

IMPORTANT !

PLEASE READ AND FILL OUT THE FOLLOWING FORMS COMPLETELY, ACCURATELY AND NEATLY. YOUR FORMS CAN NOT AND WILL NOT BE PROCESSED IF THEY ARE INCOMPLETE OR ILLEGIBLE. THIS WILL RESULT IN DELAYS IN PREPARING YOUR CASE.

WE HAVE FOUND THAT IF WE ACCEPT INCOMPLETE FORMS, WE FIND IT DIFFICULT TO GET THE CORRECT INFORMATION. THIS IS TO ENSURE THAT WE HAVE ALL THE INFORMATION NECESSARY TO PROCESS YOUR CASE. THIS IS FOR YOUR BENEFIT FOR AN ACCURATE AND SUCCESSFUL CASE.

INSTRUCTIONS FOR BANKRUPTCY FORMS

Enclosed is a set of paperwork that is vital for the processing of your bankruptcy. These documents should be filled out completely. The most common problem we find with clients is that important information is left out. Our goal is to help each of our clients to the best of our ability, but in order to do so we need you to give complete, detailed information.

Listed below is information commonly missing from the forms. Please make sure this information is on the forms, if the items apply to you. If you are not sure where to list a particular debt, just be sure to list it somewhere and we will address it as needed.

- **DO NOT LEAVE BLANKS!** Some questions may seem repetitive, but please answer them all. If the item does not apply to you, please indicate "N/A" in the designated areas.
- ATTACH additional sheets if necessary.
- You are required under penalty of perjury to list ALL Debts, including **NONDISCHARGEABLE** debts such as school loans, child support, government debts, and debts you intend to pay after your case is filed. Please utilize the enclosed instructions to pull a credit report.
- Do not omit property that you own. In particular, we do not have access to run an MVD report, so anything licensed or registered in your name must be listed. This applies to real property as well (time shares, land, etc.)

THE INFORMATION YOU PROVIDE ON THESE FORMS MUST BE COMPLETE AND TRUE, TO THE BEST OF YOUR KNOWLEDGE. YOU WILL BE SWEARING TO THE COMPLETENESS AND ACCURACY OF THIS INFORMATION AND COULD FACE CRIMINAL PENALTIES FOR FAILURE TO DISCLOSE INFORMATION.

CLIENT QUESTIONNAIRE

Marital Status: ___ Married ___ Widowed ___ Separated

Filing Status:

_____ Unmarried person filing
_____ Married, living together, filing jointly
_____ Married living together, one person filing
_____ Married, living apart, one person filing
_____ Married, living apart, filing jointly

If married but only one spouse is filing, which spouse is filing? Husband or Wife (circle one)

IF YOU ARE MARRIED, YOU MUST PROVIDE ALL OF THE REQUESTED INFORMATION FOR BOTH SPOUSES EVEN IF ONLY ONE SPOUSE IS FILING

(Male) NAME: _____ S.S.# _____ - _____ - _____
(First) (Middle) (Last)

(Female) NAME: _____ S.S.# _____ - _____ - _____
(First) (Middle) (Last)

DATE OF BIRTH: Male _____

DATE OF BIRTH: Female _____

CURRENT STREET ADDRESS: _____ MAILING ADDRESS (IF DIFFERENT)

CELL PHONE: Male (_____) _____

CELL PHONE: Female (_____) _____

Email Address: _____ (male)
_____ (female)

ANY OTHER NAMES USED WITHIN LAST 7 YEARS: (including maiden, a/k/a, d/b/a)

LIST ALL OTHER ADDRESSES, WHICH ANY PARTY FILING HAS USED IN THE LAST 2 YEARS AND THE MONTH/YEAR IN WHICH YOU RESIDED AT THAT PLACE:

PREVIOUS BANKRUPTCIES

HAVE YOU FILED A BANKRUPTCY IN THE PAST 8 YEARS? If yes:

Name of person(s) that filed: _____

Where was it filed: _____

Case Number: _____

Date Filed: _____

Attorney Name: _____

REAL ESTATE (Do not include real estate you are only renting)

1. Description of Residence: _____ (e.g. 3 bedroom/2 bath)

Value \$ _____

Basis for Value _____ (e.g. appraisal, comparable sales, etc).

Physical Address: _____ (city, state & zip) _____

TITLE OWNER(S): _____

Date Purchased: _____ **Purchase Price:** _____

Amount Insured For: _____ **Tax Value:** _____

Do you want to retain OR surrender this property? _____

Name of 1st mortgage holder: _____

Payoff: _____

Address for Mortgage company

Account #: _____ **Monthly Payment \$** _____

Are your payments behind including this month? _____ **How Far Behind?** _____ **Mos.**

Amount Behind? \$ _____ **Contract rate of interest:** _____

Who is responsible for paying the debt? _____ **Has the debt been assigned to an attorney? If so,**

Name: _____

Address: _____

Has the creditor started foreclosure? _____ **Sale date?** _____

Name of 2nd mortgage holder: _____

Payoff: _____

Address for 2nd Mortgage company: _____

Account #: _____ **Monthly Payment \$** _____

Are your payments behind including this month? _____ **How Far Behind?** _____ **Mos.**

Amount Behind? \$ _____ **Contract rate of interest:** _____

Has the creditor started foreclosure? _____ **Sale date?** _____

2. Description of other real estate: _____

Value \$ _____

Basis for Value _____ (e.g. appraisal, comparable sales, etc).

Physical Address: _____ (city, state & zip) _____.

TITLE OWNER(S): _____,

Date Purchased: _____ Purchase Price: _____

Amount Insured For: _____ Tax Value: _____

Do you want to retain OR surrender this property? _____

Name of 1st mortgage holder: _____

Payoff: _____

Address for Mortgage company

Account #: _____ Monthly Payment \$ _____

Are your payments behind including this month? _____ How Far Behind? _____ Mos.

Amount Behind? \$ _____ Contract rate of interest: _____

Who is responsible for paying the debt? _____

Has the debt been assigned to an attorney? If so, name: _____

Address: _____

Has the creditor started foreclosure? _____ Sale date? _____

NOTE: In the event there is a pending foreclosure, the client is responsible for contacting the Dunaway Law Group, PLLC no less than 3 days prior to the date of foreclosure to confirm that the bankruptcy case is filed.

_____ (Client Initials).

Name of 2nd mortgage holder: _____

Payoff: _____

Address for Mortgage company

Account #: _____ Monthly Payment \$ _____

Are your payments behind including this month? _____ How Far Behind? _____ Mos.

Amount Behind? \$ _____ Contract rate of interest: _____

Who is responsible for paying the debt? _____

Has the debt been assigned to an attorney? If so, name: _____

Address: _____

Has the creditor started foreclosure? _____ Sale date? _____

NOTE: In the event there is a pending foreclosure, the client is responsible for contacting the Dunaway Law Group, PLLC no less than 3 days prior to the date of foreclosure to confirm that the bankruptcy case is filed.

_____ (Client Initials).

If there are other liens on the property, please note on separate sheet of paper.

BURIAL PLOTS: Number of Burial Plots & location

Owners: _____

Value: _____ Amount you still owe: \$ _____

TIMESHARES:

Location: _____

Lienholder: _____

Address: _____ (City, State, & Zip)

Amount Behind? \$ _____ Do you want to retain OR surrender this property? Yes/No

MOBILE HOMES:

Description: _____

Year	Make	Model	Dimensions	Value
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TITLE OWNER(S): _____,

Lienholder: _____

PAY OFF: \$ _____

**VEHICLES, MOTORCYCLES, ATV's, BOATS, CAMPERS, RV'S,
4-WHEELERS, JET SKIS, WAVERUNNERS, SNOWMOBILES, TRAILERS OR
OTHER RECREATIONAL VEHICLES (ANY PROPERTY TITLED IN YOUR NAMES)**

1. Vehicle Description: _____

Year	Make	Model	Number of Doors	Mileage
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Value of Vehicle: _____ (use Kelly Blue Book trade-in value - www.kbb.com and attach print out of valuation)

Special Features or Options: _____

Property damage or mechanical repair needed? _____

TITLE OWNER(S): _____,

VIN # _____

1ST Lienholder: _____

PAY OFF AMOUNT: _____

Address for Lienholder

Account #: _____ Monthly Payment \$ _____

First payment due date: _____

How many months did you finance: _____ months.

Are your payments behind including this month? _____ How Far Behind? _____ Mos.

Amount Behind? \$ _____ Contract rate of interest: _____ %

Do you want to retain OR surrender this property? _____

Who is legally responsible for paying the debt? _____

2. Vehicle Description: _____
 Year Make Model Number of Doors Mileage
 Value of Vehicle: _____ (use Kelly Blue Book trade-in value - www.kbb.com and attach print
 out of valuation)

Special Features or Options: _____
 Property damage or mechanical repair needed? _____
 TITLE OWNER(S): _____, _____

VIN # _____
 1ST Lienholder: _____

PAY OFF AMOUNT: _____
 (Call creditor and get this amount, forms will not be processed without this information)
 Address for Lienholder

Account #: _____ Monthly Payment \$ _____

First payment due date: _____

How many months did you finance: _____ mos.

Are your payments behind including this month? _____ How Far Behind? _____ Mos.

Amount Behind? \$ _____ Contract rate of interest: _____

Do you want to retain OR surrender this property? _____

Who is legally responsible for paying the debt? _____

If there are other licensed or registered vehicles with MVD, please provide on separate sheet of paper.

COLLECTIONS

\$ _____ Stamp Collections

\$ _____ Coin Collections

\$ _____ Other Collections

TOTAL:\$ _____

PERSONAL EFFECTS

\$ _____ Female Wedding/Engagement Rings (Number of Rings _____)

\$ _____ Male Wedding/Engagement Rings (Number of Rings _____)

\$ _____ Watches (Number of Watches _____)

\$ _____ Other Jewelry

\$ _____ Firearms (Number of Firearms _____) (Describe _____)

\$ _____ Recreational Equipment

\$ _____ Animals (livestock, horses or AKC Reg. pets) (describe _____)

\$ _____ Other Personal Possessions (describe _____)

TOTAL:\$ _____

List all bank accounts wholly or partly in your name.

Name of Bank	Type of Account	Account #	Current Balance
			\$

			\$
			\$
			\$

SECURITY DEPOSITS

Landlord _____ (Name) \$ _____
 Other Utilities _____ (Name) \$ _____
 Other Utilities _____ (Name) \$ _____

RETIREMENT ACCOUNTS

Name of Bank	Type of Retirement	Account #	Current Balance
			\$
			\$
			\$

- Please attach a copy of your most recent statement for each retirement account.

Do you have any other investments? *Examples are Government Bonds, Stocks, Mutual Funds, Annuities, Stock Portfolios, ETC.* (circle) Yes or No

If yes, please list the investment and the current value (How much cash you can get for it?)

Description	Value

BE SURE TO READ THIS!!!!

Your assets include any money owed to you or claims you have against someone else. Examples are:
 -Claims for bodily injuries, -Claims for property damages, -Accounts receivable,
 -Insurance proceeds, -Money you loaned to someone that has not been repaid,
 -Back child support, -Unreceived tax refunds, -Rights in the estate of a deceased person. -Etc.

List any such property below. (Include copies of any documentation evidencing these assets)

Tax Refunds: \$ _____ Tax Years _____ (List even if you think you won't get it for some reason)

Personal Injury Claims _____

Money Owed to You or Any Other Assets

If so, describe (By who? What for?): _____

LIFE INSURANCE:

We need to know if you have any life insurance that has “cash surrender value.” There are basically 3 kinds of life insurance: Term, Whole Life, and Universal.

Term is the type of insurance where benefits are only paid upon death—there is no cash value that you can borrow against or cash in during your lifetime. If your insurance is through your job, it is almost always term. **IF YOU HAVE TERM INSURANCE, ALL YOU NEED TO DO IS LIST “Term” and the people who have the insurance (i.e, husband, wife)**

Yes, we have Term life Insurance: _____ (male) _____ (female)
Monthly Premium for Term Life Insurance Policy: _____ (male) _____ (female)

Whole life: This is insurance that DOES build cash value.

Universal: This is a cross between term and whole life that usually has some cash surrender value. **IF YOU HAVE ANY LIFE INSURANCE THAT IS NOT THROUGH YOUR WORK, AND YOU ARE NOT POSITIVE THAT IT IS TERM, CALL THE COMPANY AND ASK THEM IF YOU HAVE ANY “CASH SURRENDER VALUE” IN YOUR POLICY.** This is not information that is usually printed on your statements, so you will have to call. If you have some cash surrender value in a life insurance policy, fill out the information below:

Insurance Company Name	Insured Person(s)	Beneficiary Person(s)	Cash Surrender Value
			\$
			\$
			\$

OTHER PHYSICAL PERSONAL PROPERTY: If you own any other personal property, not already listed. Please provide a detailed list below.

Description	Value
_____	_____
_____	_____
_____	_____

PURCHASE MONEY SECURITY INTEREST DEBTS (“PMSI”)

Debts are incurred at a particular store (appliance, furniture or electronics, usually) and maybe financed by the store or a loan company for the store.

(Examples of PMSI debts: Circuit City; Room Store, Sears, Best Buy and similar department stores.)

1. Creditor: _____

Address: _____ (City, State, & Zip) _____
Account #: _____ Payoff Amount: \$ _____
Description of collateral: _____ (Please list items you have purchased within the last three years)
Date Purchased _____ Purchase Price \$ _____
Value of collateral: \$ _____ Monthly Payment \$ _____
Are Payments Current? _____ How Far Behind? _____ Mos.
Amount Behind? _____ Do you want to keep OR surrender the property? _____
Who is legally responsible for paying the debt? _____
Has the debt been assigned to an attorney/collection? If so, Name: _____
Address: _____
(City, State, & Zip) _____

2. Creditor: _____
Address: _____ (City, State, & Zip) _____
Account #: _____ Payoff Amount: \$ _____
Description of collateral: _____ (Please list items you have purchased within the last three years)
Date Purchased _____ Purchase Price \$ _____
Value of collateral: \$ _____ Monthly Payment \$ _____
Are Payments Current? _____ How Far Behind? _____ Mos.
Amount Behind? _____ Do you want to keep OR surrender the property? _____
Who is legally responsible for paying the debt? _____
Has the debt been assigned to an attorney/collection? If so, Name: _____
Address: _____
(City, State, & Zip) _____

NON-PURCHASE MONEY SECURITY INTEREST LOANS

(These loans are obtained when you go to a creditor to borrow money and they ask you about your household goods, such as televisions as collateral)

YOU NEED TO PROVIDE US WITH THE CONTRACT SHOWING LIST OF HOUSEHOLD GOODS LISTED AS COLLATERAL AND MARK ON IT WHAT YOU COULD SELL THE ITEMS FOR NOW, IF YOU STILL HAVE THEM

Creditor: _____
Address: _____ (City, State, & Zip) _____
Account #: _____ Payoff Amount: \$ _____
Description of collateral: _____
Date Purchased _____ Purchase Price \$ _____
Value of collateral: \$ _____ Monthly Payment \$ _____
Are Payments Current? _____ How Far Behind? _____ Mos.
Amount Behind? _____ Do you want to keep OR surrender the property? _____
Who is legally responsible for paying the debt? _____
Has the debt been assigned to an attorney/collection? If so, Name: _____
Address: _____
(City, State, & Zip) _____

Creditor: _____
Address: _____ (City, State, & Zip) _____
Account #: _____ Payoff Amount: \$ _____

Description of collateral: _____
Date Purchased _____ Purchase Price \$ _____
Value of collateral: \$ _____ Monthly Payment \$ _____
Are Payments Current? _____ How Far Behind? _____ Mos.
Amount Behind? _____ Do you want to keep OR surrender the property? _____
Who is legally responsible for paying the debt? _____
Has the debt been assigned to an attorney/collection? If so, Name: _____
Address: _____
(City, State, & Zip) _____

TAXES (Income, Property, Self-Employment, Withholding)

If you owe taxes this section is very important, please call the correct tax office to obtain all the requested information. If you owe for more than 1 year you need to attach a sheet with a breakdown of the taxes owed.

Federal Taxes:

Amount you owe: \$ _____ For what year(s): _____
Type of Tax (Ex. Income, franchise, withholding, etc.): _____
Who is liable? _____
Has the IRS filed a Federal Tax Lien? _____
Are there any years in which you have not filed a tax return, for any reason? If yes, please list.

State Taxes:

Amount you owe: _____ For what year(s): _____
Type of Tax: _____
Who is liable? _____

County Taxes:

Name of County & Address: _____
Amount you owe: _____ For what year(s) _____
Type of Tax: _____
Who is liable: _____

Please be aware, if you are going to file chapter 13 and there are any years for which you have not filed a return, those tax returns need to be prepared and ready to file within 30 days of filing chapter 13.

UNSECURED CREDITORS: Medical bills, business services, and student loans.

Creditor _____
Address: _____

Account # _____
Amount Owed \$ _____
Type of Debt _____
(Medical bill, Visa, etc.)
Has Debt been assigned to collection agency? _____

Creditor _____
Address: _____

Account # _____
Amount Owed \$ _____
Type of Debt _____
(Medical Bill, Visa, etc.)
Has Debt been assigned to collection agency? _____

If so, list the Name and Address:

Has the creditor brought a lawsuit against you?
In what County? _____
Case Number: _____
Date Filed? _____
Judgment entered? Yes or no

If so, list the Name and Address:

Has the creditor brought a lawsuit against you? If so:
In what County? _____
Case Number _____
Date Filed? _____
Judgment entered? Yes or no

EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Leased Vehicles, Gym Contracts, Cell Phone Contracts, Satellite Contracts, Apartment Leases, etc.)

1. Creditor: _____
Address: _____

Account#: _____
Type of Contract: _____
Collateral, if any: _____

Do you want to Continue or Terminate the Lease/
Contract? _____

2. Creditor: _____
Address: _____

Account#: _____
Type of Contract: _____
Collateral, if any: _____

Do you want to Continue or Terminate the Lease/
Contract? _____

3. Creditor: _____
Address: _____

Account#: _____
Type of Contract: _____
Collateral, if any: _____

Do you want to Continue or Terminate the Lease/
Contract? _____

CO-SIGNERS

Is anyone else listed as a cosigner on any of your debts or has liability with you, provide information below.

Name of Co-signer: _____
Address: _____

Debt co-signed on: _____
Relationship to Debtor _____

Name of Co-signer: _____
Address: _____

Debt co-signed on: _____
Relationship to Debtor _____

CURRENT EMPLOYMENT

MALE DEBTOR:

Employer's Name: _____

Address: _____

Position with employer: _____ Length of time with employer: _____

FEMALE DEBTOR:

Employer's Name: _____

Address: _____

Position with employer: _____ Length of time with employer: _____

DEPENDANTS

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUDGET

DO NOT INCLUDE ANY PAYROLL DEDUCTED DEBTS IN THIS SECTION (i.e. car payments, credit union loans) *self-employed clients will need to estimate the average monthly income and estimates for taxes. Please list all income & deductions separately for each job(s) you have. Attach additional sheet if necessary.*

Male

Pay Period:

_____ Monthly _____ Semi-monthly
(twice a month)

_____ Weekly _____ Bi-weekly
(Every 2 wks.)

Gross pay per period: _____

Net pay per period: _____

Deductions:

FICA: _____

Social Security: _____

Medicare: _____

State W/H: _____

Female

Pay Period:

_____ Monthly _____ Semi-monthly
(twice a month)

_____ Weekly _____ Bi-weekly
(Every 2 wks.)

Gross per pay period: _____

Net per pay period: _____

Deductions:

FICA: _____

Social Security: _____

Medicare: _____

State W/H: _____

Retirement: _____

Medical and Dental Insurance: _____

Retirement: _____

Medical and Dental Insurance: _____

Any other deductions?(Specify)ex.401K loans

Any other deductions?(Specify)ex.401K loans

INCOME OTHER THAN WAGES OR SALARY PER MONTH

Male debtor

Female debtor

_____ If self employed, reg. income _____

(Complete form on the next page, if self employed income applies to you)

_____ Income from rental property _____

_____ Interest and Dividends _____

_____ Social Security or other _____

_____ Government assistance _____

_____ Pension or retirement _____

_____ Spousal support received _____

_____ Child support received _____

_____ Food Stamps _____

_____ Other Income (Specify) _____

PERSONAL / LIVING EXPENSES:

Use per month figures for everything. For example, if expense is weekly, multiply by 52, then divide by 12 to get monthly amount

\$ _____: Rent/Mortgage payments— insurance and property taxes **are** or **are not** included in mortgage payment? (please circle one)

\$ _____: Electricity/Gas

\$ _____: Trash, Water and Sewer

\$ _____: Internet

\$ _____: Home Maintenance

\$ _____: Food/Groceries/Eating out

\$ _____: Laundry and dry cleaning

\$ _____: Medical/Dental Services- Amount not deducted from paycheck but out of pocket expense.

\$ _____: Prescriptions- Your out of pocket cost

\$ _____: Transportation (gas, oil changes, etc.)

\$ _____: Charitable contributions

\$ _____: Homeowner - renters insurance

\$ _____: Homeowners Dues (HOA) - If Applicable

\$ _____: Auto Insurance

\$ _____: Vehicle Payment

\$ _____: Vehicle Payment

\$ _____: Cell Phone(s)

\$ _____: Other installment payments (specify)

\$ _____: CHILD CARE (Not deducted on Payroll)

\$ _____: Miscellaneous

\$ _____: Pet expenses

\$ _____: Payment for Child Support (specify below):

Name of child

age

relationship

Name of child	age	relationship
\$_____ (per month): Payment for Alimony (to whom?)_____		

Do you have any payments for debts deducted or automatically taken from your paycheck? If yes, list name and telephone number of the creditor(s).

Name _____
 Phone No. _____

FINANCIAL HISTORY: Income from Employment or Operation of a Business.

<p><u>Male Debtor's Gross Income for all Job(s):</u> Year to date: \$ _____ Gross Income for last year: \$ _____ Gross Income for prior year: \$ _____</p>	<p><u>Female Debtor's Gross Income from all Job(s):</u> Year to date: \$ _____ Gross Income for last year: \$ _____ Gross Income for prior year: \$ _____</p>
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(When we file your we will need to be provided the Trustee with up-to-date income information, so please be prepared to provide that information when you sign the bankruptcy petition).

ANY OTHER INCOME BESIDES WORK: i.e., disability benefits, workmen's compensation, unemployment compensation, child support, sale of stocks, sales of residence, withdrawals from retirement accounts, etc.

Male debtor:
 Year to date: \$ _____ Source: _____
 Last year: \$ _____ Source: _____
 Prior year: \$ _____ Source: _____

Female debtor:
 Year to date: \$ _____ Source: _____
 Last year: \$ _____ Source: _____
 Prior year: \$ _____ Source: _____

1(a). List payment to each creditor including the regular monthly payments on your mortgages and vehicle loans, to which you have paid more than \$600.00 total within the last 90 days. For example: \$200 per month for 3 months. List the following information.

Name & Address of Creditor:	Date(s) of Payment(s):	Amount Paid:	Amount Still Owing:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If there are more than two, please attach additional sheets with the information.)

1(b). Have you made any payments on any debts (or given any liens) to any family members or to any other friend or acquaintance within the last twelve months? If yes, provide the following:

Name and Address of person: _____
Relationship: _____ Amount of debt? _____
Dates of Payments _____ Amounts of Payments _____

1(c). Within the last twelve months, have you made payments on any debts that are in someone else's name? (circle) Yes or No
If so, list the details of the payments (If you are filing a joint case, you do not need to list payments on each other's debts.)

2(a). Have you been involved ANY lawsuits suits within the last twelve months? _____
(This includes you suing someone else or someone suing you. It also includes divorces.)
Name of parties involved in the lawsuit: _____
County where case was filed: _____
Date it was filed: _____
Case Number: _____ Outcome: _____
Name of parties involved in the lawsuit: _____
County where case was filed: _____
Date it was filed: _____
Case Number: _____ Outcome: _____

2(b). Have there been any **garnishments** on your pay within the last twelve months? (circle) Yes or No. If so:
Name of party receiving the money: _____
Why is money being garnished (Ex. child support): _____
How much per month:\$ _____
How much is the total debt:\$ _____ Date(s) of Garnishment: _____

3. Has anything belonging to you been **repossessed, returned, or foreclosed** upon in the last twelve months?
Name of party who repossessed the property: _____
Description and Value of property: _____
Date of foreclosure or repossession: _____

4. Has any of your property been assigned for the benefit of creditors within the last 180 days or has any of your property been under the control of a custodian or court appointed official within the last twelve months? Yes or No

5. Have you given any gifts or charitable contributions (including church contributions) totaling more than \$400.00 within the last year? Yes/No.
Name and address of person or organization: _____
Relationship to Debtor, If any: _____
Date of Gift: _____
Description and Value of Gift: _____

6. Have you suffered any loss due to theft, flood, accidents, or gambling within the last twelve months?

Description of property: Value _____

Date(s) of Loss: _____

Was it covered by insurance in whole or part? Give details: _____

7. Have you paid anyone other than this law firm to aid you with debt counseling within the last year? (circle) Yes or No. If so:

Name of Firm and Address	Date of Payment	Amt of Fee	Description of Service
_____	_____	_____	_____

8. Have you sold or given away any property or personal belongings within the last twenty-four months? (circle) Yes or No. If, so:

Receiver Name & Address	Date of Transfer	Description	Value
_____	_____	_____	_____

9. List any and all bank accounts, certificates of deposit, or other accounts that your name was on that have closed within the last twelve months.

Name and Address of Bank: _____

Type of Account: _____ Final Balance \$ _____

Date of Closing: _____

10. Do you have a safe deposit box or have you closed a safe deposit box within the last twelve months?

Name and Address of Bank or Depository: _____

Name and Address of those who have access to the box: _____

Description of Contents: _____

11(a). Has a tax refund been withheld from you because you owed prior taxes or child support in the last 90 days?

If yes, give amount: _____ Dates: _____

(b) In the last 90 days, has any bank taken money from your checking account because you owed them a debt? If yes give amount: _____ Dates: _____

12. Are you using or holding anything that belongs to someone else? (Example: vehicle, furniture, tools, etc.)

Name and Address of Owner: _____

Description and Value of Property Held: _____

Location of Property: _____

13. Please list the name(s) of any former spouse(s) of the person(s) filing.

14. Have you been an Officer, Director, Shareholder, or owner of any type of business within the last six years?

Name of Business: _____

Address: _____

Dates of Operation: _____

Nature of interest: _____ Tax ID # _____

Value of Interest: _____ Method of Valuation: _____

17. In the last six years, have you or your spouse lived outside the state of Arizona? If so, what states?

18. Have you transferred any balances from one creditor to another within the last six (6) months? Yes or No
If so, please explain: _____

19. Have you consolidated and/or refinanced and debts within the last six (6) months? Yes or No
If so, please explain: _____

20. List any debts you incurred within the last ninety (90) days.

Creditor:	Amount of Debt:	Type of Debt:	Reason for Incurring Debt:
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23. Do you have a will? Male: Yes or No Female: Yes or No

I hereby certify that I have filled out and/or provided all of the information contained in the preceding forms and that this information is true and correct to the best of my knowledge. I further certify that, to the best of my knowledge, I have not left out anyone that I owe money to, nor have I left out any property/assets that I have any interest in.

Debtor

Date

Debtor

Date