

BANKRUPTCY QUESTIONNAIRE

Name of Debtor: _____
 first middle last

Name of Co-Debtor: _____
 first middle last

- I. By completing this document and returning it to Broc E. Whitehead, I/we certify that it is my/our duty to disclose all assets, debts and other information, and that intentional concealment may constitute a crime. I/we understand that our attorney is relying on the complete accuracy of the information in this document to provide legal advice and prepare the bankruptcy lawsuit.
- II. **ANSWER EVERY QUESTION. ANY QUESTION LEFT BLANK WILL BE DEEMED A NO OR NONE ANSWER. IF YOU ARE UNCERTAIN ABOUT AN ANSWER, PUT A QUESTION MARK OR CALL OUR OFFICE.**
- III. **SEND PHOTOCOPIES OF YOUR LATEST WAGE STATEMENTS UNTIL CASE IS FILED.**

Debtor social security number: _____ - _____ - _____ Age _____
Co-Debtor social security number: _____ - _____ - _____ Age _____

Clients authorize lawyer to communicate with them at the following e-mail address: _____

Debtor address (including zip code): _____ County: _____

If you were a resident of a State other than Kansas in the last three years, state the dates of residency and the name of the state:

Home phone: (____) ____ - ____

Husband's cell phone: (____) ____ - ____
Wife's cell phone: (____) ____ - ____

List all other names **Debtor** has used or has been known by in the past six years (such as maiden name, other married names, BUSINESS NAMES, etc.):

List all other names **Co-Debtor** has used or has been known by in the past six years (such as maiden name, other married names, BUSINESS NAMES, etc.):

Circle one answer for each question:

Under what chapter is this bankruptcy: 7 11 12 13
Debtor(s) is: an individual and unmarried
 an individual, married, and living apart
 an individual, married, and living together
 joint, married and living together
 joint, married and living apart

If any of your debts were incurred as the result of operation of a business, state the name of the business, and if the business was officially incorporated, list the name of the state of incorporation.

Have you ever filed bankruptcy before? _____, If yes, when: ____/____/____
Bankruptcy Case No.: _____, Was a discharge granted: _____
When: ____/____/____

Have you filed all tax returns to date? Yes No Last year filed: _____
Do you owe any wages, salary, commissions, contribution to employee benefit plans, farmers, fishermen, deposits by individuals, TAXES or other debts to any governmental units, INCLUDING government insured student loans? _____

Be sure any such creditor is listed on one of the following pages.
Do you have any secured debts such as vehicle loans or mortgages? _____
State the amount of combined federal and state income tax refunds you anticipate receiving from taxes withheld from your wages during the current calendar year: \$ _____. **If you are entitled to receive more than \$500.00 as an income tax refund, you may lose the refund to the bankruptcy court even if you receive the refund after you case is filed.**

DEBTS OWED FOR TAXES, STUDENT LOANS AND WAGES: This section is used for listing the following debts: wages, salary, commissions, contribution to employee benefit plans, farmers, fishermen, deposits by individuals, TAXES or other debts to ANY governmental units, INCLUDING government insured student loans.

U.S. Treasury-IRS, Centralized Insolvency Operations, P.O. Box 21126, Philadelphia, PA 19114-0326.

Account number: _____
How much do you owe: \$ _____ Date debt was incurred: ___/___/___
What is debt for: _____
How much are your monthly payments: \$ _____ Are they current: _____,
If not, how many months behind are you: _____
If you owe a tax debt and have made an offer of compromise to the taxing authority, state the date: _____
Do you have notice of a tax lien? _____
Has this debt been turned over to a collection agency or an attorney: _____,
If so: Name: _____ Address: _____

Kansas Department of Revenue, Attn: CTE Bankruptcy Unit, P.O. Box 12005, Topeka, Kansas 66612-2005.

Account number: _____
How much do you owe: \$ _____ Date debt was incurred: ___/___/___
What is debt for: _____
How much are your monthly payments: \$ _____ Are they current: _____,
If not, how many months behind are you: _____
If you owe a tax debt and have made an offer of compromise to the taxing authority, state the date: _____
Has this debt been turned over to a collection agency or an attorney: _____,
If so: Name: _____ Address: _____

Full name of Creditor: _____
Mailing address: _____ City _____ State _____ Zip _____
Telephone number: (____) _____ - _____ Account number: _____
How much do you owe: \$ _____ Date debt was incurred: ___/___/___
What is debt for: _____
How much are your monthly payments: \$ _____ Are they current: _____,
If not, how many months behind are you: _____
If you owe a tax debt and have made an offer of compromise to the taxing authority, state the date: _____
Has this debt been turned over to a collection agency or an attorney: _____,
If so: Name: _____ Address: _____

Full name of Creditor: _____
Mailing address: _____ City _____ State _____ Zip _____
Telephone number: (____) _____ - _____ Account number: _____
How much do you owe: \$ _____ Date debt was incurred: ___/___/___
What is debt for: _____
How much are your monthly payments: \$ _____ Are they current: _____,
If not, how many months behind are you: _____
If you owe a tax debt and have made an offer of compromise to the taxing authority, state the date: _____
Has this debt been turned over to a collection agency or an attorney: _____,
If so: Name: _____ Address: _____

SECURED DEBT LISTING SHEET

Review your billing statements closely and look for the creditor's notice (usually on the back) indicating a special address only for bankruptcy notices. Failure to provide this address may limit the effect of your bankruptcy on such creditor, so review you billing statements closely.

SECURED CREDITORS: This section is used for listing secured debts, which are debts on which you have pledged collateral to the lender. All mortgages, loans secured by a lien on vehicles, furniture, appliances, etc. must be listed.

MORTGAGE LENDER:

Mailing address: _____ City _____ State _____ Zip _____

Account number: _____

How much do you owe: \$ _____ When did you take out the loan: ___/___/___

Is part of the home a mobile home, manufactured home or modular home? _____

If your home is on more than 1 acre, how many acres are there and are you inside a city? _____

If more than one acre, is your land divided by a river, government maintained road or other barrier? _____ What did you buy with the loan: _____

Have you owned your home for more than 3 years 4 months (40 months)? _____

When did you originally obtain the home: ___/___/___

Do you have more than 5 years (60 months) of payments remaining to be paid on the mortgage loan? _____

How much is each piece of secured property worth: _____

Do you want to **keep** the property or **return** it: _____

How much are your monthly payments: \$ _____ Are they current: _____,
If not, how many months behind are you: _____. If you pay homeowners' association dues, list the name and address of the association: _____

Has this debt been turned over to a collection agency or an attorney: _____

If so: Name: _____ Address: _____

Did you use any funds from the sale of a residence outside the State of Kansas to purchase this residence? _____

FULL NAME OF CREDITOR:

Mailing address: _____ City _____ State _____ Zip _____

Account number: _____

How much do you owe: \$ _____ When did you take out the loan: ___/___/___

What did you buy with the loan: _____

When did you originally obtain the collateral property: ___/___/___

How much is each piece of secured property worth?: _____

Do you want to keep the property or return it: _____

How much are your monthly payments: \$ _____ Are they current: _____,
If not, how many months behind are you: _____

Has this debt been turned over to a collection agency or an attorney: _____

If so: Name: _____ Address: _____

Is a cosigner on the loan? Yes _____ No _____ If so: Name: _____
Address: _____

FULL NAME OF CREDITOR:

Mailing address: _____ City _____ State _____ Zip _____

Account number: _____

How much do you owe: \$ _____ When did you take out the loan: ___/___/___

What did you buy with the loan: _____

When did you originally obtain the collateral property: ___/___/___

How much is each piece of secured property worth?: _____

Do you want to keep the property or return it: _____

How much are your monthly payments: \$ _____ Are they current: _____,
If not, how many months behind are you: _____

Has this debt been turned over to a collection agency or an attorney: _____

If so: Name: _____ Address: _____

Is a cosigner on the loan? Yes _____ No _____ If so: Name: _____
Address: _____

DEBT LISTING SHEET

REVIEW YOUR BILLING STATEMENTS CLOSELY AND LOOK FOR THE CREDITOR'S NOTICE (USUALLY ON THE BACK) INDICATING A SPECIAL ADDRESS FOR CORRESPONDENCE OR BANKRUPTCY NOTICES. FAILURE TO PROVIDE THIS ADDRESS MAY LIMIT THE EFFECT OF YOUR BANKRUPTCY ON SUCH CREDITOR, SO REVIEW YOUR BILLING STATEMENTS CLOSELY.

NAME OF CREDITOR: _____ ACCOUNT NO. _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
BALANCE OWED: \$ _____ DATE INCURRED: _____
REASON FOR DEBT: _____
If this debt has been turned over to a collection agency or attorney, complete this section: Name of agency/attorney: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME OF CREDITOR: _____ ACCOUNT NO. _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
BALANCE OWED: \$ _____ DATE INCURRED: _____
REASON FOR DEBT: _____
If this debt has been turned over to a collection agency or attorney, complete this section: Name of agency/attorney: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME OF CREDITOR: _____ ACCOUNT NO. _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
BALANCE OWED: \$ _____ DATE INCURRED: _____
REASON FOR DEBT: _____
If this debt has been turned over to a collection agency or attorney, complete this section: Name of agency/attorney: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME OF CREDITOR: _____ ACCOUNT NO. _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
BALANCE OWED: \$ _____ DATE INCURRED: _____
REASON FOR DEBT: _____
If this debt has been turned over to a collection agency or attorney, complete this section: Name of agency/attorney: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME OF CREDITOR: _____ ACCOUNT NO. _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
BALANCE OWED: \$ _____ DATE INCURRED: _____
REASON FOR DEBT: _____
If this debt has been turned over to a collection agency or attorney, complete this section: Name of agency/attorney: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME OF CREDITOR: _____ ACCOUNT NO. _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
BALANCE OWED: \$ _____ DATE INCURRED: _____
REASON FOR DEBT: _____
If this debt has been turned over to a collection agency or attorney, complete this section: Name of agency/attorney: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

You must list all of your property and assets below. Failure to list any property may prevent your attorney from protecting it from your creditors. If you are uncertain about whether certain property should be listed, you must list it so your attorney may determine how it will be treated by the bankruptcy court.

PERSONAL PROPERTY

TYPE OF PROPERTY	DESCRIPTION AND LOCATION OF PROPERTY	HUSB. WIFE JOINT OR COMM.	GARAGE SALE OR AUCTION VALUE
1. Cash on hand.			
2. Checking, savings or other financial accounts, certificate of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations or credit unions, brokerage houses, or cooperatives.			
3. Prepaid Debit and/or Gift Cards			
4. Security deposits with public utilities, telephone companies, landlords, and others.			
5. Electronics, TV's, computers, cell phones, etc.			
6. Household goods and furnishings, including audio, video, and computer equipment. NO DETAILED LIST REQUIRED.			
7. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc. And other collections or collectibles.			
8. Wearing apparel.			
9. Furs and jewelry.			
10. Equipment for sports and hobbies. Also list any firearms.			
11. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.			
12. Annuities. Itemize and name each issuer.			
13. Interests in 401(k), IRA, ERICA, Keogh, or other pension or profit sharing plans. Itemize.			
14. Stock and interests in incorporated and unincorporated businesses. Itemize.			
15. Interests in partnerships or joint ventures. Itemize.			
16. Government and corporate bonds and other negotiable and non-negotiable instruments.			
17. Accounts Receivable.			
18. Alimony, maintenance, support and property settlements to which the debtor is or may be entitled. Give details.			
19. Other liquidated debts owing debtor including tax refunds. Give details.			

TYPE OF PROPERTY	DESCRIPTION AND LOCATION OF PROPERTY	HUSB. WIFE JOINT OR COMM.	GARAGE SALE OR AUCTION VALUE
20. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in the Schedule of Real Property.			
21. Beneficiary of a relative's trust fund.			
22. Contingent and non-contingent interest in estate of a decedent, death benefit plan, life insurance policy or trust.			
23. Other contingent and unliquidated claims of any nature, including tax refunds, counterclaims of the debtor, and rights to set off claims. Give estimated value of each.			
24. Patents, copyrights, and other intellectual property. Give estimated value of each.			
25. Licenses, franchises and other general intangibles. Give particulars.			
26. Automobiles, trucks, trailers and other vehicles and accessories. Year, make, model.			
27. Boats, motors and accessories.			
28. Aircraft and accessories.			
29. Office equipment, furnishings and supplies.			
30. Machinery, fixtures, equipment and supplies.			
31. Inventory.			
32. Animals.			
33. Crops-growing or harvested. Give particulars.			
34. Farming equipment and implements.			
35. Farm supplies, chemicals and feed.			
36. Other personal property of any kind not already listed. Itemize.			
37. List all interest in Real Estate (include location)			

List all addresses where you have resided during the last three years and for each address give the dates of occupancy:

1. _____
2. _____
3. _____

Gross income received from employment, trade, profession or operation of business:

Debtor:

Amount of income from January 1, to date: \$ _____ source: _____

Income last year: \$ _____ source: _____

Income prior year: \$ _____ source: _____

Co-Debtor:

Amount of income from January 1, to date: \$ _____ source: _____

Income last year: \$ _____ source: _____

Income prior year: \$ _____ source: _____

List all other sources of income: _____

Has anyone sued you or have you divorced in the previous one year? If so:

Who: _____ In what county and state: _____

Who: _____ In what county and state: _____

Has anyone attached, garnished, repossessed or seized any of your property:

_____, If so:

Who: _____ What did they take: _____

When did they take it: ____/____/____ What is its value: \$ _____

Have you returned any property to anyone: _____, If so:

Who: _____ What did you give them: _____

Date it was given: ____/____/____ What is its value: \$ _____

List all payments adding up to more than \$600.00 paid to any one creditor on loans, installment purchases of goods or services or any other debts within the last 90 days:

Name of Creditor:	Date of Payment	Amount of Payment
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If you have taken cash advances of more than \$750.00 within the last 70 days, state the name of the company, dates of cash advances and amounts:

Have you given anyone any gifts in the past year other than ordinary and usual presents: _____

If any banks or creditors have taken funds against a debt owed to such creditor, list the name of the creditor and the date of any such set off:

List all sales, gifts or other transfers of property with a value of more than \$600.00 made to any person or business during the **last two years** (name and address of purchaser): _____

If you have lived in a community property state with a spouse or ex-spouse **within the last 8 years**, including the States of AK, AZ, CA, ID, LA, NV, NM, TX, WA or WI, provide the name and current address of such spouse.

If you have suffered any losses from fire, theft or gambling during the last year, state the type of loss, the amount and the date the loss occurred: _____

Was the loss covered in whole or in part by insurance: _____

List all payments made or property transferred to an attorney or anyone else for **bankruptcy services or debt consolidation**: _____

List any checking or savings accounts you have **closed** in the last year:
Name of bank: _____ Type of Account _____
Address: _____
Account number: _____ Account balance: \$ _____

List any safe deposit boxes or other depositories you have maintained in the last 2 years:
Name and address of bank: _____

Are you holding any property that belongs to someone else: _____, If so:
Who are you holding it for: _____ Address: _____
What are you holding: _____
What is its value: \$ _____ Relationship to property owner: _____
Why are you holding it: _____

Is anyone holding any of your property: _____, If so:
Who is holding it? Name: _____ Address: _____
What are they holding: _____
What is its value: \$ _____ Why are they holding it: _____

Within the last 12 months, have you stored property in a storage unit or place other than your home? If yes, describe the property and where it is stored: _____

Within the last 4 years, did you own a business or have an interest in a business? Explain: _____

If you have made purchases of more than \$1,000.00 on any credit card within the last 60 days or taken cash advances totaling more than \$1,000.00 within the last 60 days, list the name of the credit card company and the date(s) of any such transactions: _____

If you have borrowed any money within the last 90 days, please state the name of the lender, describe any property pledged as collateral and briefly give the circumstances surrounding the loan _____

Did you use a credit card to pay an income tax debt? If so, what was the name of the card and the amount paid? _____

If you have repaid a loan or debt owed to a relative, family member or close friend within the last 12 months state the amount paid, date, name and relationship, and reason for payment: _____

Have you or any member of your family suffered a personal injury or have any other legal claims against an insurance company or someone else on which you expect to recover money? _____ Yes _____ No
If so, please provide the details: _____

Within the last 10 years have you transferred any property into a trust that you own? _____

If you have pledged household goods, like televisions, stereos, etc. or other personal property as security on a debt, please state the name of the creditor and the specific property. _____

CURRENT INCOME AND CURRENT EXPENSES

Gross wages per pay period (circle one):

How often is **debtor** paid: weekly bi-weekly bi-monthly monthly other:_____

How often is **co-debtor** paid: weekly bi-weekly bi-monthly monthly other:_____

Debtor's current employment:

Employer's name: _____ Address: _____

Employer's phone: (____) _____ Length of Employment: _____

Position with employer: _____

Are self employed or in business: _____, If so, in what business are you engaged: _____

Co-Debtor's current employment:

Employer's name: _____ Address: _____

Employer's phone: (____) _____ Length of Employment: _____

Position with employer: _____

Are self employed or in business: _____, If so, in what business are you engaged: _____

List dates over the next 60 days when debtor and Co-debtor will receive paychecks:

Debtor: _____

Co-Debtor: _____

***PLEASE PROVIDE COPY OF PAY STATEMENT**

	DEBTOR	CO-DEBTOR
Gross monthly income:	\$ _____	\$ _____
Average overtime	\$ _____	\$ _____
Deductions:		
Taxes (Federal, Social Security, State)	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other income per month:		
If self-employed, regular income	\$ _____	\$ _____
Income from real estate	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Social security or other government assistance:	\$ _____	\$ _____
	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Child Support received:	Yes/No _____	Yes/No _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Name Age Relationship		

Name Age Relationship		

Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

TOTAL MONTHLY INCOME: \$ _____ \$ _____

Describe any expected changes in income or deductions:

List all dependents whose expenses you pay (do not include yourself or co-debtor):

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

Monthly expenses:

Rent/Mortgage payment\$ _____
Are property taxes included?: _____	
Is property insurance included?: _____	
Electricity and heating fuel\$ _____
Water and sewer\$ _____
*Home telephone\$ _____
*Caller I.D.\$ _____
*Call waiting\$ _____
*Long distance\$ _____
*Cell phone\$ _____
*Internet service\$ _____
*Cable television\$ _____
*Pager\$ _____
*(Even if paid with other services, break out each monthly cost.)	
Garbage\$ _____
Security\$ _____
Other utilities\$ _____
Home maintenance\$ _____
Food\$ _____
Clothing\$ _____
Laundry/dry cleaning\$ _____
Medical/Dental\$ _____
Transportation (include gas and auto repairs)\$ _____
Recreation/clubs/entertainment\$ _____
Newspapers/periodicals/books\$ _____
Charitable contributions\$ _____
Homeowner's/renter's insurance\$ _____
Life insurance\$ _____
Health insurance\$ _____
Auto insurance\$ _____
Other insurance (list)\$ _____
Real estate and personal property taxes\$ _____
Other taxes\$ _____
Auto installment payments\$ _____
Other installment payments\$ _____
Other installment payments\$ _____
Child care\$ _____
Child support paid\$ _____

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

Spousal support paid	\$ _____
Payments for dependents not living at home	\$ _____
Other expenses not previously listed:	
School activities and expenses	\$ _____
Household items.....	\$ _____
Personal hygiene.....	\$ _____
.....	\$ _____

TOTAL MONTHLY EXPENSES \$ _____

DOMESTIC SUPPORT OBLIGATIONS

SUPPORT YOU PAY:

Fully disclose any **parent's name and address** for all child and spousal support obligations that you are obligated to pay, even if the payments are current. Do not use the court address:

Name: _____

Address: _____

Amount per month: _____

Name: _____

Address: _____

Amount per month: _____

SUPPORT PAID TO YOU:

Fully disclose the **name and address of any parent** that pays child support or spousal support to you:

Name: _____

Address: _____

Amount per month: _____

Name: _____

Address: _____

Amount per month: _____

BROC E. WHITEHEAD
BANKRUPTCY SERVICES OF KANSAS

310 WEST CENTRAL, SUITE 211
WICHITA, KANSAS 67202

BROC E. WHITEHEAD
ATTORNEY AT LAW

TELEPHONE: (316) 263-6500
FACSIMILE: (316) 263-6254

BANKRUPTCY INFORMATION BROCHURE

BANKRUPTCY SERVICES OF KANSAS

If you choose to employ **Bankruptcy Services of Kansas** to represent you in commencing a bankruptcy action, you will be represented by **Broc E. Whitehead**. Mr. Whitehead is a member of the Kansas Bar Association with over 25 years experience representing individuals and businesses in bankruptcy proceedings. Mr. Whitehead received his law degree from Washburn School of Law in Topeka, Kansas and is a member of the Bankruptcy Law Section of the Kansas Bar Association.

Bankruptcy Services of Kansas is designed to provide quality bankruptcy representation at affordable rates. **Bankruptcy Services of Kansas** is located two blocks from the federal bankruptcy court in Wichita, Kansas, which is the court where individuals and businesses located in Central, Southern and Western Kansas must file their bankruptcy actions.

If you employ **Bankruptcy Services of Kansas** to represent you in commencing a bankruptcy action, all communications with your attorney are kept in strict confidence and will not be disclosed to anyone beyond the information required by the federal bankruptcy court.

TYPES OF BANKRUPTCY PROCEEDINGS

CHAPTER 7 - LIQUIDATION

A Chapter 7 or liquidation bankruptcy procedure is the most common type of bankruptcy action filed by individuals. This procedure allows individuals to discharge all debts, except debts for income taxes, alimony, child support, student loans and several others. Discharge of a debt in bankruptcy proceedings means that you are no longer obligated to pay the debt and the individual or business to whom the debt is owed may no longer attempt to collect the debt from you.

CHAPTER 13 - WAGE EARNER

This procedure allows you to reduce the amount of monthly payments you pay to your creditors by presenting a plan to the bankruptcy court scheduling a single payment made to the bankruptcy trustee each month over a period of 3 to 5 years. From your monthly payment, the bankruptcy trustee pays your creditors.

CHAPTER 11 - REORGANIZATION

An individual or business may elect a reorganization proceeding in which a plan is presented for approval by the bankruptcy court for payment of all or a portion of the outstanding debts over a period of time; the amount of the payments may differ from the original payment terms with the creditors.

CHAPTER 12 - FAMILY FARM REORGANIZATION

For certain types of family farm operations, a special bankruptcy procedure is available which allows the continuation of regular farming operations while a reorganization plan is submitted to the bankruptcy court.

REQUIRED NOTICE

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury in connection with a bankruptcy case shall be subject to fine, imprisonment or both.

All information supplied by a debtor in connection with a case under the bankruptcy code is subject to examination by the Attorney General.