

# **VERY IMPORTANT!!!** Client Workbook/Part A

Your Name (Please Print): \_\_\_\_\_ Spouse's Name (Please Print): \_\_\_\_\_

## **Reaffirming Mortgages on Real Property**

This office does not obtain reaffirmation agreements for mortgages from financial institutions, nor does it sign and file these agreement with the court.

## **HOME OWNERS ASSOCIATION FEES AND SECURED DEBTS**

If you are surrendering a house and fees for the home owners association become due after the filing of your bankruptcy petition, you are liable to pay these fees until the trustee sale (foreclosure) occurs and your ownership/possessory interest is divested from you. After the filing of your bankruptcy petition you will no longer receive statements from secured creditors (i.e. financial institutions that loaned you money to purchase an automobile or house) and your house and car payment will not be reported to the credit bureaus.

## **CAR PAYMENTS**

If you are filing a Chapter 7 bankruptcy petition and you want to keep the property, then you must continue to make the payment, even though you no longer receive a statement. The creditor might request a reaffirmation agreement. If you sign the agreement then you will receive statements from your creditor and your payments will be reported to the credit bureaus, however you will also be liable to pay the debt in the event that you default on the terms of the reaffirmation agreement. If you want our office to review and process a reaffirmation agreement then a \$ 250.00 fee must be paid to us.

## **TAX REFUNDS**

The bankruptcy Trustee can take any past tax refund due to you, as well as a pro rata share of any refund due to you this year.

## **OFFICE COMMUNICATION**

Please provide us with your current email address as the majority of correspondence sent from our office is done so via email.

## **TRANSFERS OF PROPERTY**

If you have transferred any real estate or automobiles in the past four years, you must disclose that transaction.

## **Interest on Dischargeable Tax Debt**

Some tax debt is dischargeable however you may still be liable for the interest that accrued on this debt.

**YOUR INITIALS HERE:** \_\_\_\_\_

Please indicate the date you completed this workbook: \_\_\_\_\_

# Voluntary Petition Client Workbook

## Debtor

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

How long have you lived in Arizona? \_\_\_\_\_

Are you a renter or a homeowner? \_\_\_\_\_

Do you possess property that poses a threat to the public? Yes or No

Are you a sole proprietor of a full or part time business? Yes or No

Have you been divorced in the past eight years? Yes or No

If yes, then name of ex-spouse: \_\_\_\_\_

Other Names or Trade Names you have used in the past eight years:

\_\_\_\_\_

Are you a disabled veteran? YES or NO

What percentage? \_\_\_\_\_ (Please provide us with a copy of your award letter.)

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever filed bankruptcy before? YES or NO

In which state was it filed? \_\_\_\_\_

Filing Date? \_\_\_\_\_

Did you receive a discharge? YES or NO

# Co-Debtor (Spouse)

Please list your full name, First, Middle, Last.

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

How long have you lived in Arizona? \_\_\_\_\_

Are you a renter or a homeowner? \_\_\_\_\_

Do you possess property that poses a threat to the public? Yes or No

Are you a sole proprietor of a full or part time business? Yes or No

Have you been divorced in the past eight years? Yes or No

If yes, then name of ex-spouse: \_\_\_\_\_

Other Names or Trade Names you have used in the past eight years:

\_\_\_\_\_

Are you a disabled veteran? YES or NO

What percentage? \_\_\_\_\_ (Please provide us with a copy of your award letter.)

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever filed bankruptcy before? YES or NO

In which state was it filed? \_\_\_\_\_

Filing Date? \_\_\_\_\_

Did you receive a discharge? YES or No

# Garnishment

Do you need your wages to stop being Garnished? YES or NO

Name of Employer: \_\_\_\_\_

Payroll Contact Name: \_\_\_\_\_

Payroll Phone Number: \_\_\_\_\_

Payroll Fax Number: \_\_\_\_\_

Payroll Email Address: \_\_\_\_\_

## Form B- 22: How many people live in your home?

Household Size: \_\_\_\_\_ How many over 65: \_\_\_\_\_

Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Are you a tenant in some else's home Yes No

### Primary Job

<b>DEBTOR NAME:</b>	<b>SPOUSE NAME:</b>
Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:
Job Title:	Job Title:
Dates of Employment?	Dates of Employment?
How often do you get paid? <i>Circle one</i> Weekly      Bi-Weekly (every 2 weeks) Monthly      Semi-Monthly (twice per month)	How often do you get paid? <i>Circle one</i> Weekly      Bi-Weekly (every 2 weeks) Monthly      Semi-Monthly (twice per month)

**\*\*\*\*\*You may notice the numbering below seems incorrect, for example you will see several items numbered as #14 and missing numbers. This is not an error. It is for office purposes. \*\*\*\***

**Real Property**

(Schedule A/B)

How many parcels of real property do you own? \_\_\_\_\_

1. Type (house, condo. manuf. home, trailer etc) : \_\_\_\_\_

Address: \_\_\_\_\_

Is this your residence? Yes No

Do you want to keep it? Yes No

Market Value: \_\_\_\_\_ How many mortgages are on it? \_\_\_\_\_

Name of first bank? \_\_\_\_\_ Payment? \_\_\_\_\_

Name of second bank? \_\_\_\_\_ Payment? \_\_\_\_\_

Second Property:

Type (house, condo. manuf. home, trailer etc) : \_\_\_\_\_

Address: \_\_\_\_\_

Do you want to keep it? Yes No

Market Value: \_\_\_\_\_ How many mortgages are on it? \_\_\_\_\_

Name of first bank? \_\_\_\_\_ Payment? \_\_\_\_\_

Name of second bank? \_\_\_\_\_ Payment? \_\_\_\_\_

If you own other real estate please attach a separate sheet of paper with the information requested above

**3. Vehicles How Many Do You Own?: \_\_\_\_\_ Make sure to list vehicles you co-signed for even if it is not in your possession.**

Vehicle #1: Year, Make, and model of vehicle \_\_\_\_\_

Mileage \_\_\_\_\_ Payment \_\_\_\_\_

Lender \_\_\_\_\_ Amt Owed on Loan \_\_\_\_\_ Date of Purchase \_\_\_\_\_

Do you want to keep it? Yes No Kelly Blue Book Private Party Value: \_\_\_\_\_

Vehicle #2: Year, Make, and model of vehicle \_\_\_\_\_

Mileage \_\_\_\_\_ Payment \_\_\_\_\_

Lender \_\_\_\_\_ Amt Owed on Loan \_\_\_\_\_ Date of Purchase \_\_\_\_\_

Do you want to keep it? Yes No Kelly Blue Book Private Party Value: \_\_\_\_\_

Vehicle #3: Year, Make, and model of vehicle \_\_\_\_\_

Mileage \_\_\_\_\_ Payment \_\_\_\_\_

Lender \_\_\_\_\_ Amt Owed on Loan \_\_\_\_\_ Date of Purchase \_\_\_\_\_

Do you want to keep it? Yes No Kelly Blue Book Private Party Value: \_\_\_\_\_

If you own other vehicles than please attach a separate sheet of paper with the information requested above.

4. Other Vehicles Trailers/Boats/Planes/Etc Yes No

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## Personal Property (Schedule B)

**Note: Do not worry about the misnumbering, it is for office purposes**

6. **Household Goods and Furnishings** 33-1123 *Household furniture and furnishings, household goods, including consumer electronic devices, and household appliances personally used by the debtor or a dependent of the debtor and not otherwise specifically prescribed in this chapter are exempt from process provided their aggregate fair market value does not exceed six thousand dollars, twelve thousand for married couple.*

My personal belongings are limited because I reside in someone else's home and they own most of the household items YES or NO

If yes, who's home do you live in? \_\_\_\_\_

**\*If you have property in a storage unit, than please list those items here too.**

List a used replacement value for the following property (i.e. what you could buy it for at a thrift shop).

<b>Asset</b>	<b>Value</b>	<b>Asset</b>	<b>Value</b>
Kitchen Table & Chairs	\$	End Tables	\$
Dining Room Table & Chairs	\$	Photos or paintings by debtor	\$
Living Room Couch	\$	TVs (Total # of TVs: _____)	\$
Living Room Chair	\$	Radio	\$
Coffee & End Tables	\$	Stereo	\$
Lamps (Total # of lamps: _____)	\$	Radio Alarm Clock	\$
Rugs	\$	Stove	\$
Beds (Total # of beds: _____)	\$	Refrigerator	\$
Bed Table	\$	Washer	\$
Dressers	\$	Dryer	\$
Bedding	\$	Vacuum Cleaner	\$

<b>Asset</b>	<b>Value</b>	<b>Asset</b>	<b>Value</b>
Book Shelves	\$	couch	\$
CD Player	\$	Kitchen Hutch	\$
Cabinets	\$	Coffee table	\$
Night stands	\$	Microwave	\$
Cooking Utensils	\$	Mirrors	\$
Desk (s)	\$	Other Small Appliances (toaster, coffee maker)	\$
Dishware	\$	Paintings, Art, other decorative items	\$
Draperies/ Window Coverings	\$	Patio Furniture	\$
DVD Player	\$	Pots and Pans	\$
DVDs	\$	Cutlery	\$
CDs	\$	Other	\$
Fax Machine	\$	Other	\$
Fire Extinguisher	\$	Other	\$
Flatware	\$	Other	\$
Glassware	\$	Other	\$
Wall Decor	\$	Other	\$
Other	\$	Other	\$
Other	\$	Other	\$

Asset	Value	Detailed Description of the Asset
	\$	
	\$	
	\$	
	\$	

**7. Photographic Equipment:**

Item \_\_\_\_\_ Value \_\_\_\_\_

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**8. Collectables (with commemorative value)**

Value \_\_\_\_\_ Description of the asset \_\_\_\_\_

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**9. Hobby Equipment:**

Item \_\_\_\_\_ Value \_\_\_\_\_

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**9. Sports Equipment:**

Item \_\_\_\_\_ Value \_\_\_\_\_

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**11. Wearing Apparel 33-1125(1) Value \_\_\_\_\_**

All of your clothing: \_\_\_\_\_

All of your spouse's clothing: \_\_\_\_\_

**12. Wedding and Engagement Rings: 33-1125(4)**

Description \_\_\_\_\_ Value \_\_\_\_\_

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**12. Other Jewelry (Non-Exempt) (group items when appropriate ex.: 3 sets of earrings, etc.)**

(Including

Item \_\_\_\_\_ Value \_\_\_\_\_

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**13. Non-farm animals 33-1125(3)**

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**14. Watch: 33-125 (6)**

Item	Value

**14. Musical Instruments: 33-1125(2)**

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**14. Arms, Uniforms, Accoutrements required for debtors employment:**

ARS 33-1130 (3)

Item	Value

*33-1125(7) One typewriter, one computer, one bicycle, one sewing machine, a family bible, a burial plot, one shotgun or one rifle or one pistol, with a total fair market value not greater than \$1,000, \$2000 if married. Note to staff: these items should be listed together so one exemption code can be used for all of them.*

**14. Typewriter:**

ARS 33-1125 (7)

Item	Value

**14. Computer**

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**14. Bicycle:**

ARS 33-1125 (7)

Item	Value

**14. Sewing Machine:**

ARS 33-1125 (7)

Item	Value

**14. Burial Ground:**

ARS 33-1125 (7)

Item	Value

**14. Shotgun/Rifle/Pistol/ Other Firearms (note to staff, put exempt firearms here and non exempt firearms in #10)**

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**14. Professionally Prescribed Prosthesis including Wheelchair/ Hearing Aid: 33-1125(9)**

Item Value

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**14. Property used for the instruction of youth at a school (includes home school):**

ARS 33-1127

Item Value

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*33-1130(1) Tools, equipment, instruments and books (including telephone numbers, client or customer contact information, or marketing tools such as websites, domain names or any other intangible work product) in the possession of debtor or debtor's spouse primarily used and necessary to carry or develop the commercial activity, trade, business or profession of debtor or debtor's spouse, with a fair market value not greater than \$5,000. Tools DO NOT include a motor vehicle primarily used for personal, family or household purposes such as transportation to debtor's employment.*

ARS 33-1130 (1)

16. CASH( in your wallet, purse, piggybank etc) : \$ \_\_\_\_\_

16. List all **bank accounts (not credit cards)** you are named on that will be open on the day your bankruptcy petition will be filed. Include every account you are named on **even if the money in the account is not yours.** 33-1126(A)(9)

Name of Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Current cash value: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Current cash value: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Current cash value: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Current cash value: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Current cash value: \_\_\_\_\_

Do you have a Health Savings Account, Health Reimbursement Account, Flexible Spending Account or any such kind of account? Yes, than list it above No

**Investments: You MUST disclose all your accounts!!!!!! Please provide the most recent statement to our office.**

18. Brokerage Acct, Bonds, Mutual Funds, Stock Yes No

Financial Institution: \_\_\_\_\_ -

Value: \$ \_\_\_\_\_

Financial Institution: \_\_\_\_\_ -

Value: \$ \_\_\_\_\_

19. Do you operate a business including Sole Proprietorship, LLC, S Corp, C Corp, other: Yes No

Name of Business % ownership

\_\_\_\_\_  
\_\_\_\_\_

**14. Tools of your trade/business.** Machinery, fixtures, tools, equipment, and supplies used in your business or profession. Does your spouse also work in the business? YES / NO

	<u>Specify Item</u>	<u>Value</u>
14. Office Equipment.	_____	
	_____	
	_____	

14. Machinery

\_\_\_\_\_

14. Inventory

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14. Customer Lists

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14. Other Business Property

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List any other property and or assets used in the business

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20. Government Bonds/Negotiable Instruments (promissory notes, deeds of trust)    Yes    No

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21. Retirement Funds (IRA,401K, TSP,KEOGH etc):    Yes    No

Fin Inst	Describe	Value

Have any of these accounts rolled over in the past 2 years?    Yes    No

Were any of these accounts inherited by you?    Yes    No

22. Secuity Deposits?    Yes    No

Holder: \_\_\_\_\_ Amount: \_\_\_\_\_

Holder: \_\_\_\_\_ Amount: \_\_\_\_\_

Holder: \_\_\_\_\_ Amount: \_\_\_\_\_

23. **Annuities** (403B, 457 etc)    Yes    No

Name of Financial Institution: \_\_\_\_\_

Has this account been in **existence for more than 2 years?**    Yes    no

Who is the **beneficiary?** \_\_\_\_\_

24. **Education IRA** (529, 530 etc.)    Yes    No

Name of Financial Institution:

Value: \$ \_\_\_\_\_

25. Do you have a Trust or a future interest in a trust?    Yes    No

\_\_\_\_\_

26. **Patents, Copyrights, Trademarks, Intellectual Prop**    Yes    No

\_\_\_\_\_

Are you entitled to any royalties?    Yes    or    No

Explain: \_\_\_\_\_  
\_\_\_\_\_

27. **Professional Licenses, Liquor Lic., Franchise, Coop Holdings**                      Yes    No

\_\_\_\_\_

## **Tax Refund**

I understand that the bankruptcy estate is entitled to a prorata share of any tax refund through the tax year in which my petition is filed.

Initial here X \_\_\_\_\_    X \_\_\_\_\_

28. **Do you expect any tax refunds?**    Yes    No

Tax Year \_\_\_\_\_                      Federal Amount \_\_\_\_\_                      State Amount \_\_\_\_\_

Tax Year \_\_\_\_\_                      Federal Amount \_\_\_\_\_                      State Amount \_\_\_\_\_

**Have you file all your tax returns for the past 4 years:**    Yes    No

If not than which tax years are not filed? \_\_\_\_\_

29. **Child support or spousal maintenance owed to you?** Yes No

\_\_\_\_\_

30. Does anyone else owe you money? Yes No

Explain: \_\_\_\_\_

\_\_\_\_\_

Are you **collecting money** from the sale of any assets (land, automobiles)? Yes or No  
Explain:

\_\_\_\_\_

\_\_\_\_\_

31. **Insurance Policies** (whole life, universal life, variable life etc.) Yes No

Name of Financial Institution: \_\_\_\_\_

Policy Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

How long have you had this policy? \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Policy Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

How long have you had this policy? \_\_\_\_\_

32. **Has anyone died** and therefore you think **you might receive some money** from an insurance policy or assets given to you in a Will or Trust, or might you inherit an investment account like an IRA or some other retirement account? Yes No

Please explain: \_\_\_\_\_

\_\_\_\_\_

33. Do you think you have the **right to file a lawsuit** against anyone? Yes No

Please explain: \_\_\_\_\_

\_\_\_\_\_

34. Do you have any **other type of claim** that may entitle you to collect money from anyone. For example, a class action claim, or a claim against a drug company or a mediactal provider? Yes No

Please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a claim for disability or workers compensation? Yes or No

\_\_\_\_\_

Do you have any **other financial asset /investment** that you have not listed above? Yes No

Please list along with a value:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

35. **Time Share:** Yes No Do you want to keep it? Yes No

38. Accounts Receivable/Commissions/ **Open Escrows**/Other Income Streams Yes No

Describe:

\_\_\_\_\_

\_\_\_\_\_

## (Schedule E)

Do you **pay child support** or spousal maintenance? Yes or No

Are the payments Current? Yes No If not, how much is delinquent? \$ \_\_\_\_\_

Whom to? Name of person who receives the money: \_\_\_\_\_

Address: \_\_\_\_\_

Does the payment go through the Arizona Department of Economic Security? Yes or No  
If not, then through which state clearinghouse? \_\_\_\_\_

# Tax Debts

Taxes, overpayment of benefits like unemployment compensation or social security or VA benefits, and any other del owed to any government institution. These figures need to be as accurate as possible.

Tax Agency

<u>Fed./State/Other</u>	<u>Tax Year</u>	<u>Amount Owed</u>	<u>Tax Lien</u>	<u>Return Filed</u>
		\$	Yes or No	Yes or No
		\$	Yes or No	Yes or No
		\$	Yes or No	Yes or No
		\$	Yes or No	Yes or No
		\$	Yes or No	Yes or No
		\$	Yes or No	Yes or No
		\$	Yes or No	Yes or No
		\$	Yes or No	Yes or No
		\$	Yes or No	Yes or No

## Out Of The Ordinary Bank Transactions

Please review your last 3 bank statements and list any transaction that is outside the ordinary course of business. The ordinary course of business is your normal income and your monthly household expenses. The trustee will be inquiring about these transactions at the 341 hearing.

<u>Bank</u>	<u>Account #</u>	<u>Transaction Date</u>	<u>Amount</u>



# RENT TO OWN, UNEXPIRED LEASES & CONTRACTS

## (Schedule G)

## Executory Contracts

Are you **renting or leasing** an apartment, house, business property, or vehicle? Do you have **rent-to-own** furniture or appliances? Are you buying a house or other property for which you will not be given the deed until you are have finished paying for it in full? Are you a party to a contract in which you and the other contracting party both must perform some action in order to continue the contract? If the answer to any of these questions is "yes," then you will need to list that information here:

**1. Other Party?** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Description \_\_\_\_\_

What is the monthly payment? \_\_\_\_\_

Do you want to continue paying? \_\_\_\_\_

When did the lease start? \_\_\_\_\_

When does it end? \_\_\_\_\_

Additional Parties? \_\_\_\_\_

**ASSUME OR REJECT**

**2. Other Party?** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Description \_\_\_\_\_

What is the monthly payment? \_\_\_\_\_

Do you want to continue paying? \_\_\_\_\_

When did the lease start? \_\_\_\_\_

When does it end? \_\_\_\_\_

Additional Parties? \_\_\_\_\_

**ASSUME OR REJECT**

**3. Do you lease a storage unit? Yes or No**

# YOUR AVERAGE MONTHLY EXPENSES

Schedule J

<u>TYPE OF EXPENSE</u>	<u>Residence</u>	<u>2<sup>nd</sup> Residence</u>
Rent or Mortgage Payment.....	\$ _____	\$ _____
Are real estate taxes included? Yes / No. If No .....	\$ _____	\$ _____
Is property insurance included? Yes / No. If No .....	\$ _____	\$ _____
Home Maintenance (only if own home).....	\$ _____	\$ _____
Home Owners Association Fee.....	\$ _____	\$ _____
Second Mort.....	\$ _____	\$ _____
Electricity & gas .....	\$ _____	\$ _____
Water & sewer .....	\$ _____	\$ _____
Telephone (Landline).....	\$ _____	\$ _____
Other: (phone, cell, internet, cable tv).....	\$ _____	\$ _____
Other: .....	\$ _____	\$ _____
Other: .....	\$ _____	\$ _____
Food .....	\$ _____	\$ _____
Child Care and Education.....	\$ _____	
Clothing, Laundry, Dry Cleaning.....	\$ _____	\$ _____
Personal Care Products and Services.....	\$ _____	
Medical & dental expenses.....	\$ _____	\$ _____
Transportation (gas, maintenance, registrations, not including car payment or Insurance) .....	\$ _____	\$ _____
Entertainment, Recreation, Clubs.....	\$ _____	\$ _____
Charitable contributions.....	\$ _____	\$ _____
<i>Insurance:</i>		
Life (not deducted from paycheck) .....	\$ _____	\$ _____
Health (not deducted from paycheck) .....	\$ _____	\$ _____
Auto (not deducted from paycheck) .....	\$ _____	\$ _____
Other: _____ (not deducted from paycheck).	\$ _____	\$ _____
<i>Installment payments:</i>		
Auto.....	\$ _____	\$ _____
Auto: _____.....	\$ _____	\$ _____
Taxes: _____.....	\$ _____	\$ _____
Alimony & child support (not deducted from pay check)	\$ _____	\$ _____
Other payments for dependents not living in your home (i.e. students, parents, etc.....	\$ _____	\$ _____
Other Real Property Exps.....	\$ _____	
Regular expenses from business (itemize on separate page) ....	\$ _____	\$ _____
Other: Student Loans.....	\$ _____	\$ _____
Other: Miscellaneous.....	\$ _____	\$ _____
Other: Housekeeping Supplies.....	\$ _____	\$ _____
Other: _____.....	\$ _____	\$ _____
<b>TOTAL AVERAGE MONTHLY EXPENSES</b> .....	\$ _____	\$ _____

**Debtor operates a vehicle owned by someone else? Yes/No**

If yes please provide the name of who owns the vehicle:

\_\_\_\_\_

# Statement of Financial Affairs

1. What is your current marital status? \_\_\_\_\_

2. Please list all your addresses for the past three years.

Address	Start date – End date

3. If you have an ex-spouse that you were married to in the past 8 years then please list their name.

Name: \_\_\_\_\_

## Preference: Have you made payments on your debts lately?

6. If you have a mortgage, will the payment be made in the 90 days prior to filing this case? Yes or No

Name of bank: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Name of bank: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

If you have a car payment, will the payment be made in the 90 days prior to filing this case? Yes or No

Name of bank: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Name of bank: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Within 90 days of your expected filing did you make any other payments of more than \$600 to other creditors?

Yes or No

Creditor                      Dates                      Total                      Remainder                      For What?

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**Transactions**

**THIS IS A VERY IMPORTANT QUESTION!!!!!!!!!!**

7. **Within 1 year** before your expected filing date did you give any **money to friends or family?** Yes No

No

Insider	Dates	Total	Remainder	For What?
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**THIS IS A VERY IMPORTANT QUESTION!!!!!!!!!!**

8. **Within 1 year** of your expected filing date did you **pay any debts for your friends or family?** Yes No

Insider	Dates	Total	Remainder	For What?
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**Lawsuits**

9. Are you involved in any lawsuits as either a defendant or a plaintiff? Yes No

Caption: \_\_\_\_\_ Case #: \_\_\_\_\_

Court: \_\_\_\_\_ Atty: \_\_\_\_\_

Disposition: \_\_\_\_\_

Caption: \_\_\_\_\_ Case #: \_\_\_\_\_

Court: \_\_\_\_\_ Atty: \_\_\_\_\_

Disposition: \_\_\_\_\_

Caption: \_\_\_\_\_ Case #: \_\_\_\_\_

Court: \_\_\_\_\_ Atty: \_\_\_\_\_

Disposition: \_\_\_\_\_

**Repossessions/Foreclosures/Trustee Sale**

10. List all property **repossessed, foreclosed, garnished, attached, seized, or levied within 1 year of your expected filing date**

**Have you had real estate foreclosed upon?** Yes or No

Address of property: \_\_\_\_\_

Creditor: \_\_\_\_\_

Month and year of foreclosure: \_\_\_\_\_

**Has a vehicle been repossessed?** Yes No

Year, make, model of vehicle: \_\_\_\_\_

Month/Year of Repo: \_\_\_\_\_

Creditor/Bank: \_\_\_\_\_

Amount of debt owed on the vehicle? \_\_\_\_\_

Year, make, model of vehicle: \_\_\_\_\_

Month/Year of Repo: \_\_\_\_\_

Creditor/Bank: \_\_\_\_\_

Amount of debt owed on the vehicle? \_\_\_\_\_

Year, make, model of vehicle: \_\_\_\_\_

Month/Year of Repo: \_\_\_\_\_

Creditor/Bank: \_\_\_\_\_

Amount of debt owed on the vehicle? \_\_\_\_\_

### **Earnings Wage Garnishment**

If your wages are being garnished, how much money was garnished in the 90 days before filing this case?

\_\_\_\_\_

### **Non Earnings Garnishment**

If money was seized from your bank account, how much and when was it taken?

How much?                      When?                      By Whom?

\_\_\_\_\_

Has anything else been taken by a creditor? Storage unit lien sale?

Please explain:

\_\_\_\_\_

\_\_\_\_\_

**Setoffs**      Yes      No

11. Within 90 days of your expected filing date did any creditor set off money from your bank accounts?

Creditor	Action	Date	Amount
<hr/>			

Has the IRS or any other agency kept your tax refund in the past? Yes or No

Which tax years? \_\_\_\_\_

**Gifts**      Yes      No

13. Within 2 years of your expected filing date did you give any gifts worth \$600 or more?

Giftee	Describe Gift	Date	Value
<hr/>			
<hr/>			

14. Within 2 years of your expected filing date did you give any gift to charity worth \$600 or more? Yes No

Charity Name	Describe Gift	Date	Value
<hr/>			
<hr/>			

**Loses**      Yes      No

15. Within 1 year of your expected filing date did you lose anything because of theft, fire, other disaster, or gambling?

Describe Property	Insurance Coverage	Date of Loss	Value Lost
<hr/>			
<hr/>			

**Fees**

**Attorney Fees**

16. If someone other than yourself paid our attorney fees please provide their name:

Payor (if not Debtor); \_\_\_\_\_

**Debt Consolidator Fees**

17. Within 1 year of your expected filing date did you pay any company to help you pay or consolidate your debts? Yes No

Company	Description	Date	Amounts
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\_\_\_\_\_

**Transfers**

Yes No

**THIS IS A VERY IMPORTANT QUESTION!!!!!!!**

18. Within 2 years of your expected filing date did you **sell or buy anything** outside the ordinary course of your life? For example, did you buy a car, sell a car, trade in a car, buy or sell real estate, sell personal property on Craig’s List, ebay or to a pawn shop?

Transferee/ Relationship: \_\_\_\_\_

Description/Value: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Explanation:

\_\_\_\_\_

Transferee/ Relationship: \_\_\_\_\_

Description/Value: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Explanation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Transferee/ Relationship: \_\_\_\_\_

Description/Value: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Explanation:

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19. **Within 10 years of your expected filing date did you transfer of any property to a self-settled trust or similar device of which you are a beneficiary?** Yes No

**Closed Accounts** Yes No

20. **Within 1 year of your expected filing date were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?** Yes No

Name of Fin Inst	Last 4 Acct #	Type of Account	Date	Final Bal
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**Safe Deposit box** Yes No

21. Do you now have, or did you have within 1 year before any **safe deposit box** or other depository for securities, cash, or other valuables?

Fin Inst	Who Else Has Access	Contents	Still Have It?
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**Storage Unit** Yes No

22. Have you stored property in a **storage unit** or place **other than your home** within 1 year before you filed for bankruptcy?

Name	Who Else Has Access	Contents	Still Have It?
------	---------------------	----------	----------------



**Property Belonging To Someone Else**

23. Do you hold or control any property that **someone else owns**? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes No

Owner	Location	Describe Prop	Value
_____			

24. Do you possess hazardous materials Yes No

**Business** Yes No

27. **Within 4 years of your expected filing date did you own a business** or have any of the following connections to any business?

Form of Business: \_\_\_\_\_

Bus. Name; \_\_\_\_\_

Nature: \_\_\_\_\_

EIN: \_\_\_\_\_

Dates: \_\_\_\_\_

Form of Business: \_\_\_\_\_

Bus. Name; \_\_\_\_\_

Nature: \_\_\_\_\_

EIN: \_\_\_\_\_

Dates: \_\_\_\_\_

28. **Within 2 years of your expected filing date did you give a financial statement** to anyone about your business? Include all financial institutions, creditors, or other parties. Yes No

**Miscellaneous Information**

**Debts**

Did you stop incurring debt more than 90 days ago? Yes No

**If no than list debts incurred in the past 90 days?**

Creditor	Date	Amount
_____		
_____		
_____		

Have you completed any **balance transfers** in the past 75 days? Yes No

If no than list the transactions

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Have you incurred any debt in the past 6 months for more than \$600? Yes No

If yes than what was purchased?

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### **Secured Personal Property**

Do you owe money to stores that might have a security interest in the item you purchased like Sam Levitz furniture, Conn's appliances, Helzberg or Kay Jewelers etc? Yes No

If yes the list:

Creditor	Describe property	Date Purchased
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**\*\*\*Debtor and spouse MUST sign below before returning workbook to office\*\*\***

I certify that the information provided is true, accurate and complete.

Debtor: (Printed) \_\_\_\_\_ (Signature) \_\_\_\_\_

Co Debtor: (Printed) \_\_\_\_\_ (Signature) \_\_\_\_\_

Date: \_\_\_\_\_