

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  
in sufficient or continue on reverse side of pages.)

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, et seq.; U.S. 31 U.S.C. 951, et seq.; 44 U.S.C. 3101; 4 CFR 101, et seq.; 28 CFR 0.160, 0.171 and Appendix to Subpart Y.

The principal purpose for gathering this information is to evaluate your capacity 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 53321; Justice/TAX-001 at page 1534; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; 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.

Your Social Security account number is helpful for identification, but you are not required to indicate it if you do not desire to do so.

**1. What is your:**

a) Full legal name \_\_\_\_\_

b) Other names you have ever used \_\_\_\_\_

c) Date of birth \_\_\_\_\_

d) Social Security Number \_\_\_\_\_

e) Driver License No. \_\_\_\_\_

Issued by state of \_\_\_\_\_

f) Residence Address \_\_\_\_\_

(Include City, State, &amp; Zip Code)

g) Residence telephone (\_\_\_\_\_) \_\_\_\_\_

h) Business address \_\_\_\_\_

(Include City, State, &amp; Zip Code)

Business telephone (\_\_\_\_\_) \_\_\_\_\_

**2. Employment:**

a) Full name of current employer \_\_\_\_\_

b) Employer Address \_\_\_\_\_

(Include City, State, &amp; Zip Code)

c) Employer's telephone No. (\_\_\_\_\_) \_\_\_\_\_

d) How long have you worked there? \_\_\_\_\_

e) Job title \_\_\_\_\_

f) Monthly take-home pay \_\_\_\_\_

(Do Not deduct savings-account deposits, etc.)Monthly  
Salary (wages):Monthly  
Commissions:Monthly  
Other:Monthly  
Total:

- g) What is your yearly gross income? \_\_\_\_\_  
h) What was your annual net income last year? \_\_\_\_\_  
i) What was the source of your income last year? \_\_\_\_\_  
\_\_\_\_\_

- j) Last employer's Name and Address? \_\_\_\_\_  
\_\_\_\_\_

City, State, & Zip Code

Length of employment \_\_\_\_\_

- k) If you are self-employed, what is:

Your business license No. \_\_\_\_\_

Where are you licensed? \_\_\_\_\_

Name of business \_\_\_\_\_

Type of business \_\_\_\_\_

Address of business \_\_\_\_\_

Telephone of business \_\_\_\_\_

Do you own all of the business (yes) or (no)

If no, state:

Date you acquired your interest \_\_\_\_\_

Present value of your interest \_\_\_\_\_

Percentage of total your interest represents \_\_\_\_\_  
\_\_\_\_\_

How and when do you draw or receive money from such  
business? \_\_\_\_\_

Your office or position \_\_\_\_\_

Full name and address of each officer and director or partner, or other  
part owner.

**FINANCIAL STATEMENT OF DEBTOR, FORM OBD-500**

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

For any bank or other institution at which the business maintains any type of account, state:

Name and address of Institution	Type of Account	Name on Account	Average Daily Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. If any article of incorporation or partnership or certificate of doing business under an assumed name were filed with any government agency by any business named above, state:

(a) Nature of document filed \_\_\_\_\_

(b) Location of office where filed \_\_\_\_\_

(c) Date of filing \_\_\_\_\_

4. If your spouse (husband/wife), children or relatives living with you are employed, then state:

Full Name	Relation to you	Full name and complete address of employer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Date last Tax Returned Filed \_\_\_\_\_ INCLUDE A COPY OF YOUR TAX RETURNS, FEDERAL & STATE

Single \_\_\_\_\_ Joint \_\_\_\_\_

Gross Income reported \$ \_\_\_\_\_

6. If you expect to inherit money, when, from whom, approximate amount

\_\_\_\_\_

\_\_\_\_\_

**7. FINANCIAL DATA**

**MONTHLY EXPENSES**

(Lists all bills or loans that are paid on a monthly basis)

	<u>MONTHLY</u>	<u>TO WHOM PAID</u>	<u>BALANCE DUE</u>
Rent:	_____	_____	_____
Mortgage:	_____	_____	_____
Taxes	_____	_____	_____
& Insurance:	_____	_____	_____
Food:	_____	_____	_____
Laundry:	_____	_____	_____
Gasoline:	_____	_____	_____
Babysitter:	_____	_____	_____
Gas &	_____	_____	_____
Electric:	_____	_____	_____
Phone:	_____	_____	_____
Cable TV:	_____	_____	_____
Water:	_____	_____	_____
Sewer:	_____	_____	_____
Trash pickup:	_____	_____	_____
<u>Insurance:</u>	_____	_____	_____
auto:	_____	_____	_____
health:	_____	_____	_____
life:	_____	_____	_____
property (if	_____	_____	_____
included in Mortgage	_____	_____	_____
so state):	_____	_____	_____
Drugs:	_____	_____	_____
Medical/Dental:	_____	_____	_____
Child Support:	_____	_____	_____
Alimony:	_____	_____	_____

**INSTALLMENTS**

	<b>MONTHLY PAYMENT</b>	<b>TO WHOM PAID</b>	<b>BALANCE DUE</b>
	_____	_____	_____
<b>Car:</b>	_____	_____	_____
<b>Credit Cards</b>			
<b>Other loans: (personal, business, etc.)</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Other monthly payments:</b>	_____	_____	_____
<b>Any other debts you owe?</b>	_____	_____	_____
<b>Judgments you owe?</b>	_____	_____	_____

**8. ASSETS**

**A) Checking Accounts:**

a) **Bank name:** \_\_\_\_\_

**Bank branch:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**In name of:** \_\_\_\_\_

**B) Savings Accounts:**

b) **Bank name:** \_\_\_\_\_

**Bank branch:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**In name of:** \_\_\_\_\_

**C) Stocks and Bonds, Certificate of Deposits, or other securities:**

With whom:

Account Number:

Value:

Pension:

Profit Sharing:

**D) If you, your spouse, or any other member of your family living with you have a motor vehicle, trailer, motorcycle, aircraft, boat or other recreational vehicle of any sort, then state:**

	<u>1st Vehicle</u>	<u>2nd Vehicle</u>	<u>3rd Vehicle</u>
<b>Year</b>	_____	_____	_____
<b>Make</b>	_____	_____	_____
<b>Model</b>	_____	_____	_____
<b>License No.</b>	_____	_____	_____
<b>Motor No.</b>	_____	_____	_____
<b>Registration No. (aircraft/boats)</b>	_____	_____	_____
<b>Serial No.</b>	_____	_____	_____
<b>State</b>	_____	_____	_____
<b>Est. Value</b>	_____	_____	_____
<b>Lienholder</b>	_____	_____	_____
<b>Amt Owed</b>	_____	_____	_____
<b>Title in Name of</b>	_____	_____	_____
<b>Present Location</b>	_____	_____	_____

Usual  
Location

E) If you own any firearms, then state:

<u>Make and Model</u>	<u>Serial Number</u>	<u>Exact Present Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

F) If you own any Antiques of any kind state:

<u>Description</u>	<u>Approximate Value</u>	<u>Exact Present Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

G) If you own any Jewelry/Gold/Silver, state:

<u>Description</u>	<u>Approximate Value</u>	<u>Exact Present Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

H) If you own any VCRs, Satellite Antennas, TVs, Stereos, Compact Discs, Computers, Musical Instruments, state:

<u>Description</u>	<u>Approximate Value</u>	<u>Serial No.</u>	<u>Location</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# FINANCIAL STATEMENT OF DEBTOR, FORM OBD-500


I) If you own any furniture/Appliances (such as stove, refrigerator, etc.) of any kind, state:

Description	Approximate Value	Location

J) If you own any collections of any kind (such as coins, stamps, etc.) state:

Description	Contents	Estimated Present Market Value	Exact Present Location

K) If you own any tools or equipment of any sort, state:

Complete Description of each Piece	Reg. No. Serial No.	Estimated Present Value	Exact Present Location



**L) If you own any sporting goods or equipment, state:**

Complete Description of each Piece	Reg. No. Serial No.	Estimated Present Value	Present Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**M) If you own any paintings or other art objects of any kind, state:**

Complete Description of each Piece	Reg. No. Serial No.	Estimated Present Value	Present Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**N) If you own any other personal property, state:**

Description of each item	Estimated Value	Present Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**O) Real Estate (Include Personal residence):**

Type	Rent/Own	Address of Property	Lienholder
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

P) Other Assets-List, i.e.: Season tickets, Football, Baseball, Basketball, Symphony, etc.

<u>Description</u>	<u>Approximate Value</u>	<u>Present Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Q) If any item of your property has been pledged to secure a debt, state:

	<u>Item 1</u>	<u>Item 2</u>
(a) Description of property pledged	_____	_____
(b) Amount of debt secured	_____	_____
(c) How debt was incurred	_____	_____
(d) Date on which debt was incurred	_____	_____
(e) Name and address of pledge:	_____	_____

Name and Address \_\_\_\_\_

Name and Address \_\_\_\_\_

(f) Date on which possession transferred to pledgee \_\_\_\_\_

9. Debts owed to you by:

<u>Name</u>	<u>Address</u>	<u>Type of debt owed</u>	<u>Monthly payment</u>	<u>Balance due</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**10. Are you a party in a lawsuit? (Explain)**

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**11. Are you a trustee, Executor, or Administrator? (Explain)**

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**12. Do you hold a Power of Attorney for someone? (Explain)**

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**13. Is anyone holding any money or property on your behalf?  
(Yes or No) (Explain-include name, address, and phone number)**

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With knowledge of the penalties for false statement provided by 18 United States Code 1001 (\$10,000.00 fine and/or five years imprisonment) and with 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature