

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF TEXAS

Case number (if known): _____ Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<p>1. Your full name</p> <p>Write the name that is on your government-issued picture identification (for example, your driver's license or passport).</p> <p>Bring your picture identification to your meeting with the trustee.</p>	<p>Thomas _____ First Name</p> <p>A. _____ Middle Name</p> <p>Simmons _____ Last Name</p> <p>D.D.S _____ Suffix (Sr., Jr., II, III)</p>	<p>_____ First Name</p> <p>_____ Middle Name</p> <p>_____ Last Name</p> <p>_____ Suffix (Sr., Jr., II, III)</p>
<p>2. All other names you have used in the last 8 years</p> <p>Include your married or maiden names.</p>	<p>_____ First Name</p> <p>_____ Middle Name</p> <p>_____ Last Name</p>	<p>_____ First Name</p> <p>_____ Middle Name</p> <p>_____ Last Name</p>
<p>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</p>	<p>xxx - xx - 6 5 8 3</p> <p>OR</p> <p>9xx - xx - _____</p>	<p>xxx - xx - _____</p> <p>OR</p> <p>9xx - xx - _____</p>

Debtor 1 **Thomas** **A.** **Simmons, D.D.S** Case number (if known) _____
 First Name Middle Name Last Name

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

I have not used any business names or EINs.

I have not used any business names or EINs.

Business name _____

Business name _____

Business name _____

Business name _____

Business name _____

Business name _____

EIN _____

EIN _____

EIN _____

EIN _____

Include trade names and doing business as names

5. Where you live

If Debtor 2 lives at a different address:

3113 Runabout Court

Number Street

Number Street

Plano TX 75023

City State ZIP Code

City State ZIP Code

Collin

County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

3113 Runabout Court

Number Street

Number Street

P.O. Box

P.O. Box

Plano TX 75023

City State ZIP Code

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7

Chapter 11

Chapter 12

Chapter 13

Debtor 1 **Thomas** **A.** **Simmons, D.D.S** Case number (if known) _____
 First Name Middle Name Last Name

8. How you will pay the fee
- I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 - I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).
 - I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?
- No
 - Yes.
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?
- No
 - Yes.
- Debtor _____ Relationship to you _____
- District _____ When _____ Case number, _____
MM / DD / YYYY if known
- Debtor _____ Relationship to you _____
- District _____ When _____ Case number, _____
MM / DD / YYYY if known

11. Do you rent your residence?
- No. Go to line 12.
 - Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 - No. Go to line 12.
 - Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Thomas** **A.** **Simmons, D.D.S** Case number (if known) _____
 First Name Middle Name Last Name

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?
 No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

 Name of business, if any

 Number Street

 City State ZIP Code

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

- No. I am not filing under Chapter 11.
- No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?
 No
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____
 Number Street

 City State ZIP Code

Debtor 1 Thomas A. Simmons, D.D.S Case number (if known) _____
 First Name Middle Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:
You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):
You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Thomas** **A.** **Simmons, D.D.S** Case number (if known) _____
 First Name Middle Name Last Name

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
 No. Go to line 16b.
 Yes. Go to line 17.
- 16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
 No. Go to line 16c.
 Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.

17. Are you filing under Chapter 7?
 Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?
- No. I am not filing under Chapter 7. Go to line 18.
 Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
 No
 Yes
18. How many creditors do you estimate that you owe?
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
19. How much do you estimate your assets to be worth?
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
20. How much do you estimate your liabilities to be?
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor 1 **Thomas** **A.** **Simmons, D.D.S** Case number (if known) _____
First Name Middle Name Last Name

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Thomas A. Simmons, D.D.S _____
Thomas A. Simmons, D.D.S, Debtor 1

X _____
Signature of Debtor 2

Executed on **05/23/2016** _____
MM / DD / YYYY

Executed on _____
MM / DD / YYYY

Debtor 1 **Thomas** **A.** **Simmons, D.D.S** Case number (if known) _____
First Name Middle Name Last Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Joyce Lindauer Date **05/23/2016**
Signature of Attorney for Debtor MM / DD / YYYY

Joyce Lindauer
Printed name

Joyce W. Lindauer Attorney, PLLC
Firm Name

12720 Hillcrest Road, Suite 625
Number Street

Dallas **TX** **75230**
City State ZIP Code

Contact phone **(972) 503-4033** Email address _____

2155700 _____
Bar number State

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION**

In re **Thomas A. Simmons, D.D.S**

Case No. _____

Chapter **11** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u>\$7,500.00</u>
Prior to the filing of this statement I have received.....	<u>\$2,500.00</u>
Balance Due.....	<u>\$5,000.00</u>

2. The source of the compensation paid to me was:

- Debtor
- Other (specify)
Thomas A. Simmons DDS PA

3. The source of compensation to be paid to me is:

- Debtor
- Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/23/2016

Date

/s/ Joyce Lindauer

Joyce Lindauer

Joyce W. Lindauer Attorney, PLLC

12720 Hillcrest Road, Suite 625

Dallas, TX 75230

Phone: (972) 503-4033 / Fax: (972) 503-4034

Bar No. 21555700

/s/ Thomas A. Simmons, D.D.S

Thomas A. Simmons, D.D.S

Fill in this information to identify your case:

Debtor 1	<u>Thomas</u>	<u>A.</u>	<u>Simmons, D.D.S</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF TEXAS</u>		
Case number (if known)	_____		

Check if this is an amended filing

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

		What is the nature of the claim?	Unsecured claim
1	Bank of America Practice Solutions Creditor's name <u>PO Box 809155</u> Number Street <u>Chicago</u> <u>IL</u> <u>60680-9121</u> City State ZIP Code Contact Contact phone	<u>Business Debt</u> 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 <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured claim: _____	<u>\$393,717.00</u>
2	Chase Mortgage Creditor's name <u>3415 Vision Dr.</u> Number Street <u>Columbus</u> <u>OH</u> <u>43219</u> City State ZIP Code Contact Contact phone	<u>Conventional Real Estate M</u> 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 <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): <u>\$151,825.00</u> Value of security: _____ <u>\$0.00</u> Unsecured claim: <u>\$151,825.00</u>	<u>\$151,825.00</u>

Debtor 1 Thomas A. Simmons, D.D.S Case number (if known) _____
 First Name Middle Name Last Name

Unsecured claim

3 Helm Dental Laboratory Business Debt \$60,572.80
 Creditor's name
2801 Capital Street
 Number Street
Wylie TX 75098
 City State ZIP Code
 Contact
 Contact phone

What is the nature of the claim? Business Debt
 As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
 Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security: _____
 Unsecured claim: _____

4 Nelnet Educational \$49,530.00
 Creditor's name
Nelnet Claims
 Number Street
PO Box 82505
Lincoln NE 68501
 City State ZIP Code
 Contact
 Contact phone

What is the nature of the claim? Educational
 As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
 Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security: _____
 Unsecured claim: _____

5 Capital One Business Debt \$38,222.00
 Creditor's name
7933 Preston Road
 Number Street
Plano TX 75024
 City State ZIP Code
 Contact
 Contact phone

What is the nature of the claim? Business Debt
 As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
 Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security: _____
 Unsecured claim: _____

6 American Express Business Debt \$30,390.00
 Creditor's name
Correspondence
 Number Street
PO Box 981540
El Paso TX 79998
 City State ZIP Code
 Contact
 Contact phone

What is the nature of the claim? Business Debt
 As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
 Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security: _____
 Unsecured claim: _____

Debtor 1 Thomas A. Simmons, D.D.S Case number (if known) _____
 First Name Middle Name Last Name

Unsecured claim

7 Capital One Auto Finance Automobile \$26,026.00
 Creditor's name
7933 Preston Rd
 Number Street
Plano TX 75024
 City State ZIP Code
 Contact
 Contact phone

What is the nature of the claim? Automobile
 As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
 Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security _____
 Unsecured claim: _____

8 Volkswagen Credit, Inc Automobile \$25,758.00
 Creditor's name
PO Box 3
 Number Street
Hillsboro OR 97123
 City State ZIP Code
 Contact
 Contact phone

What is the nature of the claim? Automobile
 As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
 Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security _____
 Unsecured claim: _____

9 Nelnet Educational \$25,548.00
 Creditor's name
Nelnet Claims
 Number Street
PO Box 82505
Lincoln NE 68501
 City State ZIP Code
 Contact
 Contact phone

What is the nature of the claim? Educational
 As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
 Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security _____
 Unsecured claim: _____

10 Restorative Techniques Business Debt \$18,737.00
 Creditor's name
711 Melrose Drive
 Number Street
Waco TX 76710
 City State ZIP Code
 Contact
 Contact phone

What is the nature of the claim? Business Debt
 As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
 Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security _____
 Unsecured claim: _____

Debtor 1 Thomas A. Simmons, D.D.S Case number (if known) _____
 First Name Middle Name Last Name

Unsecured claim

11 State Tex Student Loan 4 **What is the nature of the claim?** Educational **\$8,833.00**
 Creditor's name _____
PO Box 12788
 Number Street _____

Austin TX 78711
 City State ZIP Code _____

 Contact _____

 Contact phone _____

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security _____
 Unsecured claim: _____

12 ACS / 700212 **What is the nature of the claim?** Educational **\$6,945.00**
 Creditor's name _____
501 Bleecker St.
 Number Street _____

Utica NY 13501
 City State ZIP Code _____

 Contact _____

 Contact phone _____

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security _____
 Unsecured claim: _____

13 Dental City **What is the nature of the claim?** Business Debt **\$6,154.43**
 Creditor's name _____
PO Box 8267
 Number Street _____

Green Bay WI 54308-8267
 City State ZIP Code _____

 Contact _____

 Contact phone _____

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security _____
 Unsecured claim: _____

14 Dentsply **What is the nature of the claim?** Business Debt **\$2,745.48**
 Creditor's name _____
Tulsa Dental Specialties Dept. TUL
 Number Street _____
PO Box 536935
 Number Street _____
Atlanta GA 30353-6935
 City State ZIP Code _____

 Contact _____

 Contact phone _____

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security _____
 Unsecured claim: _____

Debtor 1 Thomas A. Simmons, D.D.S Case number (if known) _____
 First Name Middle Name Last Name

Unsecured claim

15 Synchrony Bank / Freedom to Ride **Charge Account** **\$1,912.00**
 Creditor's name
PO Box 103104
 Number Street

Roswell GA 30076
 City State ZIP Code

 Contact _____
 Contact phone _____

What is the nature of the claim? **Charge Account** **\$1,912.00**
As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security - _____
 Unsecured claim: _____

16 Collin County Tax Assessor **Business Taxes** **\$1,660.00**
 Creditor's name
c/o Gay McCall Issaks
 Number Street
777 E. 15th Street

Plano TX 75074
 City State ZIP Code

 Contact _____
 Contact phone _____

What is the nature of the claim? **Business Taxes** **\$1,660.00**
As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security - _____
 Unsecured claim: _____

17 Restorative Dental Designs **Business Debt** **\$1,157.96**
 Creditor's name
711 Melrose Drive
 Number Street

Waco TX 76710
 City State ZIP Code

 Contact _____
 Contact phone _____

What is the nature of the claim? **Business Debt** **\$1,157.96**
As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security - _____
 Unsecured claim: _____

18 Air Supply of North Texas **Business Debt** **\$914.89**
 Creditor's name
2829 Fort Worth Avenue
 Number Street

Dallas TX 75211
 City State ZIP Code

 Contact _____
 Contact phone _____

What is the nature of the claim? **Business Debt** **\$914.89**
As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
 Value of security - _____
 Unsecured claim: _____

Debtor 1 Thomas A. Simmons, D.D.S Case number (if known) _____
First Name Middle Name Last Name

Unsecured claim

19 Henry Schein Practice Solutions
Creditor's name
Dept. CH 14200
Number Street
Palentine, IL 6005-4200
City State ZIP Code
Contact
Contact phone

What is the nature of the claim? Business Debt \$719.86
As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
Value of security _____
Unsecured claim: _____

20 State Tex Student Loan 4
Creditor's name
PO Box 12788
Number Street
Austin TX 78711
City State ZIP Code
Contact
Contact phone

What is the nature of the claim? Educational \$667.00
As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed
 None of the above apply
Does the creditor have a lien on your property?
 No
 Yes. Total claim (secured and unsecured): _____
Value of security _____
Unsecured claim: _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Thomas A. Simmons, D.D.S
Thomas A. Simmons, D.D.S, Debtor 1
Date 05/23/2016
MM / DD / YYYY

X _____
Signature of Debtor 2
Date _____
MM / DD / YYYY

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION**

IN RE: **Thomas A. Simmons, D.D.S**

CASE NO

CHAPTER **11**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 5/23/2016

Signature /s/ Thomas A. Simmons, D.D.S
Thomas A. Simmons, D.D.S

Date _____

Signature _____

ACS / 700212
501 Bleecker St.
Utica, NY 13501

Advanced Backflow
PO Box 381327
Duncanville, TX 75138

Air Supply of North Texas
2829 Fort Worth Avenue
Dallas, TX 75211

Allied Interstate
PO Box 361477
Columbus, OH 43236

American Express
Correspondence
PO Box 981540
El Paso, TX 79998

American Medical Collection Agency
4 Westchester Plaza, Bldg. 4, Suite 110
Elmsford, NY 10523

Archer Dental
1107 Summit Avenue, Suite 1
Plano, TX 75024

Attorney General of Texas
Bankruptcy Division
PO Box 12548
Austin, TX 78711-2548

Bank of America Practice Solutions
PO Box 809155
Chicago, IL 60680-9121

Capital One
7933 Preston Road
Plano, TX 75024

Capital One Auto Finance
7933 Preston Rd
Plano, TX 75024

Chase Mortgage
3415 Vision Dr.
Columbus, OH 43219

Clinical Pathology Labs
PO Box 141669
Austin, TX 78714-1669

Collin County Tax Assessor
c/o Gay McCall Issaks
777 E. 15th Street
Plano, TX 75074

Collin County Tax Assessor
c/o Gay McCall Isaaks
777 E. 15th Street
Plano, TX 75074

Comenity Bank / Z Gallerie
PO Box 182125
Columbus, OH 43218

Comptroller of Public Accts
Rev Acctg Div/Bankruptcy Dept
PO BOX 13528
Austin, TX 78711

Den Temps
FMB112
3767 Forest Lane, Suite 124
Dallas, TX 75244-7100

Dental City
PO Box 8267
Green Bay, WI 54308-8267

Dentsply
Tulsa Dental Specialties Dept. TUL
PO Box 536935
Atlanta, GA 30353-6935

Helm Dental Laboratory
2801 Capital Street
Wylie, TX 75098

Henry Schein Practice Solutions
Dept. CH 14200
Palentine, IL 6005-4200

Internal Revenue Service
Centralized Insolvency Operations
P.O. Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
Mail Code DAL-5020
1100 Commerce Street
Dallas, Texas 75242

Internal Revenue Service
Centralized Insolvency
PO Box 7346
Philadelphia, PA 19101-7346

Linebarger Goggan Blair & Sampson
2777 N. Stemmons Freeway
Suite 1000
Dallas, TX 75207

Nelnet
Nelnet Claims
PO Box 82505
Lincoln, NE 68501

One View Finance
PO Box 4130
Hopkins, MN 55343-0498

Phillips
PO Box 4180
Ontario, CA 91761

Restorative Dental Designs
711 Melrose Drive
Waco, TX 76710

Restorative Techniques
711 Melrose Drive
Waco, TX 76710

S K Stokes Enterprises, LLC
111 Gold Dust Trail
Lucas, TX 75002

State Tex Student Loan 4
PO Box 12788
Austin, TX 78711

Sue Simmons
3113 Runabout Court
Plano, TX 75023

Sunstar Americas
301 E. Central Road
Schaumburg, IL 60195

Synchrony Bank / Freedom to Ride
PO Box 103104
Roswell, GA 30076

Texas Workforce Commission
101 East 15th Street
Austin, TX 78778-0001

U. S. Attorney
110 N. College Ave.
Suite 700
Tyler, TX 75702-0204

U. S. Trustee's Office
110 N. College Street
Suite 300
Tyler, TX 75702-7231

United Recovery Systems
PO Box 722929
Houston, TX 77272-2929

Village Health Partners
5425 W. Springcreek Parkway
Suite 200
Plano, TX 75024-4237

Volkswagen Credit, Inc
PO Box 3
Hillsboro, OR 97123