

Means Test Calculations

The "Means Test" is a formula to determine whether a "presumption of abuse" arises. This indicates whether you are eligible to seek certain types of bankruptcy relief. Please answer the questions below as accurately as possible. Do not simply guess. Estimations should be based on information that can be verified in the future if necessary. Under the revised bankruptcy rules, one out of every 250 petitions must be audited by the United States Trustee's Office. Furthermore the United States Trustee's Office can initiate an audit on any petition at anytime.

1. Are you married? Yes No

2. If yes, are you and your spouse filing jointly? Yes No

3. If not a joint petition, are you and your spouse separated? Yes No If Yes, for how long?

4. If you are married and not separated, regardless of type of petition, each spouse must fill in the information that pertains to them. All figures must reflect average monthly income received from all sources derived during the six calendar months prior to filing the bankruptcy case, ending on the last days of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six month total by six and enter the result on the appropriate line.

	Column A Debtor's Income	Column B Spouse's Income
5. Gross wages, salary, tips, bonuses, overtime, commissions.	_____	_____
6. Income from the operation of a business, profession, or farm – subtracting ordinary and necessary business expenses.	_____	_____
7. Rent and other real property income – subtracting ordinary and necessary operating expenses.	_____	_____
8. Interest, dividends and royalties.	_____	_____
9. Pension and retirement income.	_____	_____
10. Any amounts paid by another person or entity on a regular basis for the household expenses of the debtor or the debtor's dependents including child or spousal support.	_____	_____
11. Unemployment compensation.	_____	_____
12. Income from all other sources. Use additional pages if necessary.	_____	_____

13. Enter the total average monthly expenses that you actually incur for all federal, state and local taxes other than real estate and sales taxes.

14. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs.

15. Enter average monthly premiums that you actually pay for term life insurance for yourself.

16. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments.

17. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent for who no public education providing similar services is available.

18. Enter the average monthly amount that you actually spend on childcare – such as baby-sitting, day care, nursery and preschool.

19. Enter the average monthly amount that you actually spend on health care expenses that are not reimbursed by insurance or paid by a health savings account.

20. Enter the average monthly amount that you actually pay for telecommunication services, other than your basic home telephone service, to the extent necessary for your health and welfare or that of your dependents.

21. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories:

a. Health insurance: _____

b. Disability insurance: _____

c. Health Savings Account: _____

Total

Total

22. Enter the actual monthly amount that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.

23. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Protection and Services Act or other applicable federal law.

24. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization.

25. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. Mortgage debts should include payments of taxes and insurance required by the mortgage.

a. Name of Creditor:

b. Property Securing Debt:

c. 60-Month Average Payment:

Total of all secured debt

Total of all secured debt

If necessary, list additional entries on a separate page.

26. If any of the debts listed in the above item are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor, in addition to the payments listed in the above item, in order to maintain possession of the property. The **cure amount** would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart.

	Total of all 1/60 Cure Amount	Total of all 1/60 Cure Amount
a. Name of Creditor: _____		
b. Property Securing Debt: _____	_____	_____
c. 1/60 th of the Cure Amount: _____		

If necessary, list additional entries on a separate page.

27. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under §707(b)(2)(A)(ii)(I). *If necessary, list additional sources on a separate page.* All figures should reflect your average monthly expense for each item. Total the expenses.

a. Expense Description: _____		
b. Monthly Amount: _____	Total additional health and welfare expenses	Total additional health and welfare expenses
	_____	_____

Section 707(b)(2)(A)(ii)(I) defines what is and is not deductible which is listed in the above paragraphs. However, if there are expenses that are necessary for the health and welfare of any family member or dependent that was not included above then you should list it here with an explanation of what it is.

Remember that this information will be used to determine eligibility requirements for filing bankruptcy. This is not a list of defined expenses that can or cannot be discharged.

List any comments you may have on a separate sheet and return with this form.