$ _____	\$ _____
30. SUBTOTAL	\$ _____	\$ _____

Initials _____

31. LESS PAYROLL DEDUCTIONS

a. Federal Taxes	\$ _____	\$ _____
b. State/County/City Taxes	\$ _____	\$ _____
c. Social Security Taxes (FICA/Medicare)	\$ _____	\$ _____
d. Medical Insurance	\$ _____	\$ _____
e. Union Dues if applicable	\$ _____	\$ _____
f. Allotments to Credit Union, Bank or others	\$ _____	\$ _____
g. Life Insurance	\$ _____	\$ _____
h. List any other payroll deductions (Including 401(k) contributions)	\$ _____	\$ _____
I. Other (specify)	\$ _____	\$ _____

32. SUBTOTAL OF PAYROLL DEDUCTIONS \$ _____ \$ _____

33. TOTAL NET MONTHLY TAKE-HOME PAY \$ _____ \$ _____

34. Regular income from operation of business or profession or farm (attach detailed statement) \$ _____ \$ _____

35. Income from real property \$ _____ \$ _____

36. Interest and dividends \$ _____ \$ _____

37. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above \$ _____ \$ _____

38. Social security or government assistance (specify): _____ \$ _____ \$ _____

39. Pension or retirement income \$ _____ \$ _____

40. Other monthly income (specify): _____ \$ _____ \$ _____

41. SUBTOTAL OF LINES 34 through 40 \$ _____ \$ _____

42. TOTAL MONTHLY INCOME (add amounts shown on lines 33 and 41) \$ _____ \$ _____

43. TOTAL COMBINED MONTHLY INCOME: \$ _____

44. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Initials _____

45. Did you file a Federal Income Tax Return last year? Yes ____ No ____

Joint ____ Individual ____ Amount of Gross Income on return was: \$ _____

46. Did you apply for a tax refund on your most recently filed Federal, State, City or County tax return?

Yes ____ No ____ If YES, list the amount of the refund and from whom it will be received.

Total Amount of Refund: \$ _____ Received from: _____

47. Do you owe delinquent taxes? Yes ____ No ____ If YES, list year and amounts due. _____

48. Do you have any other earned income from any other source or business?

Yes ____ No ____

a. If yes, please identify each source and state your monthly gross earnings (salary, wages, commissions, etc., from each source.

b. Source

c. Income

49. CHILD SUPPORT PAYMENTS RECEIVED - Do you or your spouse/companion receive child support payments? If yes, complete the following: Yes ____ No ____

Name of of Dependent	Dependent's Date of Birth	Name of Non-Custodial Parent	Name of Custodial Parent	List arrearage (if any)

Initials _____

FIXED MONTHLY EXPENSES

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made by-weekly, quarterly, semi-annually, or annually to show monthly rate.

50. Rent or home mortgage payment (include lot rent for mobile home) \$ _____
- a. Are real estate taxes included? Yes ____ No ____
- b. Is property insurance included? Yes ____ No ____
51. Utilities: a) electricity and heating fuel \$ _____
- b) water and sewer \$ _____
- c) telephone \$ _____
- d) other _____ \$ _____
52. Home maintenance (repairs and upkeep) \$ _____
53. Food \$ _____
54. Clothing \$ _____
55. Laundry and dry cleaning \$ _____
56. Medical and dental expenses \$ _____
57. Transportation (not including car payments) \$ _____
58. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ _____
59. Charitable contributions \$ _____
60. Insurance (not deducted from wages or included in home mortgage payments) \$ _____
- a. Homeowner's or renter's \$ _____
- b. Life \$ _____
- c. Health \$ _____
- d. Auto \$ _____
- e. Other _____ \$ _____
61. Taxes (not deducted from wages or included in home mortgage payments)
(Specify) _____ \$ _____

Initials _____

62. Installment payments:

- a. Auto \$ _____
- b. Other \$ _____
- c. Other \$ _____
- 63. Alimony, maintenance, and support paid to others \$ _____
- 64. Payments for support of additional dependents not living at your home \$ _____
- 65. Regular expenses from operation of business, profession, or farm
(attach detailed statement) \$ _____
- 66. Other \$ _____
- 67. TOTAL MONTHLY EXPENSES \$ _____

68. List credit card or other debts you owe, including any installment payments (attach additional pages as needed)

Creditor	Date of Debt and Purpose	Total Amount Due	Date of Last Payment	Payment Amt.	Frequency of Payments

69. Total credit card or other payments paid per month \$ _____

Initials _____

REAL PROPERTY

70. Do you or your spouse/companion have any interest in any real estate anywhere in the world? Yes ___ No ___
 (This includes any real estate currently being sold under contract.) If YES, identify each real estate interest as stated below.

a. Complete Address (include State & County)	b. Name on Deed	c. Purchase Price	d. Fair Market Value	e. Balance due on Mortgage	f. Monthly Payment	g. Date Mtg. Paid Off	h. To Whom Payments Owed
		\$	\$	\$	\$		
		\$	\$	\$	\$		
		\$	\$	\$	\$		
		\$	\$	\$	\$		

71. Do you rent any of the property listed above to others? Yes ___ No ___ If YES, amount of rent?

Property _____ \$ _____
 Name of Renter: _____

Property _____ \$ _____
 Name of Renter: _____

72. RENTAL AGREEMENT. Do you or your spouse/companion rent the premises on which you live? Yes ___ No ___ If YES, please complete the following:

a. Name of Landlord	b. Address/Telephone No. Of Landlord	c. Payment Schedule. (weekly, monthly, annually)	d. Rent Payment	e. Utilities Included in rent	f. Deposit or funds held by landlord
			\$		\$

Initials _____

73. Do you receive or expect to receive aid to families with dependent children, unemployment compensation or any other type of assistance from the United States, your own state, any other governmental agency or any other person? Yes ____ No ____ If YES, List the source and amount.

a. Source of Payment (name of person, state, etc.)	b. Program	c. Payment Amount	d. Payment Schedule

74. Name of each bank, credit union and any other financial institute or company with which you, your spouse/companion, or any other person or entity associated with you, have or have ever had any account at any time during the past five (5) years.

a. Name of Financial Institution and address	b. Name (s) on Account	c. Account No. & Type	d. Current Balance in Account or date closed

75. SAVINGS BONDS: Do you, your spouse/companion or your dependants own U.S. Savings Bonds?

a. Denomination of Bond	b. Name (s) on Bond	c. Purchase Date	d. Value

Initials _____

76. **INDIVIDUAL RETIREMENT ACCOUNT.** Do you or your spouse have any Individual Retirement Account (“IRA”), Keogh Account, other retirement account or savings, or any interest in any profit-sharing or pension plan? Yes ___ No ___ If YES, please identify each account by name of financial institution, address, account number and name on account.

a. Name of Financial Institution and address b. Name (s) on Account c. Account No. & Type d. Current Balance in Account or date closed

77. **SAFETY DEPOSIT BOXES:** Do you or your spouse, or any other person maintain or rent a safety deposit box in your name(s) or in any other name? Yes ___ No ___ If YES, give name and address of bank(s) and name(s) utilized to open or maintain the safety deposit box(es).

a. Name of Financial Institution & Address b. Is it currently maintained c. Safety Deposit Box No. d. Contents e. If closed, date closed

78. Do you, your spouse or dependents have any cash over \$5,000? If so, identify the amount and location:

79. Have you, your spouse or dependents have any money market, brokerage or other accounts in the past six years? If so, identify the financial institution and current or closing balance of each account.

BANK	ACCOUNT NUMBER	ACCOUNT HOLDER	CURRENT BALANCE OR DATE CLOSED
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Initials _____

80. Have you, your spouse or dependents had any foreign bank accounts in the past six years? If so, identify the financial institution where located, and current or closing balance of each account.

BANK	ACCOUNT NUMBER	ACCOUNT HOLDER	CURRENT BALANCE OR DATE CLOSED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

81. Have you, your spouse or dependents had any certificates of deposit or treasury notes within the past six years? If so, identify the amount and where maintained.

82. Do you, your spouse or dependents have any travelers checks? If so, identify the amount and where maintained.

83. Have you, your spouse or dependents had any securities (bonds, stocks, notes, mortgages or real estate investment trusts) within the past six years? If so, identify the amount and where maintained.

84. Have you, your spouse or dependents had any tax exempt funds, municipal bonds within the past six years? If so, identify the amount and where maintained.

85. Have you, your spouse or dependents had any equity securities or commodity contracts within the past six years? If so, identify the nature and value and where maintained.

86. Have you, your spouse or dependents had any mutual funds within the past six years? If so, identify the value and where maintained.

Initials _____

87. Have you, your spouse or dependents had any brokerage accounts or brokers' margin accounts within the past six years? If so, identify the institution.

BANK	ACCOUNT NUMBER	ACCOUNT HOLDER	CURRENT BALANCE OR DATE CLOSED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

88. Do you, your spouse or dependents have any accounts receivable (including principal amount, maturity date, market value)? If so, identify the amounts that are owed and from whom.

89. Do you, your spouse or dependents have any annuity contracts? If so, give complete details.

90. Are you, your spouse or dependents entitled to receive any alimony or child support payments? If so, give complete details.

91. Have you, your spouse or dependents held any promissory notes or made any loans to any person or entity that are still outstanding? If so, give complete details.

92. Have you, your spouse or dependents had any business interests (including sole proprietorships, partnerships, corporations) within the past six years? If so, give complete details.

93. Do you, your spouse or dependents lease any vehicles? If so, identify make, model, date of purchase, or loan agreement, and current value.

Initials _____

94. Do you drive a motor vehicle owned or leased by someone else? Identify the make, model, year and owner and/or lessee of vehicle.

95. Do you or your spouse have any life insurance policies?
Yes ___ No ___ If YES, state:

(a) Company name, address, phone number:

(b) Type of insurance (term, whole life, etc.):

(c) Policy Number:

(d) Face Value Amount:

(e) Cash Surrender Value:

(f) Outstanding Loans On Policy:

96. List all other personal property owned or being purchased by you, your spouse or dependants. **(Attach additional sheets if needed)**

<u>Asset</u> (attach additional sheets if needed)	<u>Identify specific Asset, Owner, Registration No. and Location</u>	<u>Date Purchased</u>	<u>Current Value</u>
Motor vehicle(s)(cars, trucks, SUV's etc.)			
Camper/recreational vehicle(s)			
Motorcycle/motorbike(s)			
Boats(s)			

Initials _____

<u>Asset</u> (attach additional sheets if needed)	<u>Identify specific Asset, Owner, Registration No. and Location</u>	<u>Date Purchased</u>	<u>Current Value</u>
Jewelry with total value over \$1,000			
Antiques, art objects or stamp collections			
Other personal property with value over \$1,000			

97. State highest level of education received. _____

98. Do you anticipate any job changes during the next year? Yes ___ No ___ If YES, give specific details.

99. Are there any reasons to believe your salary/wages will substantially change during the next year? Yes ___ No ___ If YES, give specific details.

100. Are you involved in any lawsuits in which you might receive money or something of value? Yes ___ No ___ If YES, give specific details.

101. Are you involved in any lawsuits in which you might be required to pay money or transfer something of value? Yes ___ No ___ If YES, give specific details

102. Are there outstanding unpaid judgments against you for any debts other than this one? Yes ___ No ___ If YES, give specific details.

Initials _____

103. Are you a Trustee, Executor or Administrator of an estate? Yes ____ No ____ If YES, give specific details.

104. Is anyone holding money or any other assets on your behalf? Yes ____ No ____ If YES, give specific details.

105. Is there any likelihood you, your spouse or dependent will receive any inheritance? Yes ____ No ____.

IF YES, FROM WHOM? (name, address and phone number)

106. Have you renounced any inheritance rights within the last three years? If so, provide the details of whose estate, and provide all documents executed by you in connection with this.

107. List all transfers of property including cash (by loans, gift, sale, etc.) that you have made within the last six (6) years. (Items of \$1,000 or more in value). Use additional sheets if necessary:

DATE	AMOUNT	PROPERTY TRANSFERRED TO WHOM
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108. Are your wages and/or those of your spouse being garnished at this time? Yes ____ No ____ If YES, give specific details

Initials _____

109. Do you owe any medical bills in excess of \$1,000? Yes ____ No ____ If YES, give specific details:

110. Do you receive or, under any circumstances, expect to receive benefits from any established trust, from a claim for compensation or damages, or from a contingent or future interest in property of any kind? Yes ____ No ____ If YES, give details:

111. Do you have any outstanding loans payable to banks, finance companies, etc.? Yes ____ No ____ If YES, give details:

<u>Owed To</u>	<u>Purpose</u>	<u>Amount</u>	<u>Payment</u>	<u>Balance</u>

112. Are you self-employed or do you own all or part of a business as sole owner, partner, stockholder, or otherwise? Yes ____ No ____ If YES, state the name and address of the business:

a. State the nature and value of your interest:

b. How and when do you draw money from it?

Initials _____

c. Give an accurate account of the financial condition of this business for the last six years. Attach copies of the most recent three returns and a statement of assets, inventories, liabilities, gross and net income, and the amount of any undistributed profits in the business:

With knowledge of the penalties for false statements provided by 18 United States Code § 1001 (a fine of up to \$250,000 and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the United States Department of Justice, I certify that I believe the above statement is true and that it is a complete statement of all of my income and assets, real and personal, whether held in my name or by any other.

Date

Signature

(Print Name)

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- * If you attached additional sheets to this form, you must also sign those sheets.
 - * Attach a copy of your most recent pay slip to this form.
 - * Attach copies of the last 3 Federal Income Tax Returns you have filed.
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