

United States Courts  
Southern District of Texas  
FILED

SEP 05 2023


Nathan Ochsner, Clerk of Court

Check if this is an amended filing

Fill in this information to identify your case:

Debtor 1 Justin Allen Hicks  
First Name Middle Name Last Name

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

United States Bankruptcy Court for the: Southern District of Texas 

Case number \_\_\_\_\_  
(if known)

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 Have 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**

- Do any creditors have priority unsecured claims against you?  
 No. Go to Part 2.  
 Yes.
- 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 _____ _____ Number Street _____ _____ City State ZIP Code	Last 4 digits of account number _____	\$ 0.00	\$ 0.00	\$ 0.00
	_____ When was the debt incurred? _____ _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Who incurred the debt? Check one. <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 <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes				
	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				

2.2	_____ Priority Creditor's Name _____ _____ Number Street _____ _____ City State ZIP Code	Last 4 digits of account number _____	\$ 0.00	\$ 0.00	\$ 0.00
	_____ When was the debt incurred? _____ _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Who incurred the debt? Check one. <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 <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes				
	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				

Debtor 1 **Justin Allen Hicks**  
First Name Middle Name Last Name

Case number (# known) \_\_\_\_\_

**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
\$ 0.00	\$ 0.00	\$ 0.00

-- Last 4 digits of account number \_\_\_\_\_ \$ 0.00 \$ 0.00 \$ 0.00  
 Priority Creditor's Name \_\_\_\_\_  
 --  
 Number Street \_\_\_\_\_  
 --  
 --  
 City State ZIP Code \_\_\_\_\_  
**When was the debt incurred?** \_\_\_\_\_  
**As of the date you file, the claim is:** Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
**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  
**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

-- Last 4 digits of account number \_\_\_\_\_ \$ 0.00 \$ 0.00 \$ 0.00  
 Priority Creditor's Name \_\_\_\_\_  
 --  
 Number Street \_\_\_\_\_  
 --  
 --  
 City State ZIP Code \_\_\_\_\_  
**When was the debt incurred?** \_\_\_\_\_  
**As of the date you file, the claim is:** Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
**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  
**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

-- Last 4 digits of account number \_\_\_\_\_ \$ 0.00 \$ 0.00 \$ 0.00  
 Priority Creditor's Name \_\_\_\_\_  
 --  
 Number Street \_\_\_\_\_  
 --  
 --  
 City State ZIP Code \_\_\_\_\_  
**When was the debt incurred?** \_\_\_\_\_  
**As of the date you file, the claim is:** Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
**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  
**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

Debtor 1 Justin Allen Hicks  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**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 nonpriority 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 three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

<b>4.1</b>	<p><b>FTL Finance</b>  <small>Nonpriority Creditor's Name</small>                  820 South Main Street Suite 300  <small>Number Street</small>                  St. Charles MO 63301  <small>City State ZIP Code</small></p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" 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  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5 5 6 6</u></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <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 checked="" type="checkbox"/> Other. Specify <u>unsecured debt</u></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;"><b>Total claim</b></td> </tr> <tr> <td style="text-align:right;">\$ <u>4,500.00</u></td> </tr> </table>	<b>Total claim</b>	\$ <u>4,500.00</u>
<b>Total claim</b>					
\$ <u>4,500.00</u>					

<b>4.2</b>	<p><b>South Shore Harbor C/O RealManage</b>  <small>Nonpriority Creditor's Name</small>                  2633 McKinney Ave Suite 130-502  <small>Number Street</small>                  Dallas TX 75204  <small>City State ZIP Code</small></p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" 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  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0 0 6 9</u></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <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 checked="" type="checkbox"/> Other. Specify <u>Overdue HOA fees</u></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;"><b>Total claim</b></td> </tr> <tr> <td style="text-align:right;">\$ <u>1,500.00</u></td> </tr> </table>	<b>Total claim</b>	\$ <u>1,500.00</u>
<b>Total claim</b>					
\$ <u>1,500.00</u>					

<b>4.3</b>	<p><b>Transworld systems Inc.</b>  <small>Nonpriority Creditor's Name</small>                  500 Virginia Deive Suite 514  <small>Number Street</small>                  Fort Washington PA 19034  <small>City State ZIP Code</small></p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" 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  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1 7 2 6</u></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <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 checked="" type="checkbox"/> Other. Specify <u>CC Debt</u></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;"><b>Total claim</b></td> </tr> <tr> <td style="text-align:right;">\$ <u>5,683.00</u></td> </tr> </table>	<b>Total claim</b>	\$ <u>5,683.00</u>
<b>Total claim</b>					
\$ <u>5,683.00</u>					

Debtor 1 **Justin Allen Hicks**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.4**

**ARS National Svcs**  
Nonpriority Creditor's Name  
**PO Box 469046**  
Number Street  
**Escondido CA 92046**  
City State ZIP Code

Last 4 digits of account number 1 7 2 6 \$ 1,136.00

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 CC Debt

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

**4.5**

**MRS BPO**  
Nonpriority Creditor's Name  
**1930 Olney Avenue**  
Number Street  
**Cherry Hill NJ 08003**  
City State ZIP Code

Last 4 digits of account number 6 0 5 2 \$ 7,242.00

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 Medical

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

**4.6**

**Merchants and Professional collection bureau INC.**  
Nonpriority Creditor's Name  
**5508 Parkcrest Drive Suite 210**  
Number Street  
**Austin TX 78731**  
City State ZIP Code

Last 4 digits of account number 0 8 7 3 \$ 541.00

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 \_\_\_\_\_

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

Debtor 1 Justin Allen Hicks  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

**4.7** Wellby Last 4 digits of account number 9 0 8 2 \$ 7,000.00

Nonpriority Creditor's Name  
PO Box 58346  
Number Street  
Houston TX 77258  
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

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 Line of Credit

**4.8** Bank of America Last 4 digits of account number 9 2 5 1 \$ 4,053.00

Nonpriority Creditor's Name  
575 Campbell Road  
Number Street  
Richardson TX 75080  
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

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 Credit Card

**4.9** Kohls Last 4 digits of account number 2 4 1 2 \$ 3,033.00

Nonpriority Creditor's Name  
PO Box 1456  
Number Street  
Charlotte NC 28201  
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

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 Department store card

Debtor 1 **Justin Allen Hicks**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**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 \_\_\_\_\_

Debtor 1 **Justin Allen Hicks**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**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.

		<b>Total claim</b>
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. \$ <u>0.00</u>

		<b>Total claim</b>
<b>Total claims from Part 2</b>	6f. Student loans	6f. \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>34,688.00</u>
	6j. Total. Add lines 6f through 6i.	6j. \$ <u>34,688.00</u>