

Lawyers

Chapter 7 & Chapter 13 Questionnaire

Information we depend upon you to provide. The bankruptcy case that you will be filing requires a great deal of information and paperwork processing before it can be filed. You are the only one that has much of the information needed. Since you will be required to attest (under penalty of perjury) that the information is true and accurate, we cannot fill out the questionnaire for you.

Answer all of the questions. Many of the questions or sections of the attached questionnaire may not apply to you. Please answer all questions to the best of your ability even the answer is "no" or "none". If you return the questionnaire without the needed information, it will have to be returned to you to complete which will delay the preparation of documents which are needed to protect you from creditors.

Be sure you list all creditors. Only creditors you list in the attached questionnaire with a complete, correct mailing addresses will be included in your case. Creditors you may have discussed with our staff or your attorney but do not list in the questionnaire will not be included. You will not get a discharge from any creditor that you do not list with a correct mailing address.

Call if you need help. If there are questions which you do not understand, we suggest you mark those questions and complete the remaining portion of the questionnaire. Then call our office, and we will assist you in answering any questions you do not understand. If our staff is unable to answer any of your questions, ask them to schedule an office or phone conference with your attorney. There is no charge for the appointment, but you will be charged if you make an appointment and miss it without canceling 24 hours in advance.

Return the questionnaire. Once you have completed the questionnaire, return it to our office with the following:

- Your second payment. This should be by cash, cashier's check or money order. (Do not send cash if you are returning the questionnaire by mail.)
A copy of the title to each vehicle you own.
A copy of the Deed for your house and any other real property (land) which you own.
A copy of the last two pay stubs for every job of husband and wife.
A copy of the contract for each loan you have with a finance company.
For Chapter 13 only: The first page and the signature page of Federal and state income tax returns for the last three years.
For Chapter 13 only: The first page of your insurance policy on the vehicles. Write the name, address, and phone number of your insurance agent if it is not printed on the policy.
For Chapter 13 only: The originals of all letters from collection agencies which you still have.

When papers will be ready to file. Unless priority filing is requested, cases will be ready to be filed in approximately 4 to 6 weeks from the return of all the questionnaire and all requested information (depending on our case load).

- Check here if you want your case filed sooner as a priority filing (there is an additional charge). Give the date do you want the papers ready to be filed:
Indicate the reason that you want the case filed on that date:
Stop foreclosure. Give date the foreclosure sale is scheduled:
Stop judgment or garnishment. Attach a copy of all court papers you have received.
Stop sale of repossessed vehicle. Give date vehicle was repossessed:
Stop repossession.
Other. Please explain:

Date

Client Signature

Date

Client Signature (if joint)

We recommend that you complete the attached forms in pencil so that you can easily make corrections.

# BANKRUPTCY QUESTIONNAIRE

\forms\bkqptn.wpd Rev. 1-00

## Instructions

This questionnaire is not as bad as it looks! Many (maybe most) questions will not apply to you. Read all questions but "just say no" on questions that don't apply.

You will probably find some questions you do not understand. Mark those questions and we will help you answer them when you return these forms. Call for an appointment with our paralegal to return this questionnaire.

Answer *all* other questions to the best of your ability. Answer questions completely, even if you have already discussed them with your attorney. Incomplete information will delay preparation of the documents needed to protect you from your creditors.

Giving *false or misleading* information could result in the denial of a discharge from debt *and* criminal charges.

## Form 1 Petition

<b>Type of debtor.</b> Are you filing as <input type="checkbox"/> Partnership--cannot file Chapter 13						<input type="checkbox"/> Individual--single, or only husband or wife <input type="checkbox"/> Publicly held corporation--cannot file Ch 13						<input type="checkbox"/> Joint--filed by both husband and wife <input type="checkbox"/> Closely held corporation--cannot file Ch 13											
<b>Nature.</b> Are you						<input type="checkbox"/> Not in business--consumer						<input type="checkbox"/> In business											
<b>Chapter.</b> Are you filing under						<input type="checkbox"/> Chapter 7 Liquidation Bankruptcy						<input type="checkbox"/> Chapter 13 Debt Adjustment											
<b>Attorney:</b>						<input type="checkbox"/> Edward Doney						<input type="checkbox"/> Darrell Ihns						<input type="checkbox"/> James R. McDonald, Jr.					
<b>Venue:</b> Have you lived in Arizona for the last 91 days? <input type="checkbox"/> Yes <input type="checkbox"/> No												If no, give the date you moved to Arizona.											
<b>Note:</b> You must have resided in Arizona the majority of the last 180 days to file here.																							
Complete this column 9 with information about <b>yourself</b> if you are filing <i>individually</i> , or with information about the <b>husband</b> if you are filing <i>jointly</i> .									Complete this column 9 with information about the <b>wife</b> if you are filing <i>jointly</i> .														
Name <i>First Middle Last</i>									Wife's name <i>First Middle Last</i>														
Residence address <i>Street</i>									Wife's residence address <i>Street</i> <input type="checkbox"/> Same as husband														
City			State			Zip			City			State			Zip								
Mailing address <i>Street</i> <input type="checkbox"/> Same as residence									Wife's mailing address <i>Street</i> <input type="checkbox"/> Same as residence														
City			State			Zip			City			State			Zip								
County of Residence <input type="checkbox"/> Maricopa <input type="checkbox"/> Other <i>Name</i>									County of Residence <input type="checkbox"/> Maricopa <input type="checkbox"/> Other <i>Name</i>														
All other names used in last 6 years (include maiden, married & business names) <input type="checkbox"/> None									All other names used in last 6 years (include maiden, married & business names) <input type="checkbox"/> None														
Social Security Number						Employer/Tax ID # <input type="checkbox"/> None						Social Security Number						Employer/Tax ID # <input type="checkbox"/> None					
If you are in business, give the type and nature of the business and the location of assets:																							
Type of business:									Describe the nature of the business:														
<input type="checkbox"/> Farming									<input type="checkbox"/> Manufacturing/Mining														
<input type="checkbox"/> Professional									<input type="checkbox"/> Stockbroker--CANNOT file Ch. 13														
<input type="checkbox"/> Retail/Wholesale									<input type="checkbox"/> Commodity Broker														
<input type="checkbox"/> Railroad									<input type="checkbox"/> Construction														
<input type="checkbox"/> Transportation									<input type="checkbox"/> Real Estate														
<input type="checkbox"/> Other									<input type="checkbox"/> Other														
Give the location of the principal assets of the business:									Give the location of the principal assets of the business:														
<b>Prior Bankruptcy:</b> Have you (or your spouse, if joint) ever been in a prior bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes--complete the information below.																							
<b>Note:</b> With some exceptions, Chapter 7 cannot be filed within 6 years after a previous bankruptcy was filed, but a Chapter 13 can. Neither Chapter can be filed if a previous case was dismissed within the last 180 days because of the willful failure to obey a court order, or at your request if a motion to lift stays had been filed. You cannot file if you are already in a bankruptcy.																							
Case number		Location (where filed)				Date filed				If joint, filed by <input type="checkbox"/> Husband <input type="checkbox"/> Wife				Result (discharged/dismissed/other) & date				Chapter 7, 11, 13					
										<input type="checkbox"/> Husband <input type="checkbox"/> Wife													
										<input type="checkbox"/> Husband <input type="checkbox"/> Wife													
<b>Pending Bankruptcy:</b> Is your spouse (if not joint), partner, or business affiliate now in bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes--give info. below.																							
Case number		Name of Debtor				Date filed				Relationship				District				Judge					

## Property

FORMS\BKQRPTY.WPF Rev. 4-02

*Property* means anything that you own or to which you have a right. It includes *real property*, such as a home and land; *personal property*, like your household furnishings; *intangible property* such as bank accounts, stocks, and money owed to you; and *rights to property* which may allow you to receive something in the future, such as possible claims for injuries in an automobile accident, or insurance claims. Federal law requires that you list all of your property. Intentional failure to list property can result in the property being lost, your discharge being revoked, and criminal charges being filed against you.

In Chapter 7, the Trustee may take anything that you own or have a right to receive, unless it is *exempt*. In Chapter 13, you will ordinarily not lose anything. Property which is not exempt may affect the amount or length of your plan payments. In order for property to be exempt, it *must* be listed at the time your papers are filed.

The listing for each item has a space to show *ownership*. If you are single, you do not need to answer this question. If you are married, check the appropriate box, even if you are filing individually, or if you are separated. Check "Community" if the item was acquired during marriage from the earnings of either spouse. If the item was acquired prior to marriage, or was acquired during marriage from one spouse's separate property, check one of the first two boxes. If you are filing a joint case, "You" refers to the husband, and "spouse" refers to the wife.

*Value* means the price that you could get for a particular item if it were sold today, "as is", in an auction. It is usually much, much lower than the amount you paid when you purchased it, or the replacement price.

*Attach additional sheets if there is insufficient room on these forms.*

**EXEMPT HOMESTEAD (House, condominium/co-op apartment, mobile home, mobile home & lot) None**

An individual or married couple may claim up to \$100,000 equity in the home, condominium, co-op apartment, mobile home or mobile home and lot *in which they reside* as exempt from creditors except mortgages, and tax, mechanic's and materialman's liens. If you own only one parcel of real property, homesteads are "automatic" in Arizona and a homestead does not need to be filed, but it must be listed in your bankruptcy schedules.

Item <b>1</b>	Type A 6 A 6 23 6 A 6	<b>Description:</b> <input type="checkbox"/> House <input type="checkbox"/> Condominium, co-op apartment <input type="checkbox"/> Mobile home <input type="checkbox"/> Mobile home <i>and</i> lot	<b>Location--Address Street</b>		
				City	State

Nature of interest: Are there any limitations in your ownership? No [Fee simple] Yes--describe:

Legal description <b>BRING IN YOUR DEED</b>	Lot #	Subdivision name	Maps Page #	Maps Book #	County	State AZ
Mobile Home: <b>BRING IN YOUR TITLE</b>	Year	Size	Make	Model	Identification number	

**Ownership if joint:**  
Husband Wife Joint Community
 Value of Property: \$

**Security interests:** Is property security for debt? No Yes--list creditors in the creditor listings and give information below.  
*Note:* A creditor with a judgment against you has a lien on all your property in the county where it records the judgment. To check for liens, you may contact a title company or the county recorder. *Include these judgment creditors in the listing below.*  
 Judgment liens which impair your homestead can be removed if you act promptly. Removal of such liens is *not* included in the bankruptcy charges, and must be arranged separately with your attorney.

Creditor Name	#	Interest	Payment	# behind	Late charge	# unpaid	Other fees	Foreclosure pending?/Sale date
		%	\$ /mo		\$ /mo			<input type="checkbox"/> No <input type="checkbox"/> Yes-date:
		%	\$ /mo		\$ /mo			<input type="checkbox"/> No <input type="checkbox"/> Yes-date:
		%	\$ /mo		\$ /mo			<input type="checkbox"/> No <input type="checkbox"/> Yes-date:
		%	\$ /mo		\$ /mo			<input type="checkbox"/> No <input type="checkbox"/> Yes-date:
		%	\$ /mo		\$ /mo			<input type="checkbox"/> No <input type="checkbox"/> Yes-date:

If secured, do you want to keep or surrender the property? Keep Surrender

<i>Chapter 7:</i> If you are keeping the property, you must catch up back payments, and pay collection costs. The court and this office cannot help catch up back payments in Chapter 7.	<i>Chapter 13</i> can make payments which you have missed up to the day your case is filed. <b>You must make all payments due after that date.</b>	<b>Exemption</b> ARS §33-1101(A) \$150,000
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**BANK ACCOUNTS Excluding IRA's** (Checking, saving & other accounts with banks, credit unions, & other financial institutions) None

If you are filing *individually* you may claim one account with a balance of up to \$150 exempt. If you are filing *jointly* you may exempt two accounts with a balance of \$150 each, or one account with \$300 balance.

*Note:* The balance will be as shown on the bank records on the date your petition is filed. Checks written but not cashed will **not** be deducted. In Chapter 7, you may be required to pay balance above the exemption to the trustee. *You will be required to give the trustee copies of bank statements to verify balances on the date your petition is filed.*

Item	Type	Account	Bank Name & Address	Ownership	Balance	Liens	Exemption
2	2	<input type="checkbox"/> Checking		<input type="checkbox"/> Husband	\$	\$	ARS §33-1126.A.7 <input type="checkbox"/> \$150 <input type="checkbox"/> \$300 (joint)
		<input type="checkbox"/> Savings		<input type="checkbox"/> Wife			
		<input type="checkbox"/> CD		<input type="checkbox"/> Joint			
		<input type="checkbox"/> Other:		<input type="checkbox"/> Community			
3	2	<input type="checkbox"/> Checking		<input type="checkbox"/> Husband	\$	\$	ARS §33-1126.A.7 <input type="checkbox"/> \$150 (joint)
		<input type="checkbox"/> Savings		<input type="checkbox"/> Wife			
		<input type="checkbox"/> CD		<input type="checkbox"/> Joint			
		<input type="checkbox"/> Other:		<input type="checkbox"/> Community			

**SECURITY DEPOSITS** (with your landlord, power company, phone company, etc.) None

In Chapter 7, the trustee may require you to pay him the amount by which any security deposits exceed charges which have been incurred but unpaid as of the filing date of your petition, unless the security deposit is exempt. If you owe more than the deposit to a utility (electric, gas or phone company), the debt may be discharged *if you list it as a creditor*. The utility will require you to make the same deposit it would require if you had not filed bankruptcy to establish new service. You may also discharge unpaid rent *if you list the landlord as a creditor*, but the landlord can terminate the lease.

*Note:* The exemption for rent deposit (or prepaid rent) is available only if you have *not* claimed a homestead. It is limited to 1 and 1/2 months rent, or the amounts stated below, whichever is less. Although we recommend that you also claim the exemption for utility deposits, it may be disallowed. The statutory language specifically exempts "food, fuel and provisions" for six months, which may not be interpreted as including utility deposits.

Item	Type	For	Landlord or Utility Name	Ownership	Deposit	Liens	Exemption
4	3	Rent		<input type="checkbox"/> Husband <input type="checkbox"/> Joint <input type="checkbox"/> Wife <input type="checkbox"/> Community	\$	Same as Deposit	ARS §33-1126.C <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 (joint)
5	3	Utility		<input type="checkbox"/> Husband <input type="checkbox"/> Joint <input type="checkbox"/> Wife <input type="checkbox"/> Community	\$	Same as Deposit	ARS §33-1124 6 months
6	3	Utility		<input type="checkbox"/> Husband <input type="checkbox"/> Joint <input type="checkbox"/> Wife <input type="checkbox"/> Community	\$	Same as Deposit	ARS §33-1124 6 months
7	3	Utility		<input type="checkbox"/> Husband <input type="checkbox"/> Joint <input type="checkbox"/> Wife <input type="checkbox"/> Community	\$	Same as Deposit	ARS §33-1124 6 months

**EXEMPT HOUSEHOLD GOODS AND FURNISHINGS** None

Item 8	Type 4	If you are filing <i>individually</i> , you may claim \$4,000 in specific household goods as exempt. If you are filing <i>jointly</i> , the amount is doubled to \$8,000, and the number of items allowed is doubled.						
Allowed	Claimed	Description	Allowed	Claimed	Description	Allowed	Claimed	Description
1		Kitchen table	1		Living room carpet	1		<input type="checkbox"/> Television or <input type="checkbox"/> radio or <input type="checkbox"/> stereo
4*		Kitchen chairs	2*		Beds			
1		Dining room table	2*		Bed tables	1		Radio alarm clock
4*		Dining room chairs	2*		Dressers	1		Stove
1		Living room couch	2*		Bedroom lamps	1		Refrigerator
1*		Living room chair	2*		Sets bedding	1		Washing machine
3		Living room tables	All		Pictures and paintings of or by family member	1		Clothes dryer
3		Living room lamps				1		Vacuum cleaner
* Number allowed is increased to 1 for you plus 1 for each dependent residing in the household.			<b>Ownership</b>		<b>Value of Property:</b>	<b>Liens</b>		<b>Exemption</b>
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		\$	\$	ARS §33-1123 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$8,000 (joint)	

**OTHER EXEMPT PERSONAL PROPERTY**

None

You may claim exemptions in the property listed below for personal, family or household use. If you are filing jointly with your spouse, you may each claim an exemption in the same item (doubling the value allowed) or in different property. Items marked with an asterisk(\*) are not specifically exempted by statute and may be disallowed.

Item	Type	Description	Ownership	Value	Liens	Exemption
9	4	<b>Food, fuel &amp; 6 months' provisions:</b> <input type="checkbox"/> Miscellaneous foodstuffs, <input type="checkbox"/> pots, pans, cooking utensils, dishes, flatware,* and <input type="checkbox"/> other* <i>describe</i>	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1124 100% of value
10	5	<b>Library:</b> Miscellaneous <input type="checkbox"/> books, <input type="checkbox"/> records,* <input type="checkbox"/> audio tapes,* <input type="checkbox"/> video tapes*, and <input type="checkbox"/> other* <i>describe</i>	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1125(5) <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 (joint)
11	6	<b>Wearing Apparel:</b> Miscellaneous <input type="checkbox"/> clothing, <input type="checkbox"/> costume jewelry*, and <input type="checkbox"/> other* <i>describe</i>	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1125(1) <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 (joint)
12	7	<b>Wedding and Engagement Rings:</b> <input type="checkbox"/> Woman's engagement ring, <input type="checkbox"/> woman's wedding ring, <input type="checkbox"/> man's wedding ring, and <input type="checkbox"/> other* <i>describe</i>	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1125(4) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 (joint)
13	7	<b>Watches:</b> <input type="checkbox"/> 1 watch <input type="checkbox"/> 1 additional watch, if joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1125(6) <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 (joint)
14	8	<b>Musical instruments:</b> <i>describe</i>	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1125(2) <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 (joint)
15	8	<input type="checkbox"/> 1 typewriter <input type="checkbox"/> 1 additional typewriter, if joint <input type="checkbox"/> 1 bicycle <input type="checkbox"/> 1 additional bicycle, if joint <input type="checkbox"/> 1 sewing machine <input type="checkbox"/> 1 additional sewing machine, if joint <input type="checkbox"/> 1 burial lot <input type="checkbox"/> 1 additional burial lot, if joint 1 <input type="checkbox"/> shotgun or <input type="checkbox"/> rifle or <input type="checkbox"/> pistol 1 additional <input type="checkbox"/> shotgun or <input type="checkbox"/> rifle or <input type="checkbox"/> pistol, if joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1125(7) <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 (joint)

**EXEMPT CASH VALUE IN LIFE INSURANCE**

None

You (each spouse in joint cases) may claim \$25,000 surrender value of insurance exempt if:

- The policies are on your or your spouse's life.
- The beneficiary of the policy is the surviving spouse, child, parent, brother or sister, or any other dependent family member. A dependent means a family member who depends upon the insured for not less than half of his or her support. If the policy also names other beneficiaries, the exemption will be pro rated.
- The policies have been for two continuous years, and have named the qualifying beneficiaries for this time.
- Premiums have not been paid in fraud of creditors.
- The cash value has not been increased by premiums paid in the past two years which are in excess of the average premium paid during the previous three years.
- The cash surrender value of all policies on each insured does not exceed \$25,000. The cash surrender value is the amount of money the insurance company will pay *now* if the policy is surrendered and not the face value of the policy.

Item	Type	Description	Insured	Owner	Value	Liens	Exempt
16	9	Insurance company: _____ Face Value: _____	<input type="checkbox"/> You (husband if joint) <input type="checkbox"/> Spouse (wife if joint)	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Cash Surrender Value \$	\$	ARS §33-1126.5 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other \$
		Beneficiary Name _____ Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> brother <input type="checkbox"/> sister <input type="checkbox"/> dependent					
17	9	Insurance company: _____ Face Value: _____	<input type="checkbox"/> You (husband if joint) <input type="checkbox"/> Spouse (wife if joint)	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Cash Surrender Value \$	\$	ARS §33-1126.5 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other \$
		Beneficiary Name _____ Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> brother <input type="checkbox"/> sister <input type="checkbox"/> dependent					
18	9	Insurance company: _____ Face Value: _____	<input type="checkbox"/> You (husband if joint) <input type="checkbox"/> Spouse (wife if joint)	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Cash Surrender Value \$	\$	ARS §33-1126.5 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other \$
		Beneficiary Name _____ Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> brother <input type="checkbox"/> sister <input type="checkbox"/> dependent					

**EXEMPT INTERESTS IN IRA, ERISA, KEOGH & 401K PLANS**

None

You may claim all interest in IRA, ERISA, Keogh, & 401K plans as exempt.

*Note:* Such retirement plan interests have been the subject of much litigation concerning the validity of the exemption. Although it presently appears that such exemptions will be allowed, they may be challenged by the Trustee.

Item	Type	Description	Ownership	Value	Liens	Exemption
19	11	Plan Name	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1126B 100%
		Where held				
20	11	Plan Name	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1126B 100%
		Where held				
21	11	Plan Name	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1126B 100%
		Where held				

**EXEMPT EARNINGS**

None

**The Chapter 7 Trustee may take anything owed to you, including wages, commissions, and other income.** You may claim 75% of your *disposable earnings* as exempt. (If the exempt portion of your weekly pay is less than 30 times the Federal hourly minimum wage, the exempt portion of each week's pay is increased to 30 times the Federal hourly minimum wage.) The Chapter 7 Trustee may take remaining non-exempt disposable earnings at the time your case is filed. He cannot take money you earn *after* your case is filed.

*Disposable earnings* are that part of your wages, salary or other compensation for personal services which remains after deducting only the amounts required by law to be withheld (federal & state taxes, social security, child support). Bonuses and commissions as well as all other payroll deductions (retirement, medical benefits, credit union, etc.) will be included as disposable income.

*Note:* We recommend that your case be filed immediately after you have been paid to minimize the amount the Trustee can take. Most employers issue pay checks a few days after the end of the period for which you are being paid. As a result, the Chapter 7 Trustee will always be able to take 25% of this delayed pay.

*Note:* You must have used your pay by the time we file your case. We recommend that use your pay to purchase exempt food, and that you use cashier's checks or money orders for rent, utilities, car and house payments before we file. The Chapter 7 Trustee will be entitled to take cash you have on hand, as well as any money in bank accounts which exceed your exemption.

Item	Type	Description	Ownership	Value	Liens	Exemption
22	17	Employer	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$		ARS §33-1131B <input type="checkbox"/> 75% or 30 X minimum wage
		Pay period				
23	17	Employer	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$		ARS §33-1131B <input type="checkbox"/> 75% or 30 X minimum wage
		Pay period				
24	17	Employer	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$		ARS §33-1131B <input type="checkbox"/> 75% or 30 X minimum wage
		Pay period				
25	17	Employer	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$		ARS §33-1131B <input type="checkbox"/> 75% or 30 X minimum wage
		Pay period				

**EXEMPT MOTOR VEHICLES**

None

You may claim *one* car, truck, motorcycle, or other motor vehicle with a value of not more than \$5,000 as exempt for personal, family or household use. If you qualify as disabled, the exemption is increased to \$10,000. If you are filing jointly with your spouse, you may each claim an exemption in the same vehicle (doubling the value allowed) or in a different vehicle.

*Note:* The trustees have generally allowed the exemption to apply to your *equity* in the vehicle, above any unpaid balance of the financing of the vehicle. For example, a vehicle with a value of \$15,000 and a loan balance of \$10,000 would be exempt. A more strict interpretation of the statute would not deduct the financing before applying the exemption.

Item	Type	Description	Ownership	Value	Liens	Exemption
26	23	Year	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1125.8 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 jt <input type="checkbox"/> \$10,000 disabled
		Make				
27	23	<b>BRING IN YOUR TITLE</b>	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1125.8 <input type="checkbox"/> \$5,000 joint <input type="checkbox"/> \$10,000 disabled
		Year				
27	23	Year	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1125.8 <input type="checkbox"/> \$5,000 joint <input type="checkbox"/> \$10,000 disabled
		Make				
27	23	<b>BRING IN YOUR TITLE</b>	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1125.8 <input type="checkbox"/> \$5,000 joint <input type="checkbox"/> \$10,000 disabled
		Year				

**EXEMPT TOOLS OF TRADE**

□None

You may claim up to \$2,500 of tools, equipment, instruments and books as exempt if they are *necessary* to carry on the commercial activity, trade, business or profession, and if they are *primarily* used in the trade or business. In joint cases, each spouse may exempt his or her tools.  
 Note: This exemption cannot be "stacked" by spouses. For example, if a husband's carpentry tools exceed the amount exempt, the wife cannot use her exemption on her husband's tools.  
 Note: This exemption cannot be used to protect a motor vehicle used primarily for personal, family or household purposes, or to provide transportation to and from work.  
 If your primary income is from farming, you may use this exemption to protect \$2,500 of farm machinery, utensils, implements of husbandry, feed, seed, grain and animals.  
 You may also exempt the full value of any arms, uniforms and accouterments which you are required *by law* to keep.

Item	Type	Description	Ownership	Value	Liens	Exemption
28	26	Office equipment, furnishings, etc.	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1130 <input type="checkbox"/> \$2,500 of tools, etc. <input type="checkbox"/> All arms, etc.
29	27	Other tools	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1130 <input type="checkbox"/> \$2,500 of tools, etc. <input type="checkbox"/> All arms, etc.
30	27	Other tools	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1130 <input type="checkbox"/> \$2,500 of tools, etc. <input type="checkbox"/> All arms, etc.

**EXEMPT PETS & HEALTH AIDS**

□None

You may claim exemptions in the property listed below for personal, family or household use. If you are filing jointly with your spouse, you may each claim an exemption in the same item (doubling the value allowed) or in different property.

Item	Type	Description	Ownership	Value	Liens	Exemption
31	29	<b>Pets, horses, milk cows, and poultry:</b> <i>describe</i>	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1125(3) <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 (joint)
32	33	<b>Wheel chair &amp; prescribed prostheses:</b> <i>describe</i>	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	ARS §33-1125(9) 100% of value

**EXEMPT INSURANCE INTERESTS AND BENEFITS**

□None

You may claim in the property described below as exempt. With the exception of B, 100% of each kind of property is exempt.

- |  |  |
|--|--|
| <p><b>A Earnings of a child under 18 years of age.</b> ARS §33-1126.A.2</p> <p><b>B Up to \$20,000 in insurance proceeds received by or payable to you on the life of a deceased spouse, parent or legal guardian.</b> ARS §33-1126A1</p> <p><b>C Health, accident or disability benefits</b> (does not apply to premiums payable on policy, debt secured by pledge, or obligation for support). ARS §33-1126A3</p> <p><b>D Insurance proceeds for damage to or destruction of exempt property.</b> ARS §33-1126A4</p> <p><b>E Damages for wrongful levy or execution.</b> ARS §33-1126A.6</p> <p><b>F Fraternal Benefit Society benefits.</b> ARS §20-881</p> <p><b>G Unemployment compensation benefits.</b> ARS §23-783</p> <p><b>H Workmen's compensation benefits.</b> ARS §23-1068</p> <p><b>I Welfare assistance benefits</b> (Food stamps, etc.). ARS §46-208</p> <p><b>J Firemen's relief and pension benefits.</b> ARS §9-978</p> <p><b>K Police pension benefits.</b> ARS §9-931</p> <p><b>L Teacher's retirement benefits.</b> ARS §15-1440</p> <p><b>M State employees retirement benefits.</b> ARS §38-762</p> | <p><b>N Wages due masters, seamen &amp; apprentices.</b> 46 USC §601</p> <p><b>O Veterans Administration benefits: (includes retirement, death &amp; disability benefits)</b> 38 USC §3101(a)</p> <p><b>P Social Security benefits</b> 42 USC §407</p> <p><b>Q Longshoremen &amp; harbor workers medical, disability &amp; death benefits.</b> 33 USC §916</p> <p><b>R Railroad employee retirement/disability.</b> 45 USC §231m</p> <p><b>S Federal civil service disability &amp; death benefits.</b> 5 USC §8130</p> <p><b>T Federal civil service retirement benefits.</b> 5 USC §8346(a)</p> <p><b>V Military Survivor Benefit Plan annuities.</b> 10 USC §1450(i)</p> <p><b>W Annuities paid to widows &amp; dependent children of Federal Justices &amp; Judges.</b> 28 USC §376(n)</p> <p><b>X Servicemen's group life insurance benefits.</b> 38 USC §770(g)</p> <p><b>Y Veteran's group life insurance benefits.</b> 38 USC §770(g)</p> <p><b>Z Deposits made in U.S. servicemen's savings institutions by servicemen while on permanent duty assignment outside U.S. &amp; its possessions.</b> 10 USC §1035(a)</p> |
|--|--|

Item	Type	Description	Ownership	Value	Liens	Exemption
33	33	Benefits paid by	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	Code: Amount: \$
		Describe benefits				
34	33	Benefits paid by	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	Code: Amount: \$
		Describe benefits				
35	33	Benefits paid by	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$	Code Amount: \$

Item	Type	Description	Ownership	Value	Liens	Exemption
		Describe benefits				

**NON-EXEMPT PROPERTY**

□None

List everything else that you own or have any right to below. For "Type" column, select a number (or letter) from the codes below.  
 Note: This property is **not** exempt and may be taken by the Trustee in Chapter 7.

**Types of Property**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>A Real property (land)</li> <li>1 Cash on hand</li> <li>2 Checking or savings accounts, certificates of deposits, etc. in banks, credit unions, &amp; other financial institutions</li> <li>3 Security deposits with public utilities, landlords, etc.</li> <li>4 Household goods and furnishings, including audio, video and computer equipment</li> <li>5 Books, pictures, art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles</li> <li>6 Wearing apparel</li> <li>7 Furs and jewelry</li> <li>8 Firearms, &amp; sports, photographic &amp; other hobby equipment</li> <li>9 Interests in insurance policies (give name of insurance company of each policy; use surrender or refund value)</li> <li>10 Annuities (itemize and name each issuer)</li> <li>11 Interests in IRA, ERISA, Keogh, 401K or other pension or profit sharing plans (itemize)</li> <li>12 Stock &amp; interests in incorporated and unincorporated businesses (itemize)</li> <li>13 Interests in partnerships or joint ventures (itemize)</li> <li>14 Government &amp; corporate bonds &amp; other negotiable &amp; non-negotiable instruments</li> <li>15 Accounts receivable (<i>anything owed to you</i>)</li> <li>16 Alimony, maintenance, support &amp; property settlements to which you are or may be entitled (give particulars)</li> </ul> | <ul style="list-style-type: none"> <li>17 Other liquidated debts owing to you</li> <li>18 Equitable, future, or life estates, &amp; rights or powers exercisable for your benefit</li> <li>19 Contingent and non-contingent interests in the estate of a decedent, death benefit plan, life insurance, policy or trust</li> <li>20 Other contingent and unliquidated claims of every nature including <b>tax refunds, law suits</b>, counterclaims, &amp; rights to setoff claims (give estimate of value)</li> <li>21 Patents, copyrights, and other intellectual property (give estimated value of each)</li> <li>22 Licenses, franchises, and other general intangibles (give particulars)</li> <li>23 Automobiles, trucks, trailers, &amp; other vehicles &amp; accessories</li> <li>24 Boats, motors, &amp; accessories</li> <li>25 Aircraft &amp; accessories</li> <li>26 Office equipment, furnishings, &amp; supplies</li> <li>27 Machinery, fixtures, equipment, &amp; other business supplies</li> <li>28 Inventory</li> <li>29 Animals</li> <li>30 Crops, growing or harvested (give particulars)</li> <li>31 Farming equipment &amp; implements</li> <li>32 Farming supplies, chemicals, &amp; feed</li> <li>33 Other personal property of any kind not already listed (give particulars)</li> </ul> |
|---|--|

Item	Type	Description of Property & Location (if the property is not at your residence address)	Ownership (if joint)	Value	Liens
36			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
37			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
38			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
39			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
40			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
41			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
42			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
43			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
44			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$

Item	Type	Description of Property & Location (if the property is not at your residence address)	Ownership (if joint)	Value	Liens
45			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
46			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
47			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
48			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
49			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
50			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
51			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
52			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
53			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
54			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
55			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
56			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
57			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
58			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$
59			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	\$	\$

## Creditors

List *all* organizations and persons to whom you owe money, even if you are unsure of the amount. List creditors that have only possible claims, such as: debt you have co-signed; VA and FHA guarantees on your home or a home you have sold; debt on homes, cars, etc. which have been sold; ex-spouses; persons injured in automobile or other accidents. You will still owe creditors that you do not list. **We list only creditors that you list below**—debt just mentioned to your attorney or our staff will *not* be listed.

### Some Help with the Questions

**Creditor name and address.** We will use the addresses which you give us. If the address is wrong you may still owe the debt.

**Account numbers** are not required, but are helpful, especially in Chapter 13.

**Date incurred** is the date that the loan was made. For charge cards, use the date of the charge after the last zero balance. In Chapter 7, creditors may object to the discharge of debt incurred within about six months of the date your case is filed.

**Is the debt contingent, unliquidated or disputed?** *Contingent* debt will be owed only if a certain event occurs. For example, if you co-signed for someone else you will owe only if he or she does not pay. *Unliquidated* debt has a balance that cannot be determined. If you have injured someone in an automobile accident, the amount of the debt may not be known until all medical expenses are known. Debt is *disputed* if you and the creditor disagree on the balance.

**Who is liable?** Answer only if you are filing jointly. If debt was incurred before marriage, check the spouse (*husband* or *wife*) who owes the debt. If both parties signed for the debt, check *joint*. If the debt was incurred during the marriage, check *community*, even if only one spouse signed for it.

## SECURED CREDITORS

Secured creditors have a lien on property as security for their loan. If you default on the loan, the secured creditor can take the secured property, sell it, and apply the proceeds toward the debt. Examples of secured debt are home mortgages, home equity loans, car loans, department and other store purchases, and finance loans where the finance company has asked you to make a list of property that you own. If a creditor has sued and gotten a judgment against you, it may have a lien on your home.

In Chapter 7, you may choose to surrender secured property to the creditor and receive a discharge of the debt. If you want to keep the property, you will need to pay the balance of the debt, usually by making up all missed payments, and making all future payments. If you reaffirm the loan but are later unable to make the payments, the creditor will be able to repossess the secure property, and you will still have to pay any portion of the debt left.

In Chapter 13, you may surrender or keep secured property. If you are keeping your home, payments you have missed can be caught up by the plan, but you must make all payments due after the case is filed. Other secured creditors are paid in the plan.

<b>1</b>	<input type="checkbox"/> Home Mortgage Creditor Name <input type="checkbox"/> Other		Value of Security \$	Debt Amount \$	Interest Rate %	
	Address		Ch 7 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Reaffirm <input type="checkbox"/> Pay without reaffirming <input type="checkbox"/> Redeem		Ch 13 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Pay value in plan <input type="checkbox"/> Pay arrears in plan \$ _____ <input type="checkbox"/> Protect a Co-debtor	
	City	State	Zip			
	Account Number		Secured by Item #	Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor		
	Secured by (short description)		Date Incurred	Name		
	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		Address		
	Nature: <input type="checkbox"/> Deed of Trust <input type="checkbox"/> Homeowner's Association <input type="checkbox"/> Judgment Lien <input type="checkbox"/> Store Charge <input type="checkbox"/> Purchase Financing <input type="checkbox"/> Secured Loan <input type="checkbox"/> Other		City	State	Zip	

**Note:** List VA, FHA and other mortgage guarantors, or you will owe the guarantee if you or anyone who assumes the loan defaults. Homeowners association fees continue to be assessed (and not discharged) from the date the case is filed until foreclosure.

<b>2</b>	<input type="checkbox"/> Home 2nd Mortgage Creditor Name <input type="checkbox"/> Other		Value of Security \$	Debt Amount \$	Interest Rate %	
	Address		Ch 7 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Reaffirm <input type="checkbox"/> Pay without reaffirming <input type="checkbox"/> Redeem		Ch 13 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Pay value in plan <input type="checkbox"/> Pay arrears in plan \$ _____ <input type="checkbox"/> Protect a Co-debtor	
	City	State	Zip			
	Account Number		Secured by Item #	Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor		
	Secured by (short description)		Date Incurred	Name		
	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		Address		
	Nature: <input type="checkbox"/> Deed of Trust <input type="checkbox"/> Homeowner's Association <input type="checkbox"/> Judgment Lien <input type="checkbox"/> Store Charge <input type="checkbox"/> Purchase Financing <input type="checkbox"/> Secured Loan <input type="checkbox"/> Other		City	State	Zip	

<b>3</b>	<input type="checkbox"/> <i>Car Loan</i> Creditor Name <input type="checkbox"/> <i>Other</i>		Value of Security \$	Debt Amount \$	Interest Rate %	
	Address		Ch 7 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Reaffirm <input type="checkbox"/> Pay without reaffirming <input type="checkbox"/> Redeem	Ch 13 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Pay value in plan <input type="checkbox"/> Pay arrears in plan \$ _____ <input type="checkbox"/> Protect a Co-debtor		
	City	State	Zip			
	Account Number		Secured by Item #	Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor		
	Secured by (short description)		Date Incurred	Name		
	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		Address		
Nature: <input type="checkbox"/> Deed of Trust <input type="checkbox"/> Homeowner's Association <input type="checkbox"/> Judgment Lien <input type="checkbox"/> Store Charge <input type="checkbox"/> Purchase Financing <input type="checkbox"/> Secured Loan <input type="checkbox"/> Other		City		State	Zip	
<b>4</b>	<input type="checkbox"/> <i>Car Loan</i> Creditor Name <input type="checkbox"/> <i>Other</i>		Value of Security \$	Debt Amount \$	Interest Rate %	
	Address		Ch 7 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Reaffirm <input type="checkbox"/> Pay without reaffirming <input type="checkbox"/> Redeem	Ch 13 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Pay value in plan <input type="checkbox"/> Pay arrears in plan \$ _____ <input type="checkbox"/> Protect a Co-debtor		
	City	State	Zip			
	Account Number		Secured by Item #	Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor		
	Secured by (short description)		Date Incurred	Name		
	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		Address		
Nature: <input type="checkbox"/> Deed of Trust <input type="checkbox"/> Homeowner's Association <input type="checkbox"/> Judgment Lien <input type="checkbox"/> Store Charge <input type="checkbox"/> Purchase Financing <input type="checkbox"/> Secured Loan <input type="checkbox"/> Other		City		State	Zip	
<p><b>Note:</b> Most stores claim security interests in everything they sell except clothing, soft goods and consumables. Sears, Circuit City, Room Store and other stores financing major appliances, furniture and electronics should usually be listed as secured creditors.</p>						
<b>5</b>	<input type="checkbox"/> <i>Store Account</i> Creditor Name <input type="checkbox"/> <i>Other</i>		Value of Security \$	Debt Amount \$	Interest Rate %	
	Address		Ch 7 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Reaffirm <input type="checkbox"/> Pay without reaffirming <input type="checkbox"/> Redeem	Ch 13 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Pay value in plan <input type="checkbox"/> Pay arrears in plan \$ _____ <input type="checkbox"/> Protect a Co-debtor		
	City	State	Zip			
	Account Number		Secured by Item #	Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor		
	Secured by (short description)		Date Incurred	Name		
	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		Address		
Nature: <input type="checkbox"/> Deed of Trust <input type="checkbox"/> Homeowner's Association <input type="checkbox"/> Judgment Lien <input type="checkbox"/> Store Charge <input type="checkbox"/> Purchase Financing <input type="checkbox"/> Secured Loan <input type="checkbox"/> Other		City		State	Zip	
<b>6</b>	<input type="checkbox"/> <i>Store Account</i> Creditor Name <input type="checkbox"/> <i>Other</i>		Value of Security \$	Debt Amount \$	Interest Rate %	
	Address		Ch 7 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Reaffirm <input type="checkbox"/> Pay without reaffirming <input type="checkbox"/> Redeem	Ch 13 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Pay value in plan <input type="checkbox"/> Pay arrears in plan \$ _____ <input type="checkbox"/> Protect a Co-debtor		
	City	State	Zip			
	Account Number		Secured by Item #	Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor		
	Secured by (short description)		Date Incurred	Name		
	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		Address		
Nature: <input type="checkbox"/> Deed of Trust <input type="checkbox"/> Homeowner's Association <input type="checkbox"/> Judgment Lien <input type="checkbox"/> Store Charge <input type="checkbox"/> Purchase Financing <input type="checkbox"/> Secured Loan <input type="checkbox"/> Other		City		State	Zip	

7	<input type="checkbox"/> Store Account Creditor Name <input type="checkbox"/> Other		Value of Security \$	Debt Amount \$	Interest Rate %	
	Address		Ch 7 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Reaffirm <input type="checkbox"/> Pay without reaffirming <input type="checkbox"/> Redeem	Ch 13 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Pay value in plan <input type="checkbox"/> Pay arrears in plan \$ _____ <input type="checkbox"/> Protect a Co-debtor		
	City	State	Zip			
	Account Number		Secured by Item #	Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor		
	Secured by (short description)		Date Incurred	Name		
	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		Address		
Nature: <input type="checkbox"/> Deed of Trust <input type="checkbox"/> Homeowner's Association <input type="checkbox"/> Judgment Lien <input type="checkbox"/> Store Charge <input type="checkbox"/> Purchase Financing <input type="checkbox"/> Secured Loan <input type="checkbox"/> Other		City	State	Zip		

8	<input type="checkbox"/> Store Account Creditor Name <input type="checkbox"/> Other		Value of Security \$	Debt Amount \$	Interest Rate %	
	Address		Ch 7 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Reaffirm <input type="checkbox"/> Pay without reaffirming <input type="checkbox"/> Redeem	Ch 13 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Pay value in plan <input type="checkbox"/> Pay arrears in plan \$ _____ <input type="checkbox"/> Protect a Co-debtor		
	City	State	Zip			
	Account Number		Secured by Item #	Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor		
	Secured by (short description)		Date Incurred	Name		
	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		Address		
Nature: <input type="checkbox"/> Deed of Trust <input type="checkbox"/> Homeowner's Association <input type="checkbox"/> Judgment Lien <input type="checkbox"/> Store Charge <input type="checkbox"/> Purchase Financing <input type="checkbox"/> Secured Loan <input type="checkbox"/> Other		City	State	Zip		

Note: If you made a list of things you own when you borrowed money, you probably pledged them as security. If these items are exempt, and are for personal or household use, this security interest may be avoided. This does not apply to motor vehicles.

9	<input type="checkbox"/> Finance Co. Creditor Name <input type="checkbox"/> Other		Value of Security \$	Debt Amount \$	Interest Rate %	
	Address		Ch 7 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Reaffirm <input type="checkbox"/> Pay without reaffirming <input type="checkbox"/> Redeem	Ch 13 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Pay value in plan <input type="checkbox"/> Pay arrears in plan \$ _____ <input type="checkbox"/> Protect a Co-debtor		
	City	State	Zip			
	Account Number		Secured by Item #	Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor		
	Secured by (short description)		Date Incurred	Name		
	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		Address		
Nature: <input type="checkbox"/> Deed of Trust <input type="checkbox"/> Homeowner's Association <input type="checkbox"/> Judgment Lien <input type="checkbox"/> Store Charge <input type="checkbox"/> Purchase Financing <input type="checkbox"/> Secured Loan <input type="checkbox"/> Other		City	State	Zip		

10	<input type="checkbox"/> Finance Co. Creditor Name <input type="checkbox"/> Other		Value of Security \$	Debt Amount \$	Interest Rate %	
	Address		Ch 7 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Reaffirm <input type="checkbox"/> Pay without reaffirming <input type="checkbox"/> Redeem	Ch 13 <input type="checkbox"/> Surrender the property <input type="checkbox"/> Pay value in plan <input type="checkbox"/> Pay arrears in plan \$ _____ <input type="checkbox"/> Protect a Co-debtor		
	City	State	Zip			
	Account Number		Secured by Item #	Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor		
	Secured by (short description)		Date Incurred	Name		
	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		Address		
Nature: <input type="checkbox"/> Deed of Trust <input type="checkbox"/> Homeowner's Association <input type="checkbox"/> Judgment Lien <input type="checkbox"/> Store Charge <input type="checkbox"/> Purchase Financing <input type="checkbox"/> Secured Loan <input type="checkbox"/> Other		City	State	Zip		

**PRIORITY CREDITORS**

The law gives *priority* to Federal and state taxes which meet any one or more of these criteria:

1. The return for the tax was due within 3 years before your case is filed. Income tax returns are usually due on April 15 after the end of the tax year, but they could be due on April 16th if the 15th fell on a Sunday, or months later if you got an extension.
2. The return was not filed or was filed within 2 years before your case is filed. (This does not apply to Chapter 13, but any unfiled returns must be filed before the confirmation hearing or the case will be dismissed.)
3. If the tax is based on an assessment (from audits, etc) the assessment was made within 240 days before your case is filed.
4. All withholding (Form 940) and unemployment (Form 941) tax on your employees, and the 100% penalty for withholding or unemployment taxes owed by a corporation you controlled.

*Note:* The time you were in a previous Chapter 7 or Chapter 13 will not count in calculating any of the above time periods.

In Chapter 7, **priority tax claims will not be discharged.** In chapter 13, your plan must pay priority tax claims.

If IRS or the state has filed a lien, the taxes will be secured by property you own. This lien will remain *even if the tax is discharged.*

The following kinds of debt are also given priority and will be paid before other debt in Chapter 7:

1. *Wages, salaries, and commissions*, including vacation, severance, and sick leave pay which you owe to your employees, up to \$2,000 per employee, earned within 90 days before the bankruptcy is filed, or business ceased, whichever occurred first.
2. Money owed to *employee benefit plans* for services rendered within 180 days before the bankruptcy was filed or the business ceased, whichever occurred first.
3. Money you owe to certain *farmers and fishermen* up to \$2,000 per farmer or fisherman.
4. Up to \$900 for purchase, lease, or rental *deposits* for personal, family, or household services not delivered or provided.

<b>1</b>	Type of claim: <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries & commissions <input type="checkbox"/> Employee benefit plan debt <input type="checkbox"/> Debt to farmers or fishermen <input type="checkbox"/> Deposits				Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	
	Creditor Name <input type="checkbox"/> Internal Revenue Service				Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	Address				Name			
	City		State	Zip	Address			
	Account Number (For taxes, Taxpayer ID, or SSN)				City		State	Zip
	Tax Year	1040, 940, 941	Date return filed	Date assessed	Tax amount	Interest	Penalty	Lien filed? Give county.
<b>1</b>	Type of claim: <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries & commissions <input type="checkbox"/> Employee benefit plan debt <input type="checkbox"/> Debt to farmers or fishermen <input type="checkbox"/> Deposits				Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	
	Creditor Name <input type="checkbox"/> Arizona Department of Revenue				Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	Address				Name			
	City		State	Zip	Address			
	Account Number (For taxes, Taxpayer ID, or SSN)				City		State	Zip
	Tax Year	1040, 940, 941	Date return filed	Date assessed	Tax amount	Interest	Penalty	Lien filed? Give county.
<b>1</b>	Type of claim: <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries & commissions <input type="checkbox"/> Employee benefit plan debt <input type="checkbox"/> Debt to farmers or fishermen <input type="checkbox"/> Deposits				Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	
	Creditor Name				Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	Address				Name			
	City		State	Zip	Address			
	Account Number (For taxes, Taxpayer ID, or SSN)				City		State	Zip
	Tax Year	1040, 940, 941	Date return filed	Date assessed	Tax amount	Interest	Penalty	Lien filed? Give county.

**UNSECURED CREDITORS**

<b>1 4</b>	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			
<b>1 5</b>	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			
<b>1 6</b>	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			
<b>1 7</b>	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			
<b>1 8</b>	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			

1 9	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			
2 0	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			
2 1	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			
2 2	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			
2 3	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			

2 4	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			
2 5	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			
2 6	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			
2 7	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			
2 8	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, give amount: \$	Debt Amount \$		
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor			
	City	State	Zip	Name		
	Account Number	Date Incurred		Address		
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City	State	Zip
	Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: _____ %			

<b>29</b>	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor	
	City	State	Zip	Name
	Account Number	Date Incurred		Address
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City
Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community			<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: %	
<b>30</b>	Creditor Name		Setoff: Does the creditor owe you money which may reduce the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes, give amount: \$	Debt Amount \$
	Address		Indicate if any party below is connected with the account and list below <input type="checkbox"/> Co-debtor <input type="checkbox"/> Collection agent <input type="checkbox"/> Attorney <input type="checkbox"/> Assignee <input type="checkbox"/> Guarantor	
	City	State	Zip	Name
	Account Number	Date Incurred		Address
	Reason for debt <input type="checkbox"/> Charge card <input type="checkbox"/> Loan <input type="checkbox"/> Rent <input type="checkbox"/> Liability from accident <input type="checkbox"/> Other	Is the debt <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		City
Who is liable? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community			<input type="checkbox"/> Check to protect the above co-debtor in Ch 13 & give interest rate: %	

### CONTRACTS AND LEASES

Are you a party to any current leases or contracts (such as apartment leases, car leases, homeowner's association agreements)? No Yes-  
complete the information below.

*Note:* If you now owe money, or will owe money on the contract or lease (such as next month's rent on a lease), you should list the lessor or other party to the contract as a creditor. If you do not, you will not be discharged for the lease or contract.

*Note:* Your agreement with a **Homeowner's Association** is an executory contract which should be listed here, and as a creditor. Even though you fees owed when your case is filed will be discharged, these fees may become a lien on the home. The periodic fees which are assessed after the case is filed will *not* be discharged. They will continue to be assessed until the property is sold or foreclosed on.

Lessor/other party's name			Description of lease or contract	
Address or creditor number				
City	State	Zip	Do you want to <input type="checkbox"/> accept the lease/contract and pay the balance or <input type="checkbox"/> reject the lease/contract and surrender the property.	
Lessor/other party's name			Description of lease or contract	
Address or creditor number				
City	State	Zip	Do you want to <input type="checkbox"/> accept the lease/contract and pay the balance or <input type="checkbox"/> reject the lease/contract and surrender the property.	
Lessor/other party's name			Description of lease or contract	
Address or creditor number				
City	State	Zip	Do you want to <input type="checkbox"/> accept the lease/contract and pay the balance or <input type="checkbox"/> reject the lease/contract and surrender the property.	
Lessor/other party's name			Description of lease or contract	
Address or creditor number				
City	State	Zip	Do you want to <input type="checkbox"/> accept the lease/contract and pay the balance or <input type="checkbox"/> reject the lease/contract and surrender the property.	

## Income & Expenses

\FORMS\BKQBDGT.WPD Rev. 11-03

<b>Marital Status</b> 6	<input type="checkbox"/> Not married-- complete only column <b>A</b> for "you". <input type="checkbox"/> Married and filing jointly--complete column <b>A</b> for "husband" & <b>B</b> for "wife". <input type="checkbox"/> Married, living together, but spouse is not filing--complete <b>A</b> for "you" & <b>B</b> for your spouse. <input type="checkbox"/> Married, living separate from spouse, and spouse is not filing--complete only column <b>A</b> for "you".					
<b>A You (Husband if joint)</b>			<b>B Spouse (Wife if joint)</b>			
Birth Date	Occupation		Birth Date	Occupation		
Employer	Hire Date		Employer	Hire Date		
Address			Address			
<b>DEPENDENTS:</b> List all dependents.						
Name		Birth Date	Relationship			
<b>How often do you get paid?</b>			<b>A You (Husband if joint)</b>		<b>B Spouse (Wife if joint)</b>	
Choose <i>Semi-monthly</i> if you are paid on the same 2 dates each month, such as the 1st and 15th. Choose <i>Bi-weekly</i> if paid on the same day of the week, such as every other Friday. For monthly amounts multiply <b>Pay Period amount by Multiplier</b> . Note: Voluntary savings, and retirement will be added to income. For Ch. 13, do <i>not</i> list Credit Union and other debt paid through the plan. You should stop these deductions.			<b>Pay Period</b>	<b>Multiplier</b>	<b>Pay Period</b>	<b>Multiplier</b>
			<input type="checkbox"/> Monthly	1	<input type="checkbox"/> Monthly	1
			<input type="checkbox"/> Semi-monthly	2	<input type="checkbox"/> Semi-monthly	2
			<input type="checkbox"/> Bi-weekly	2.1667	<input type="checkbox"/> Bi-weekly	2.1667
			<input type="checkbox"/> Weekly	4.3333	<input type="checkbox"/> Weekly	4.3333
			<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
<b>ATTACH THE LAST TWO PAY STUBS FOR EACH JOB</b>			<b>Pay Period</b>	<b>Per Month</b>	<b>Pay Period</b>	<b>Per Month</b>
<b>INCOME</b>	Gross pay before taxes and deductions		\$	\$	\$	\$
	Estimated average overtime		+	+	+	\$
<b>TOTAL INCOME</b>	Before taxes and deductions		\$	\$	\$	\$
<b>DEDUCTIONS</b>	Federal Withholding Tax		-	-	-	-
	Social Security Tax		-	-	-	-
	State Withholding Tax		-	-	-	-
	Insurance (Health and life, etc.)		-	-	-	-
	Mandatory retirement/profit sharing		-	-	-	-
Ch 7 only:	Credit Union Payments (see note above)		-	-	-	-
Ch 7 only:	Profit Sharing Payments (see note above)		-	-	-	-
Other (specify):			-	-	-	-
Other (specify):			-	-	-	-
<b>TAKE HOME PAY</b>	[INCOME less DEDUCTIONS]		\$	\$	\$	\$
<b>OTHER INCOME</b>	Self-employment income		+	+	+	+
	Interest and dividends, real property		+	+	+	+
	Social Security		+	+	+	+
	Government assistance		+	+	+	+
	Pension or retirement income		+	+	+	+
	Spousal maintenance actually received		+	+	+	+
	Child support actually received		+	+	+	+
Other (specify):			+	+	+	+
Other (specify):			+	+	+	+
<b>TOTAL TAKE HOME PAY AND OTHER INCOME</b>			\$	\$	\$	\$
Do you think that any of the income categories will <i>increase</i> or <i>decrease</i> by more than 10% within the next year?						
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state category, reason and amount of increase or decrease expected. Don't forget child support changes.						

If *married, living apart & filing jointly*, complete column **C** for husband, and column **D** for wife. Otherwise complete only column **C**; include spouse's expenses if *married & living together* even if your spouse is *not* filing.

The Chapter 13 payment will be the amount left after expenses are deducted from income. Expenses that are *greater* or *less* than the Trustee's allowance may not be allowed without a good explanation.

<b>EXPENSES</b>	<b>C</b> You, Joint, or Husband	<b>D</b> Wife if <i>joint &amp; apart</i>	<b>TRUSTEE'S ALLOWANCE</b>	<b>EXPLANATION IF VARIES FROM TRUSTEE'S ALLOWANCE</b>
<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Mobile home--list payment and space rent separately	\$	\$	Variable--maximum of 35% of income before taxes	
Is real property tax included? If "No", give amount.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? If "No", give amount.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home maintenance			\$75 only if home is owned	
Electricity			\$210 must be verified average	
Gas			\$73 must be verified average	
Water & sewer			\$55 must be verified average	
Telephone			\$60 must be verified average	
Food			\$260 single; \$410 couple + \$175 each teenager; \$150 pre-teen	
Clothing			\$50 for each person	
Laundry & cleaning			\$28 single; \$15 ea. family member	
Medical, dental & drugs			\$50 must be verified average	
Transportation: car (gas, oil repairs, license) or bus			\$240 per vehicle for each employed spouse or bus fare \$75	
Recreation (papers, books, school books, magazines, cable, internet, etc.)			\$100 for an individual or \$150 for a family	
Miscellaneous/contingency			\$90 per family	
Charity/church tithing			Actual verified amount	
Homeowner/renter's insurance			Verification required	
Vehicle insurance			<i>Required if vehicle is owned</i>	
Life insurance			Reasonable--verification required	
Health insurance			Verification required	
Taxes not deducted from pay			As required per tax schedules	
Vehicle lease			\$450 per vehicle maximum	
Vehicle payments (Ch. 7 only)			Not allowed in Ch. 13 except lease	
Other payments (Ch. 7 only)			Not allowed in Ch. 13	
Child support actually paid & not deducted from pay			Verification required	<b>Children's Names/Ages/Relation</b>
Spousal support actually paid & not deducted from pay			Verification required	<b>Paid to</b>
Cell phone			\$50 per family	
Other expenses (Specify)				

<b>COLUMN TOTALS</b>			<b>TOTAL INCOME COLUMNS A+B</b>	\$
In Ch 13, your payment will be INCOME less EXPENSES. In Ch 7, you may be denied a discharge if this amount would allow you to pay 1/2 of your debt over 3 years.			<b>TOTAL EXPENSE COLUMNS C+D</b>	-
			<b>INCOME LESS EXPENSES</b>	\$

**Statement of Financial Affairs**

If you are married and living with your spouse, questions 1 through 13 in this section require answers for **both husband and wife** even if only one is filing.

**1. Income from employment or operation of a business.** List your gross before-tax income from employment or from trade, profession or operation of a business from the beginning of this calendar year to date, and for the preceding two calendar years. Write "None" for any year in which you have had no income.

A Your (Husband's if joint) Income			B Your Spouse's (Wife's if joint) Income		
Amount:	Source:	Year:	Amount:	Source:	Year:
\$		So far this year	\$		So far this year
\$		Last year:	\$		Last year:
\$		Year before:	\$		Year before:

**2. Income other than from employment or operation of a business.** List your gross before-tax income from sources other than employment or operation of a business. Include **tax refunds** as well as interest, investment and other income. Write "None" for any year in which you have had no such income.

A Your (Husband's if joint) Income			B Your Spouse's (Wife's if joint) Income		
Amount:	Source:	Year:	Amount:	Source:	Year:
\$		So far this year	\$		So far this year
\$		Last year:	\$		Last year:
\$		Year before:	\$		Year before:

**2. Preferences.** If you pay a creditor before your case is filed, you have preferred that creditor over others who are not paid. The court may require the creditor or you to pay the Trustee the amount of the preference. For most creditors a preference is payments which total more than \$600 to a single creditor within 90 days prior to the date your case is filed. **If the creditor is a relative or an insider, all payments made within 1 year prior to the date your case is filed will count toward the preference.** An insider is a general partner, a partnership to which you belong, a corporation in which you are an officer, director or controlling person.

a. Have you or your spouse paid more than \$600 to any creditor *other than a relative or insider* within the last 90 days?  
 No  Yes. If yes, give the information below for each payment.

Party paid Name	Address Street City State	Dates Paid	Amount Paid	Amount Still Owing

b. Have you or your spouse paid more than \$600 to a *relative or insider* within the last year?  
 No  Yes. If yes, give the information below for each payment. **The relative/insider or you may have to pay this money back.**

Party paid Name	Address Street City State	Dates Paid	Amount Paid	Amount Still Owing

**4.a. Lawsuits.** Have you been a party to any suit in the last year?  No  Yes. If yes, give the information below for each case.  
*Note:* (1) If you are suing to collect money, the suit and proceeds you receive from it are assets which must *also* be listed in your property schedules. The Trustee may take this case and its proceeds from you.  
 (2) Unsatisfied judgments and pending suits against you must be listed as creditors or you will not get a discharge. When judgments are recorded, they become liens on property which are not removed by the bankruptcy. A judgment lien on your homestead usually may be removed through the filing of a complaint before your case is closed. There is an additional charge for the filing of this complaint.  
 (3) A divorce or dissolution of marriage is a lawsuit, which must also be listed. The stay which prohibits creditors from acting against you during the bankruptcy may also prevent the divorce from being started or completed. This stay can be removed, but only with the filing of a motion at additional cost.

Plaintiff v. Defendant, Case Number	Court name, address	Nature of case	Status

**4.b. Garnishment.** Has any creditor garnished or attached your wages, or seized any property of yours within the last year?  
 No  Yes. If yes, give the information below for each case.  
*Note:* If you still owe money to the creditor, list it in the creditors section and give the number of the creditor instead of the address below. If you do not list the creditor in the creditors section, you will not receive a discharge from the debt.

Creditor Name	Creditor Address, City, State or number from creditors section	Date taken	Description & value

**5. Repossessions, returns and foreclosures.** Has anything (cars, home, household goods, etc.) been returned to, repossessed by, or foreclosed on by a creditor within the last year?  
 No  Yes. If yes, give the information below for each return, repossession, and foreclosure.  
*Note:* If you still owe money to the creditor, list it in the creditors section and give the number of the creditor instead of the address below. If you do not list the creditor in the creditors section, you will not receive a discharge from the debt.

Creditor Name	Creditor Address, City, State or number from creditors section	Date taken	Description & value

**6.a. Assignments.** An assignment transfers or gives some claim or right to property to another. For example, a wage assignment transfers the right to wages to another party. Have you made an assignment of anything to any creditor within the last 120 days?  
 No  Yes. If yes, give the information below for each return, repossession, and foreclosure.  
*Note:* If you still owe money to the creditor, list it in the creditors section and give the number of the creditor instead of the address below. If you do not list the creditor in the creditors section, you will not receive a discharge from the debt.  
 Assignments to non-creditors (i.e., family, friends) should be listed in #7, Gifts.

Creditor Name	Creditor Address, City, State or number from creditors section	Date assigned	Description & value

**6.b. Receivers.** Have you turned over any property to a custodian, receiver, or court appointed official within the last year?  
 No  Yes. If yes, give the information below. *Also see Note to 6.a above.*

Receiver, etc. Name	Receiver Address, City, State or number from creditors section	Date taken	Description & value

**7. Gifts.** Have you made any gifts of \$200 or more to any family member, or a charitable contribution of more than \$100 per charity within the last year? Charitable contributions include church tithing.  
 No  Yes. If yes, give the information below for each gift or contribution.

Given to Name	Address, City, State	Relationship	Date given	Description & value

**8. Losses from fire, theft, other casualty or gambling.** *Casualty* means anything lost, destroyed, or made useless by some unfortunate or unforeseen happening. It includes damage to cars in an automobile accident, damages to homes in storms, and almost any other kind of property loss.  
 Have you suffered any loss from fire, theft, or other casualty or gambling within the last year?  
 No  Yes. If yes, give the information below for each loss.  
*Note:* If you have not received insurance payments, the claim must be listed in the property section. Unless an exemption is available and claimed in the exemption section, the insurance payments may be taken by the Trustee.

Property lost - description & value	Description of circumstances, and if insured amount received & how used	Date of Loss

**9. Payments relating to debt counseling or bankruptcy.** Other than the payments made for the filing of this case, have any payments been made or property been transferred by you (or someone for you) to any persons or attorneys (including this office), concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case?  
 No  Yes. If yes, give the information below for each payment.

Party paid Name	Party paid Address, City, State	Date paid & by whom if not you	Amount or description & value

**10. Other transfers.** As used here, transfer refers to the giving of anything of value, other than listed in the previous question, and other than in the ordinary course of business. A transfer includes but is not limited to: (1) giving a security interest (i.e. adding someone as a lien holder on a car title); (2) taking your name off from a car title or bank account owned by you and someone else; (3) selling, abandoning, giving away, or junking property; or (4) doing anything with something that you own which reduces the value of your estate. If you are in business, it does not include the sale of merchandise which is customary in your business.  
 Have you made any such transfer within the last year?  
 No  Yes. If yes, give the information below for each transfer.

Transferred to Name	Transferred to Address, City, State	Date transferred	Description & value

**11. Closed financial accounts.** Financial accounts include checking, saving, certificates of deposit, stock accounts, etc. with banks, credit unions, thrift associations, stock brokerages, and any other financial institution.

Have you or has anyone for you *closed, sold or transferred* any financial accounts or instruments within the last year?

No  Yes. If yes, give the information below.

*Note:* Accounts that are still open should be listed in the property section and not here.

Bank Name	Bank Address, City, State or number from creditors section	Date closed	Amount & account number

**12. Safe deposits.** Did you have any securities, cash, or valuables in a safe deposit box or other depository in the last year?

No  Yes. If yes, give the information below.

*Note:* Any securities, cash or valuables which you still have should *also* be listed in the property section. Securities, cash and valuables which you have disposed of should be listed under applicable questions in this section (gifts, transfers, etc.).

Bank Name	Bank Address, City, State or number from creditors section	Contents, transfer date, others with access

**13. Setoffs.** If you owe money to a creditor and the creditor takes something of yours which it holds to pay that debt, it has made a setoff. For example, a bank may setoff (or take) money in your checking account to pay your charge card; IRS may setoff a refund on this year's taxes to pay prior years' taxes; and a pawn shop may setoff what it holds against the money it loaned.

Has any creditor made a setoff of any debt of yours within the last 90 days?

No  Yes. If yes, give the information below for each creditor.

*Note:* If you still owe money to the creditor, list it in the creditors section and give the creditor # instead of the address below.

Creditor Name	Creditor Address, City, State or number from creditors section	Date of setoff	Amount

The remaining questions do not require answers for a non-filing spouse.

**14. Property held for another.** The Trustee cannot take property which you are holding or borrowing from someone else, but you must disclose property you are holding. You may have to prove that it is not your property.

Are you holding any property owned by someone else?

No  Yes. If yes, give the information below.

Owner's Name	Owner Address, City, State	Description, location, & value of property

**15. Prior addresses.** Have you moved within the last 2 years?

No  Yes. If yes, give all premises which you occupied during the last two years. If this is a joint case, identify joint and separate residences of each spouse.

Name	Address, City, State or number from creditors section	Date started occupancy	Date ended occupancy

**16. Spouses and former spouses.** List your present spouse (if you are married) and any other spouse(s) you have had in the last six years while you were residing in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin).

None (other than a joint debtor).

Spouse's Name	If joint, debtor married to spouse	Spouse's Name	If joint, debtor married to spouse

**17. Environmental information.** For purposes of this question, the following definitions apply:  
 "Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.  
 "Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.  
 "Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which you received written notice by a governmental unit that you may be liable or potentially liable under or in violation of an Environmental Law:  
 None.

Site Name & Address	Name & Address of Governmental Unit	Date of Notice	Environmental Law

b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material:  
 None.

Site Name & Address	Name & Address of Governmental Unit	Date of Notice	Environmental Law

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party:  
 None.

Site Name & Address	Docket Number	Status or Disposition

**18. Businesses.** In the last six years have you:

- been an officer, director or managing executive of a corporation;
- been a partner or managing executive of a partnership;
- been a managing executive of a sole proprietorship;
- been a self employed professional; or
- owned more than five percent (5%) or more of the voting or equity securities?

No. If no, skip 18-20.  Yes. If yes, give the information below for each business. If joint, indicate each spouse's involvement.  
*Note:* If you still owe money to the creditor, list it in the creditors section and give the creditor # instead of the address below.

Business Name	Business Address, City, State	Nature of Business	Beginning date	Ending date

**19.a. Books, records and financial statements.** Give the information below for each person or entity who has kept your books of accounts and records for the business(es) within the last six years.

Name	Address, City, State	Phone	From date	To date

**19.b. Persons who audited books.** Give the information below for each person or entity who has audited your books of accounts and records for the business(es) within the last six years.

Name	Address, City, State	Phone	From date	To date

**19.c. Person who has books.** Give the information below for each person or entity who presently has the books of accounts and records for the business(es). If you have the records state, "in my possession" or "in husband's possession", etc. If the records are not available, explain what is unavailable and why. If the books have been lost, destroyed, or disposed of, give date and reason.

Name	Address, City, State	Phone

**19.d. Financial statements.** For each financial statement for the business issued to financial institutions, creditors, mercantile/trade agencies and other parties within the last two years, give the information below.

Issued to Name	Issued to Address, City, State	Date of financial statement

**20. Inventories.** For the last two inventories taken of business property, give the information below.

Date of inventory	Inventory supervisor	Amount of inventory	Basis: Cost, market, other

Lawyers

Chapter 7 & Chapter 13 Questionnaire

Information we depend upon you to provide. The bankruptcy case that you will be filing requires a great deal of information and paperwork processing before it can be filed. You are the only one that has much of the information needed. Since you will be required to attest (under penalty of perjury) that the information is true and accurate, we cannot fill out the questionnaire for you.

Answer all of the questions. Many of the questions or sections of the attached questionnaire may not apply to you. Please answer all questions to the best of your ability even the answer is "no" or "none". If you return the questionnaire without the needed information, it will have to be returned to you to complete which will delay the preparation of documents which are needed to protect you from creditors.

Be sure you list all creditors. Only creditors you list in the attached questionnaire with a complete, correct mailing addresses will be included in your case. Creditors you may have discussed with our staff or your attorney but do not list in the questionnaire will not be included. You will not get a discharge from any creditor that you do not list with a correct mailing address.

Call if you need help. If there are questions which you do not understand, we suggest you mark those questions and complete the remaining portion of the questionnaire. Then call our office, and we will assist you in answering any questions you do not understand. If our staff is unable to answer any of your questions, ask them to schedule an office or phone conference with your attorney. There is no charge for the appointment, but you will be charged if you make an appointment and miss it without canceling 24 hours in advance.

Return the questionnaire. Once you have completed the questionnaire, return it to our office with the following:

- Your second payment. This should be by cash, cashier's check or money order. (Do not send cash if you are returning the questionnaire by mail.)
A copy of the title to each vehicle you own.
A copy of the Deed for your house and any other real property (land) which you own.
A copy of the last two pay stubs for every job of husband and wife.
A copy of the contract for each loan you have with a finance company.
For Chapter 13 only: The first page and the signature page of Federal and state income tax returns for the last three years.
For Chapter 13 only: The first page of your insurance policy on the vehicles. Write the name, address, and phone number of your insurance agent if it is not printed on the policy.
For Chapter 13 only: The originals of all letters from collection agencies which you still have.

When papers will be ready to file. Unless priority filing is requested, cases will be ready to be filed in approximately 4 to 6 weeks from the return of all the questionnaire and all requested information (depending on our case load).

- Check here if you want your case filed sooner as a priority filing (there is an additional charge). Give the date do you want the papers ready to be filed:
Indicate the reason that you want the case filed on that date:
Stop foreclosure. Give date the foreclosure sale is scheduled:
Stop judgment or garnishment. Attach a copy of all court papers you have received.
Stop sale of repossessed vehicle. Give date vehicle was repossessed:
Stop repossession.
Other. Please explain:

Date

Client Signature

Date

Client Signature (if joint)

We recommend that you complete the attached forms in pencil so that you can easily make corrections.