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2012 Chapter 7 Bankruptcy Questionnaire



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DiscountDivorceAZ.com
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Instructions:

Completed this questionnaire with as much known information as possible.

After completing the questionnaire make an in office appointment.

Office Phone: 602-896-9020

Monday thru Thursday 9:00 am –12:30pm 1:30pm – 5:00pm and Friday 9:00 am –12:30pm

Office location:

13817 North 19th Ave., Phoenix, AZ 85023-6105 (Northeast corner of Thunderbird Rd. & 19th Ave., Subway's ® parking lot)

What to bring to your appointment:

1. This questionnaire.
2. A copy of any law suits you have been served with.
3. A photo ID, such as a driver's license.
4. A copy of your credit report if you do not know who all your creditors are.
We recommend using *Advantage Plus Credit Reporting, Inc.*,
7998 West Thunderbird Road, Ste. 109, Peoria, AZ 85381, 623-889-8999 (\$33)
5. Payment: \$199. We accept all forms of payment except personal checks.

How to complete this questionnaire:

1. Please print legibly; our office must be able to read this document to accurately complete your documents.
2. Should you need additional space please make extra copies of this questionnaire and attach additional pages as needed.
3. Please do not send/bring us your creditor statements. We can not read the statements for you; you must complete the creditor section of the questionnaire or attach a credit report.
4. As you complete this questionnaire if you have questions please call our office we would be happy to help you.

Below is a list of recommended documents that *may* provide information to help you complete this questionnaire. These documents are NOT need at your appointment.

1. Deeds, mortgages, homesteads, title insurance policies and contracts on your home or other real property.
2. Auto titles or registration.
3. Any papers relating to past bankruptcies and wage earner's plan.
4. Copies of tax returns for the past three (3) years, employer history for the last three (3) years. Last two (2) paystubs.
5. Payment books, contracts, and letters relating to your debts.
6. All legal papers (for example, summons, complaints, notices of attachments and executions, etc.)
7. Copy of your credit report w/o scores. We recommend:

Note: In order to do a Chapter 7 Bankruptcy the **Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 (BAPCPA)** requires a **Credit Counseling Certificate**, a Certificate of Exigent Circumstances, or Application to Waive Credit Counseling Requirement. A Credit Counseling Certificate may be obtained from any of the following **Credit Counseling Agencies Approved Pursuant to 11 U.S.C. § 111**; Note: Once documents are filed with the Court this certificate **MUST** be filed within five (5) days.

For more credit counselors & counseling information visit www.usdoj.gov/ust

For legal advice we recommend calling the Arizona Bar Assoc. Attorney Referral Service at 602-257-4434 or www.LawerFinders.org

Note: If you own a business (are a shareholder/partner/are on the board of directors/etc), have made payments for credit counseling, filed prior bankruptcy, paid an attorney, or any other unusual situation please inform us at the time of your appointment)



_____ Con _____ Intv _____ Doc Prep

Chapter 7 Bankruptcy-Personal Non-Business for 2011 bankruptcy filings

An Arizona Legal Document Company
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HOW DID YOU HEAR ABOUT US?

- Web Site
 Yellow Pages
 Referred by Someone
 Other _____

Section A: Personal Information

YOUR FULL NAME:			
<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>	
Address	City	State	Zip
Home Phone No ()	Work Phone No ()		
Social Security No.:	Age:	Date of Birth: (mm/dd/yy)	
E-Mail:	Cell Phone/ pager ()		

OTHER'S INFORMATION (COMPLETE ONLY IF FILING JOINT BANKRUPTCY)

SPOUSE'S FULL NAME:			
<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>	
Address	City	State	Zip
Home Phone No ()	Work Phone No ()		
Social Security No.:	Age:	Date of Birth: (mm/dd/yy)	
E-Mail:	Cell Phone/ pager ()		

Have you lived in Arizona for the last 24 months? Yes No

Have you filed for a Chapter 7 bankruptcy in the past 8 years? Yes No

How are you filing? (Pick only one)

- Unmarried (Single)
- Married not filing jointly and declaring you and your spouse are not living together
- Married not filing jointly and you and your spouse are living together
- Married filing jointly

Section B Assets:

Bankruptcy court requires that you disclose all assets

1. Do you own a home or any other real property? Yes No

Address _____

City, State, and Zip _____

Please bring a copy of your deed to your appointment.

Estimated value of home	Minus	Payoff amount on home loan	Equals	Estimated Equity of Property Max. Allowable Exemption: \$150,000 for one property to live in only. ARS 33-1101, et seq.
\$	-	\$	=	\$

2. Do you have any financial accounts? Yes No

If yes,

Name of financial institution _____

Mailing Address _____

City, State, and Zip _____

Last 4 of checking account no. _____ Last 4 of saving account no. _____

Amount you will have on date of filing \$ _____

Name of financial institution _____

Mailing Address _____

City, State, and Zip _____

Last 4 of checking account no. _____ Last 4 of saving account no. _____

Amount you will have on date of filing \$ _____

ARS §33-1126(A)(8) \$150 single \$300 married

3. Do you own any wedding or engagement rings? Yes No

If yes approximate resale value? \$ _____

\$1,000 ARS §33-1125(4)
\$2000 if married

4. What is the approximate resale value of your clothing? \$ _____

\$500 ARS §33-1125(1)
\$1,000 if married

5. If you own any of the personal items please list the approximate fair market value below:
Note some of these items may be exempt and some may not be. You may use additional paper to list other items not listed below.

Column A	Quantity	Value	Column B	Quantity	Value	Column C	Quantity	Value
Kitchen table			Living room rug			Refrigerator		\$
Chairs			Bed(s)			Stove		
Dinning room table			Bedroom lamp(s)			Washing machine		
Chairs			Bedroom dresser(s)			Cloths dryer		
Living room couch			Bedding			Vacuum cleaner		
Living room chair			Television			Computer		
Living room coffee and end tables			Stereo			Other items		
Living room lamps			Alarm clock			Other items		
	Total Column A	\$		Total Column B	\$		Total Column C	\$
Grand Total of A, B & C	\$		Staff Note: Allowable exemption \$4,000 ARS §33-1123					

6. Do you own or are you on the registration of any motor vehicles? Yes No

This includes cars, trucks, watercraft, aircraft, trailers, campers, RV's, ATV's, motorcycles, ect.

Automobiles, trucks, trailers, and other vehicles	Market value \$	Staff Note
_____	Minus	On\$5,000 Single person e automobile \$10,000 Married persons \$10,000 if disabled ARS §33-1125(8)
List Year, Make, and Model (vehicle 1) _____ Mileage _____	Loan amount \$	
VIN _____	Equals	
	Equity \$	
_____	Market value \$	
List Year, Make, and Model (vehicle 2) _____ Mileage _____	Minus	
VIN _____	Loan amount \$	
	Equals	
	Equity \$	

7. Do you own any retirement accounts? Yes No

Name of retirement _____

Address _____

City, State, and Zip _____

Last 4 of account no. _____ Current value of retirement \$ _____

Type of retirement: Arizona Retirement Police Pension Firemen Pension IRA Other
Qualified Plans

Name of retirement _____

Address _____

City, State, and Zip _____

Last 4 of account no. _____ Current value of retirement \$ _____

Type of retirement: Arizona Retirement Police Pension Firemen Pension IRA Other
Qualified Plans

Arizona Retirement ARS §38-792 / 100% • Police Pension ARS §9-931 / 100% • Firemen Pension ARS §9-968 / 100% •
IRA ARS §33-1126(C) 100% • All other qualified plans ARS §33-1126 (B) / 100%

8. Do you own any whole life insurance policies? Yes No

Name of insurance co. _____

Address _____

City, State, and Zip _____

Last 4 of account no. _____ Current value \$ _____

ARS §33-1126 (A) (1) / \$20,000

Section C: Debts

1. Do you own any secured property? Yes No

Definition: secured property is any property in which the creditor can repossess or foreclose on. Some examples are real estate, time shares and cars.
Instructions: Please give a complete description of each. Check whether you wish to retain the property or surrender the property back to the creditor.

Complete description of property: _____

Name of creditor _____

Address _____

City, State, and Zip _____

Amount owed \$ _____

Is there a co-signor on this property? Yes No

Do you want to keep this property or give it back to the creditor? Keep Surrender

Complete description of property: _____

Name of creditor _____

Address _____

City, State, and Zip _____

Amount owed \$ _____

Is there a co-signor on this property? Yes No

Do you want to keep this property or give it back to the creditor? Keep Surrender

Complete description of property: _____

Name of creditor _____

Address _____

City, State, and Zip _____

Amount owed \$ _____

Is there a co-signor on this property? Yes No

Do you want to keep this property or give it back to the creditor? Keep Surrender

2. Do you have any tax debt? Yes No If yes:

Name of taxing authority _____

Address _____

City, State, and Zip _____

Amount Owed \$ _____

Name of taxing authority _____

Address _____

City, State, and Zip _____

Amount Owed \$ _____

3. Do you have a current or outstanding lease agreement? Yes No

Name of lessor _____

Address _____

City, State, and Zip _____

4. Has anyone co-signed any loans with you in the past 6 years? Yes No

Name of Creditor _____

Address _____

City, State, and Zip _____

Name of Co-Signor _____

Address _____

City, State, and Zip _____

Section D: Income and Expenses

You're Employment Information

Occupation: _____ Name of Current Employer: _____

How long have you been employed with your current employer? _____ Yrs. or _____ Months if less than 1 yr.

Address of Current Employer: _____
Street City State Zip

Ages of minor child(ren) you support if any:

Child #1. _____ Child #3. _____ Child #5. _____

Child #2. _____ Child #4. _____ Child #6. _____

Spouse's Employment Information

If filing jointly.

Occupation: _____ Name of Current Employer: _____

How long have you been employed with your current employer? _____ Yrs. or _____ Months if less than 1 yr.

Address of Current Employer: _____
Street City State Zip

1. Are you self-employed? Yes No

If yes, what type of business entity do you own?

Sole proprietorship Partnership Corporation Limited Liability Company

If yes, what is your average monthly gross receipts \$ _____

What is your average monthly expenses \$ _____

Average net income \$ _____

2. If married filing jointly is your spouse self-employed? Yes No

If yes, what type of business entity do they own?

Sole proprietorship Partnership Corporation Limited Liability Company

If yes, what is their average monthly gross receipts \$ _____

What is their average monthly expenses \$ _____

Average net income \$ _____

Income (cont)

Round off to the nearest whole dollar – Please give only monthly figures

Income:(estimate of average monthly income) current monthly gross wage, salary, and commissions	Debtor	Spouse If filing jointly
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$	\$
2. Estimated monthly overtime		
3. Sub Total	\$	\$
4. Less payroll deductions		
a. Taxes and social security		
b. Insurance		
c. Union dues		
d. And other (specify)		
5. Sub total of payroll deductions	\$	\$
6. Total net monthly take-home pay	\$	\$
7. Regular income from operations of businesses or professional or farm (attached detailed statement)		
8. Income from real property		
9. Interest and dividends		
10. Alimony, maintenance or support payments payable to Debtor for the debtors use or that of dependence listed above		
11. Social security or other government assistance (specify)		
12. Pension or retirement income		
13. Other monthly income (specify)		
14. SUBTOTAL OF LINES 7 THROUGH 13	\$	\$
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$	\$
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$	

Expenses

Round off to the nearest whole dollar – Please give only monthly figures

1. Rent or home mortgage payment <i>(include lot rented for mobile home)</i>	\$
2. Utilities: A. Electricity and heating fuel.....	\$
B. Water and sewer.....	\$
C. Telephone.....	\$
D. Other.....	\$
3. Home maintenance (repairs and upkeep).....	\$
4. Food.....	\$
5. Clothing.....	\$
6. Laundry and dry cleaning.....	\$
7. Medical and dental expenses.....	\$
8. Transportation (not including car payment).....	\$
9. Recreation, clubs and entertainment, newspaper, magazine, etc.....	\$
10. Charitable contributions.....	\$
11. Insurance	
A. Homeowners or renter's.....	\$
B. Life.....	\$
C. Health.....	\$
D. Auto.....	\$
E. Other.....	\$
12. Child Support or Alimony paid to another	\$
13. AVERAGE MONTHLY EXPENSES (Total lines 1-12).	\$

Do not write in this box

Income \$ _____

Expense \$ _____

Net \$ _____

3. Have you earned any income so far this year or in the past 2 calendar years? Yes No

What amount of income have you received so far this year and during each of the other 2 calendar years?		
Employment or operation of a business		
Your Income	Your Spouse's Income	
\$	\$	Year to Date for this year (2012)
\$	\$	Last Year Annual Income (2011)
\$	\$	Previous Year Annual Income (2010)

4. Have you received any income so far this year or in the past 2 calendar years from a pension, unemployment benefits, or Social Security? Yes No

What amount of income have you received so far this year and during each of the other 2 calendar years?		
Pension, Social Security, or Unemployment.		
Your Income	Your Spouse's Income	
\$	\$	Year to Date for this year (2012)
\$	\$	Last Year Annual Income (2011)
\$	\$	Previous Year Annual Income (2010)

5. Please list your employment history so far this year and the past 2 calendar years. Please include the name of your employer(s) and the complete mailing address including the Zip Code:

Your Employer's Name	Your Employer's Address Include the complete address and zip code	Start Date	End Date

6. If married please list your spouse's employment history so far this year and the past 2 calendar years. Please include the name of your employer(s) and the complete mailing address including the Zip Code:

Spouse's Employer's Name	Spouse's Employer's Address Include the complete address and zip code	Start Date	End Date

Section E: Financial & Other Information

1. Has any creditor severed you with any lawsuits in the past 12 months? Yes No

Attach a copy of the summons or petition in the legal matter in which you are involved.

2. Has any property been repossessed, foreclosed, or returned in the past 12 months? Yes No

Name of Creditor _____

Address _____

City, State, and Zip _____

Description of Property that was taken: _____

Value of Property \$ _____ Date Property was Taken _____

3. Have you closed any bank or financial account in the past 12 months? Yes No

Name of bank _____
Address _____
City, State, and Zip _____
Last 4 of the account no. _____ Date of closing _____
Amount in the account at the time of closing \$ _____

4. Have you lived anywhere other than your current address in the past 24 months?

Yes No

If yes, list all premises which you occupied during that period.

Address _____
City, State, and Zip _____
Dates of occupancy: From _____ To _____
Address _____
City, State, and Zip _____
Dates of occupancy: From _____ To _____
Address _____
City, State, and Zip _____
Dates of occupancy: From _____ To _____

5. Have you been known by any other name other than the one you have listed on this questionnaire in the past 24 months? Yes No

If you go by any aliases or you had your maiden name or former married name changed within the last **two (2) years**.

Name _____

6. Marriage/Divorce

A. Where you ever previously married in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin Yes No

B. Are you currently married and not residing with your spouse? Yes No

C. Are you currently married and residing with yours spouse and NOT filing jointly?
 Yes No

If yes to either A, B, or C above, please complete the following information about your spouse or former-spouse:

Name (First, MI, Last)

Street Address

City, State, Zip

I certify that all the above information is true and correct.

X _____

Date _____