

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____
(State)

Case number _____
 (If known)

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1			
Priority Creditor's Name _____	Last 4 digits of account number _____	\$ _____	\$ _____
Number _____ Street _____	When was the debt incurred? _____		
City _____ State _____ ZIP Code _____	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Domestic support obligations		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Taxes and certain other debts you owe the government		
Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> No	<input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Yes			

2.2			
Priority Creditor's Name _____	Last 4 digits of account number _____	\$ _____	\$ _____
Number _____ Street _____	When was the debt incurred? _____		
City _____ State _____ ZIP Code _____	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Domestic support obligations		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Taxes and certain other debts you owe the government		
Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> No	<input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Yes			

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim Priority amount Nonpriority amount

Form section 1: Includes fields for Priority Creditor's Name, Last 4 digits of account number, When was the debt incurred?, As of the date you file, the claim is: (Contingent, Unliquidated, Disputed), Who incurred the debt?, Type of PRIORITY unsecured claim: (Domestic support obligations, Taxes and certain other debts you owe the government, Claims for death or personal injury while you were intoxicated, Other. Specify), Is the claim subject to offset? (No, Yes)

Form section 2: Includes fields for Priority Creditor's Name, Last 4 digits of account number, When was the debt incurred?, As of the date you file, the claim is: (Contingent, Unliquidated, Disputed), Who incurred the debt?, Type of PRIORITY unsecured claim: (Domestic support obligations, Taxes and certain other debts you owe the government, Claims for death or personal injury while you were intoxicated, Other. Specify), Is the claim subject to offset? (No, Yes)

Form section 3: Includes fields for Priority Creditor's Name, Last 4 digits of account number, When was the debt incurred?, As of the date you file, the claim is: (Contingent, Unliquidated, Disputed), Who incurred the debt?, Type of PRIORITY unsecured claim: (Domestic support obligations, Taxes and certain other debts you owe the government, Claims for death or personal injury while you were intoxicated, Other. Specify), Is the claim subject to offset? (No, Yes)

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<p>Nonpriority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <ul style="list-style-type: none"><input type="checkbox"/> Debtor 1 only<input type="checkbox"/> Debtor 2 only<input type="checkbox"/> Debtor 1 and Debtor 2 only<input type="checkbox"/> At least one of the debtors and another <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <ul style="list-style-type: none"><input type="checkbox"/> No<input type="checkbox"/> Yes	<p>Last 4 digits of account number _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <ul style="list-style-type: none"><input type="checkbox"/> Contingent<input type="checkbox"/> Unliquidated<input type="checkbox"/> Disputed <p>Type of NONPRIORITY unsecured claim:</p> <ul style="list-style-type: none"><input type="checkbox"/> Student loans<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<input type="checkbox"/> Other. Specify _____

4.2	<p>Nonpriority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <ul style="list-style-type: none"><input type="checkbox"/> Debtor 1 only<input type="checkbox"/> Debtor 2 only<input type="checkbox"/> Debtor 1 and Debtor 2 only<input type="checkbox"/> At least one of the debtors and another <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <ul style="list-style-type: none"><input type="checkbox"/> No<input type="checkbox"/> Yes	<p>Last 4 digits of account number _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <ul style="list-style-type: none"><input type="checkbox"/> Contingent<input type="checkbox"/> Unliquidated<input type="checkbox"/> Disputed <p>Type of NONPRIORITY unsecured claim:</p> <ul style="list-style-type: none"><input type="checkbox"/> Student loans<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<input type="checkbox"/> Other. Specify _____
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4.3	<p>Nonpriority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <ul style="list-style-type: none"><input type="checkbox"/> Debtor 1 only<input type="checkbox"/> Debtor 2 only<input type="checkbox"/> Debtor 1 and Debtor 2 only<input type="checkbox"/> At least one of the debtors and another <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <ul style="list-style-type: none"><input type="checkbox"/> No<input type="checkbox"/> Yes	<p>Last 4 digits of account number _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <ul style="list-style-type: none"><input type="checkbox"/> Contingent<input type="checkbox"/> Unliquidated<input type="checkbox"/> Disputed <p>Type of NONPRIORITY unsecured claim:</p> <ul style="list-style-type: none"><input type="checkbox"/> Student loans<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<input type="checkbox"/> Other. Specify _____
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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

Input box for claim number

Nonpriority Creditor's Name
Number Street
City State ZIP Code

Who incurred the debt? Check one.
Debtor 1 only
Debtor 2 only
Debtor 1 and Debtor 2 only
At least one of the debtors and another
Check if this claim is for a community debt
Is the claim subject to offset?
No
Yes

Last 4 digits of account number

\$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
Unliquidated
Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts
Other. Specify

Input box for claim number

Nonpriority Creditor's Name
Number Street
City State ZIP Code

Who incurred the debt? Check one.
Debtor 1 only
Debtor 2 only
Debtor 1 and Debtor 2 only
At least one of the debtors and another
Check if this claim is for a community debt
Is the claim subject to offset?
No
Yes

Last 4 digits of account number

\$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
Unliquidated
Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts
Other. Specify

Input box for claim number

Nonpriority Creditor's Name
Number Street
City State ZIP Code

Who incurred the debt? Check one.
Debtor 1 only
Debtor 2 only
Debtor 1 and Debtor 2 only
At least one of the debtors and another
Check if this claim is for a community debt
Is the claim subject to offset?
No
Yes

Last 4 digits of account number

\$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
Unliquidated
Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts
Other. Specify

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations

6a. \$ _____

6b. Taxes and certain other debts you owe the government

6b. \$ _____

6c. Claims for death or personal injury while you were intoxicated

6c. \$ _____

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ _____

6e. Total. Add lines 6a through 6d.

6e. \$ _____

Total claim

Total claims from Part 2

6f. Student loans

6f. \$ _____

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ _____

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ _____

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ _____

6j. Total. Add lines 6f through 6i.

6j. \$ _____

Total claim