

FORM B1	United States Bankruptcy Court Northern District of Illinois	Voluntary Petition
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Name of Debtor (if individual, enter Last, First, Middle): Lukasik, Ronald K.	Name of Joint Debtor (Spouse)(Last, First, Middle): Lukasik, Karen E.
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): Karen E. Hollensbe
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): 7000	Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): 9887
Street Address of Debtor (No. & Street, City, State & Zip Code): 480 W. James Way Cary, IL 60013	Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 480 W. James Way Cary, IL 60013
County of Residence or of the Principal Place of Business: McHenry	County of Residence or of the Principal Place of Business: McHenry
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):

Location of Principal Assets of Business Debtor (if different from street address above):

Information Regarding the Debtor (Check the Applicable Boxes)

Venue (Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

<p>Type of Debtor (Check all boxes that apply)</p> <p><input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank</p>	<p>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)</p> <p><input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding</p>
<p>Nature of Debts (Check one box)</p> <p><input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business</p>	<p>Filing Fee (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee Attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.</p>

Chapter 11 Small Business (Check all boxes that apply)

Debtor is a small business as defined in 11 U.S.C. § 101

Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)

<p>Statistical/Administrative Information (Estimates only)</p> <p><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>	THIS SPACE IS FOR COURT USE ONLY																								
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Voluntary Petition
 (This page must be completed and filed in every case)

Name of Debtor(s) **Ronald K. Lukasik, Karen E. Lukasik**

Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)

Location
 Where Filed: **Northern District of Illinois**

Case Number:
03-71829

Date Filed:
04/04/2003

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:
NONE

Case Number:

Date Filed:

District:


Relationship:


Judge:

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code specified in this petition.

X  _____
 Signature of Debtor

X  _____
 Signature of Joint Debtor

(847) 462-1255
 Telephone Number (If not represented by attorney)

4-05-2004
 Date

Exhibit A
 (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

Exhibit A is attached and made a part of this petition.

Exhibit B
 (To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.


X _____
 Signature of Attorney for Debtor(s) Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.
 No

Signature of Attorney

X  _____
 Signature of Attorney for Debtor(s)

Michael J. Chmiel, 6203965 Angela Baluk
 Printed Name of Attorney for Debtor(s) / Bar No.

CHMIEL & MATUSZEWICH
 Firm Name

100 South Main Street Suite 300
 Address

Crystal Lake, IL 60014

(815) 459-3120 (815) 459-3123
 Telephone Number

4/5/04
 Date

Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 1101 and that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Not Applicable
 Printed Name of Bankruptcy Petition Preparer

 Social Security Number (Required by 11 U.S.C. § 110(e).)

 Address

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.
 The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X **Not Applicable**
 Signature of Authorized Individual

 Printed Name of Authorized Individual

 Title of Authorized Individual

 Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X **Not Applicable**
 Signature of Bankruptcy Petition Preparer

 Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION**

IN RE:)
)
Ronald K. and Karen E. Lukasik,) **Chapter 13 Proceeding**
)
Debtor.)

LISTING OF CREDITORS

NOW COME the Debtor, and state that the name and addresses of his creditors are:

Barrington Spec. Adult Medicine
450 W. Hwy 22
Barrington, IL 60010

NCO Financial
P.O. Box 41417
Philadelphia, PA 19101

Chrysler Financial
P.O. Box 3208
Milwaukee, WI 53201

Northwest Community Hospital
3060 W. Salt Creek Lane
Arlington Heights, IL 60004

Good Shepard Hospital
450 W. Route 22
Barrington, IL 60010

OSI Collection
1375 E. Woodfield
Schaumburg, IL 60173

Household Bank
P.O. Box 15521
Wilmington, DE 19850

Providian Bank
P.O. Box 660022
Dallas, TX 75266-0022

I.C.S. Inc.
P.O. Box 646
Oak Lawn, IL 60454

RMA
777 Brookside Plaza
Westerville, OH 43081

McHenry County College
8900 Route 14
Crystal Lake, IL 60014

U.S. Bank
P.O. Box 790409
St. Louis, MO 63179-0409

McHenry County Federal Credit Union
P.O. Box 77096
Madison, WI 53707

Washington Mutual
P.O. Box 1093
North Ridge, CA 91328

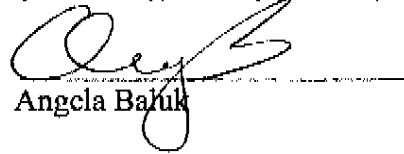
McHenry County Federal Credit Union
327 E. Jackson
Woodstock, IL 60098

Lydia S. Meyer, Trustee
308 W. State Street, Suite 212
P.O. Box 14127
Rockford, IL 61105

RONALD K. and KAREN E. LUKASIK,
Debtors,

By: CHMIEL & MATUSZEWICH,

By:


Angela Baluk

Michael J. Chmiel
Angela Baluk
CHMIEL & MATUSZEWICH
Attorneys for the Debtor
100 South Main Street, Suite 300
Crystal Lake, Illinois 60014
(815) 459-3120 Telephone
(815) 459-3123 Facsimile

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois**

In re: **Ronald K. Lukasik**

Karen E. Lukasik

Case No. _____

Chapter **13**

Debtors

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 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>170-200.00/hour</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>0</u>

2. The source of compensation paid to me was:

Debtor Other (specify)

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 a 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, statement 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;
- d) Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e) [Other provisions as needed]

None

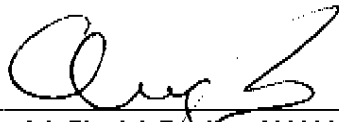
6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

None

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.

Dated: 4/5/04



Michael J. Chmiel, Bar No. 6203965
Angela Baluk
CHMIEL & MATUSZEWICH
Attorney for Debtor(s)