

Office Use Only:

Jurisdiction (State): _____

Venue (11 USC 1408): In which state(s) has debtor been domiciled or a resident of in the past 180 days?

Exemption Law: _____

Debtor Type: (circle one)

Individual (single) Joint (Husband and Wife)

Individual (Married living together)

Individual (Married living separately)

Nature of Debts:

Consumer Business _____ %

Chapter: _____

PFD: _____

341 County _____

Voluntary Petition

Code List:

___ B (Business)	___ MO (Ongoing)
___ E (Emergency)	___ MQ (Quick)
___ H (Hot)	___ T (Trustee Sale)
___ ILS (Indiv. Marr. Sep.)	___ S (Simple)
___ ILT (Indiv. Marr. Tog.)	___ M (Moderate)
___ L (Lawsuit)	___ C (Complex)

Residence Timeline:

Do you possess property that poses a threat of imminent harm to public health and safety? YES NO

(if yes please explain): _____

If you are a tenant living in a leased property and are paying rent has your landlord obtained a judgment allowing him to retake possession of the property and force you out of your home? YES NO

Are you in danger of being evicted? YES NO

Debtor

Please **list your name(s) exactly** as it appears on your driver's license and social security card. List more than one is necessary.

Name: _____

Other Names or Trade Names used in the past eight years: _____

Are you a disabled veteran? YES NO

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

Are you a member of the National Guard or Reserve? YES NO

If "YES", have you been called to active duty after September 11th, 2001 for a period of a least 90 days or performed Homeland Defense activities for a period of 90 days? YES NO

If "YES", state the dates of your service:

(note: your exclusion period ends 540 days afer your term of service ended. If that date is near you may have to file this bankruptcy very quickly)

Date of Birth: _____

Social Security #: _____

Street Address: _____ City _____ Zipcode _____

Mailing Address (if different): _____ City _____ Zipcode _____

County in which you reside: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail Address: _____

How long have you lived in Arizona? _____

Prior States in which you resided in the past five years: _____

Prior Counties in which you resided in the past five years: _____

Have you ever filed bankruptcy before? YES NO

If "YES" then, what chapter? _____

Filing Date? _____

Did you receive a discharge? YES NO

Case # if you have it: _____

In which state was is filed? _____

Are you currently involved in a bankruptcy proceed other than this one? YES NO

Co-Debtor (Spouse)

Please **list your name(s) exactly** as it appears on your driver's license and social security card. List more than one is necessary.

Name: _____

Other Names or Trade Names used in the past eight years: _____

Are you a disabled veteran? YES NO

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

Are you a member of the National Guard or Reserve? YES NO

If "YES", have you been called to active duty after September 11th, 2001 for a period of a least 90 days or performed Homeland Defense activities for a period of 90 days? YES NO

If "YES", state the dates of your service:

(note: your exclusion period ends 540 days afer your term of service ended. If that date is near you may have to file this bankruptcy very quickly)

Date of Birth: _____

Social Security #: _____

Street Address: _____ City _____ Zipcode _____

Mailing Address (if different): _____ City _____ Zipcode _____

County in which you reside: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail Address: _____

How long have you lived in Arizona? _____

Prior States in which you resided in the past five years: _____

Prior Counties in which you resided in the past five years: _____

Have you ever filed bankruptcy before? YES NO

If "YES" then, what chapter? _____

Filing Date? _____

Did you receive a discharge? YES NO

Case # if you have it: _____

In which state was is filed? _____

Are you currently involved in a bankruptcy proceed other than this one? YES NO

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Statement of Current Monthly Income (B- 22)

Median Income 2010 (AZ):
 1 – \$42,628; 2 – \$56,894; 3 – \$62,066; 4 – \$69,452 5 – \$76,352; 6 – \$83,252; 7 – \$90,152

PFD _____
 Marital Filing Status _____

State of Residence _____

Including yourself and your spouse how many people reside in your home? _____

Name:	Age:	Relation:	Dependent:		Contribute Income	
_____	_____	_____	YES	NO	YES	NO
_____	_____	_____	YES	NO	YES	NO
_____	_____	_____	YES	NO	YES	NO
_____	_____	_____	YES	NO	YES	NO
_____	_____	_____	YES	NO	YES	NO
_____	_____	_____	YES	NO	YES	NO

County in which you reside _____

Standard Deductions

How many vehicles does your family operate _____

Of these vehicles, how many are titled in the name of you and/or your spouse _____

Do you use public transportation? Yes No

Other Necessary Expenses

Enter the monthly premium you pay, that is not deducted from your paycheck, for term life insurance for yourself or your spouse. (Do not include payments for your dependents, for whole life or for any other form of insurance.) \$ _____

Enter the monthly amount paid based upon a court order, that is not automatically deducted from your paycheck. \$ _____

Enter the average monthly amount that you spend for education that is a condition of your employment that is not automatically deducted from your paycheck. \$ _____

Enter the average monthly amount you spend for education that is required for a physically or mentally challenged dependent child for whom no public education is available \$ _____

Enter the average monthly amount spent on childcare (babysitting, daycare, nursery, preschool etc.) \$ _____

Enter the average monthly amount spent on health care for you and your dependents that is not reimbursed by insurance or paid by a health savings account \$ _____

Only use amount in excess of amount listed online 19B

Enter the monthly amount spent on health insurance that is not automatically deducted from your paycheck \$ _____

Enter the monthly amount spent on disability insurance that is not automatically deducted from your paycheck \$ _____

Enter the monthly amount you pay into a health savings account that is not automatically deducted from your paycheck \$ _____

Enter the average monthly expense for the care and support of an elderly, chronically ill, or disabled member of your household or a member of your immediate family who is unable to pay for such expenses \$ _____

Enter amount you spend monthly for any security system for your residence \$ _____

Enter amount you spend monthly for school expenses for dependents who are less than 18 years of age \$ _____

Enter average monthly amount donated to charity \$ _____

Enter the following:

1st Mortgage Payment \$ _____

2nd Mortgage Payment \$ _____

Home Owner Assoc. Payment \$ _____

Auto Payment \$ _____

Auto Payment \$ _____

Are you behind on your mortgage payment or auto payment? Yes No

1st Mortgage \$ _____

2nd Mortgage \$ _____

HOA Fee \$ _____

Automobile \$ _____

Automobile \$ _____

Enter on EZ Filing on liability schedule

Are you behind on your taxes, child support, or spouse maintenance? Yes No

If yes, then please provide amounts

FED Taxes _____

State Taxes _____

Other debts to a government agency _____

Child Support _____

Spouse Maintenance _____

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EMPLOYMENT INFORMATION

Primary Job

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

Secondary Job

DEBTOR	SPOUSE
Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:
Job Title:	Job Title:
Dates of employment?	Dates of Employment?
How often do you get paid? Circle one Weekly Bi-Weekly (every 2 weeks) Monthly Semi-Monthly (twice per month)	How often do you get paid? Circle one Weekly Bi-Weekly (every 2 weeks) Monthly Semi-Monthly (on the 1 st & 15 th)

Previous Employment (If employed less than one year)

DEBTOR	SPOUSE
Previous Employer:	Previous Employer:
Dates of Employment:	Dates of Employment:

INCOME FOR THE LAST SIX MONTHS

We need to know the total amount of income you received in the past six months and the source of that income. Please include all monies and/or benefits received. When in doubt include it. For example if you receive wages, income from self-employment, adoption subsidy, food stamps, disability, social security, pension income, annuity distributions, rental income, child support, alimony, interest or dividends, trust disbursements, income from a natural gas or oil lease, distributions from retirement plans. If you need more space attach a separate piece of paper.

Tentative Inclusive Period: _____

Office Use Only:

How many sources of income: _____
Which ones? _____

DEBTOR

<u>This Month</u>	<u>1 Month Ago</u>	<u>2Months Ago</u>	<u>3Months Ago</u>	<u>4Months Ago</u>	<u>5Months Ago</u>	<u>6Months Ago</u>
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Source

Gross wages, salary, tips, bonuses,
Overtime, commissions: _____

For Office Use Only: EZ Filing will move wages, salary, tips and bonuses to Sch I automatically. Any other source of income listed below must be moved to Sch I manually.

Income from the operations of a
Business, profession or farm: _____

- Gross receipts: _____
- Ordinary and necessary business expenses: _____
- Net income: _____

Rent and other real property income: _____

- Gross receipts: _____
- Ordinary and necessary operating expenses: _____
- Net real property income: _____

Interest, dividends and royalties: _____

Pension and retirement income: _____

Other: _____

Child Support: _____

Spousal Maintenance: _____

Annuities: _____

Retirement Distributions: _____

Unemployment Compensation: _____

Disability: _____

VA Benefits: _____

Social Security: _____

Do you anticipate an increase or decrease in the next 12 months? _____

Tentative Inclusive Period: _____

Office Use Only:
How many sources of income: _____
Which ones?

CO-DEBTOR

<u>This Month</u>	<u>1 Month Ago</u>	<u>2Months Ago</u>	<u>3Months Ago</u>	<u>4Months Ago</u>	<u>5Months Ago</u>	<u>6Months Ago</u>
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Source

Gross wages, salary, tips, bonuses,
Overtime, commissions: _____

For Office Use Only: EZ Filing will move wages, salary, tips and bonuses to Sch I automatically. Any other source of income listed below must be moved to Sch I manually.

Income from the operations of a
Business, profession or farm: _____

- Gross receipts: _____
- Ordinary and necessary business expenses: _____
- Net income: _____

Rent and other real property income: _____

- Gross receipts: _____
- Ordinary and necessary operating expenses: _____
- Net real property income: _____

Interest, dividends and royalties: _____

Pension and retirement income: _____

Other: _____

Child Support: _____

Spousal Maintenance: _____

Annuities: _____

Retirement Distributions: _____

Unemployment Compensation: _____

Disability: _____

VA Benefits: _____

Social Security: _____

Do you anticipate an increase or decrease in the next 12 months? _____

TYPE OF EXPENSE

DEBTOR(S)

Office Use

House payment or rent	\$ _____	\$ _____
Are real estate taxes included? Yes No		
Is property insurance included? Yes No		
Home Owners Association Fee.....	\$ _____	\$ _____
Electricity & gas	\$ _____	\$ _____
Water & sewer	\$ _____	\$ _____
Telephone (Landline).....	\$ _____	\$ _____
Other: (cell).....	\$ _____	\$ _____
Other: (TV/internet).....	\$ _____	\$ _____
Other: (garbage).....	\$ _____	\$ _____
Other: (HOA).....	\$ _____	\$ _____
Other: (_____).....	\$ _____	\$ _____
Home maintenance (only if you own a home)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Medical & dental expenses.....	\$ _____	\$ _____
Transportation (gas, maintenance, registrations, not including car payment or Insurance)	\$ _____	\$ _____
Recreation, clubs & entertainment, newspapers, etc.....	\$ _____	\$ _____
Charitable contributions.....	\$ _____	\$ _____
<i>Insurance:</i> House or renter's (not included in mortgage)....	\$ _____	\$ _____
Life (not deducted from paycheck)	\$ _____	\$ _____
Health (not deducted from paycheck)	\$ _____	\$ _____
Auto (not deducted from paycheck)	\$ _____	\$ _____
Other: _____ (not deducted from paycheck).	\$ _____	\$ _____
Taxes (not deducted from wages):.....	\$ _____	\$ _____
<i>Installment payments:</i> Auto.....	\$ _____	\$ _____
Other:.....	\$ _____	\$ _____
Other:.....	\$ _____	\$ _____
Alimony & child support (not deducted from pay check).....	\$ _____	\$ _____
Payments for support of dependents not living in your home (i.e. students, parents, etc.....	\$ _____	\$ _____
Regular expenses from business (itemize on separate page) ..	\$ _____	\$ _____
Other: Daycare & babysitting.....	\$ _____	\$ _____
Other: Student Loans.....	\$ _____	\$ _____
Other: Miscellaneous.....	\$ _____	\$ _____
Other: Housekeeping Supplies.....	\$ _____	\$ _____
Other: Clothing.....	\$ _____	\$ _____
Other: Personal Care Products & Services.....	\$ _____	\$ _____
Other:	\$ _____	\$ _____
TOTAL AVERAGE MONTHLY EXPENSES.....	\$ _____	\$ _____

Office Use:
Documented? _____

Office Use Only:
 Debt on Vehicles? _____
 Possible Reaffirmation agreement? _____
 Does debtor operate a vehicle and pay expenses that is owned
 by another party? _____

EXHIBIT D

Have you and Co-Debtor completed the pre-filing credit counseling class? YES NO

REAL PROPERTY (ARS 33-1101)(Schedule A)

Single Family Home? _____, Townhouse? _____, Condo? _____, Co-op? _____,
Mobile Home? _____, Lot? _____

Address of Property: _____

Square Footage: _____

Number of Bedrooms & Bathrooms: Bedrooms _____, Bathrooms _____

Date Purchased: Month _____, Day _____, Year _____

1st Mortgage Monthly Payment: \$ _____

2nd Mortgage Monthly Payment: \$ _____

Market Value: \$ _____

Home is owned by: I am Single Husband Wife Community Jointly with: _____ Revocable Trust _____

You intend to: _____ Surrender property in Bankruptcy
(SOI) _____ Keep home – Pay per Contract
_____ Cure arrears in Chapter 13
_____ Strip Lien in Chapter 13

First Mortgage Company Name: _____

Mortgage Company Address: _____

(SCHEDULE D) City _____ State _____ Zip _____

Last Four Digits of Account number: _____

Amount Owed on Mortgage: \$ _____

Second Mortgage Company Name: _____

Mortgage Company Address: _____

(SCHEDULE D) City _____ State _____ Zip _____

Last Four Digits of Account number: _____

Amount Owed on Mortgage: \$ _____

Third Mortgage Company Name: _____

Mortgage Company Address: _____

(SCHEDULE D) City _____ State _____ Zip _____

Last Four Digits of Account number: _____

Amount Owed on Mortgage: \$ _____

* For another property please provide the same information on a separate sheet of paper.

PERSONAL PROPERTY (Schedule B)

For Office Use Only: ARS 33-1121.01: "In the case of married persons, each spouse is entitled to the exemptions provided in this article, which may be combined with the other spouse's exemption in the same property or taken in different exempt property."

1. How much **cash** do you currently possess in your wallet, purse, pocket, mattress, shoebox, coffee can etc.? _____
2. Bank Accounts:

ARS 33-1126 (A) (9)

- List all **bank accounts** you are named on.
- Include every account you are named on **even if the money in the account is not yours.**

Bank name: _____

Names on account: _____

Last 4 digits of account #: _____

Type of Account: _____

Usual balance after bills paid: _____

11 USC 541 (d): _____

Bank name: _____

Names on account: _____

Last 4 digits of account #: _____

Type of Account: _____

Usual balance after bills paid: _____

11 USC 541 (d): _____

Bank name: _____

Names on account: _____

Last 4 digits of account #: _____

Type of Account: _____

Usual balance after bills paid: _____

11 USC 541 (d): _____

Bank name: _____

Names on account: _____

Last 4 digits of account #: _____

Type of Account: _____

Usual balance after bills paid: _____

11 USC 541 (d): _____

For Office Use Only: All bank accounts which debtor has any interest in whatsoever must be listed on Schedule B including accounts upon which debtor is named as a signer, power of attorney, pay on death, conservator, successor trustee, etc.

2a. **Brokerage Account** (stocks, bonds, etc.): Please provide us with six months of statements.

Company: _____ Value: _____
 Company: _____ Value: _____
 Company: _____ Value: _____
 Company: _____ Value: _____

3. List your **security deposits** held by:

Landlords: _____ ARS 33-1126 (c) \$1000 or 1.5 x monthly rent, whichever is less.
 Gas Company: _____
 Electric Company: _____
 Phone Company: _____
 Others: _____

4a. **Household Goods and Furnishings** ARS 33-1123 up to \$4000 aggregate value.

List a **dollar amount** for any of the following assets, if you own them, at **USED REPLACEMENT VALUE** (i.e. what you could buy them for at a yard sale) Leave box blank if you don't own that asset.

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

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4b.

Asset	Value	Detailed Description of the Asset
Book Shelves	\$	
CD Player	\$	
China Cabinet	\$	
Computer	\$	
Cooking Utensils	\$	
Desk (s)	\$	
Dishware	\$	
Draperies/ Window Coverings	\$	
DVD Player	\$	
DVDs	\$	
Exercise Equipment (e.g. treadmill)	\$	
Fax Machine	\$	
Fire Extinguisher	\$	
Flatware	\$	
Hobby Equipment (fishing poles, scrap booking tools, etc.)	\$	
Kitchen Hutch	\$	
Laptop	\$	
Microwave	\$	
Mirrors	\$	
Other Small Appliances (toaster, coffee maker, blender, etc.)	\$	
Paintings, Art, other decorative items	\$	
Patio Furniture	\$	
Pots and Pans	\$	
Printer	\$	
Sporting Equipment (e.g. golf clubs)	\$	
Tools	\$	
Yard Equipment	\$	
Other	\$	
Other	\$	
Other	\$	
Other	\$	
Other	\$	

5a. **Books** (library of debtors)

ARS 33-1125 (5) _up to \$250 aggregate value

Value _____

Description of the asset: _____

5b.

Asset	Value	Detailed Description of the Asset
Pictures	\$	
Art Objects	\$	
Antiques	\$	
Stamp or Coin Collection	\$	
Record Collection	\$	
Tape Collection	\$	
Other Collections or Collectibles	\$	

6. **Clothing** (List one value for all your clothing)

ARS 33-1125 (1) up to \$500

Value

All of your clothing:

All of your spouses clothing:

7. **Furs**

Item

Value

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

(Including **Wedding and Engagement Rings**:

ARS 33-1125 (4) up to \$1000

Item

Value

Watch:

ARS 33-1125 (6) up to \$100

Item

Value

8.

ARS 33-1125 (7) : "One **typewriter**, one **bicycle**, one **sewing machine**, family bible, a lot in any **burial ground**, one **shotgun** or one **rifle** or one **pistol**, not in excess of an aggregate fair market value of five hundred dollars."

Typewriter:

ARS 33-1125 (7)

Item

Value

Bicycle:

ARS 33-1125 (7)

Item

Value

Sewing Machine:

ARS 33-1125 (7)

Item

Value

Burial Ground: ARS 33-1125 (7)

Item _____ Value _____

Firearms: ARS 33-1125 (7)

Brand name: _____ Model: _____ Caliber/Gauge: _____ Value: _____

Musical Instruments: ARS 33-1125 (2) up to \$250

Item _____ Value _____

Professionally Prescribed **Prosthesis** including Wheelchair: ARS 33-1125 (9)

Item _____ Value _____

Sports Equipment:

Item _____ Value _____

Photographic Equipment:

Item _____ Value _____

Hobby Equipment:

Item _____ Value _____

Property used for the instruction of youth at a school (includes home school): ARS 33-1127

Item _____ Value _____

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9. Cash **Surrender Value** in **Life Insurance Policies** (you could cash it in for money) ARS 33-1126 (A) (6)

Please provide most recent statement that shows surrender value.

Insurance company name _____ Debtor: Value \$ _____

Insurance company name _____ Spouse: Value \$ _____

Have you owned this policy for the past two continuous years? YES NO

Who has been named as the beneficiary for the past two years? _____

10. **Annuities**, ARS 33-1126 (A0) (7) 20-1131 **CD's** (certificate of deposit) or similar investments:

Please provide a statement of value.

Financial Institution name: _____ Debtor: Value \$ _____

Financial Institution name: _____ Spouse: Value \$ _____

Have you owned this policy for the past two continuous years? YES NO

Who has been named as the beneficiary for the past two years? _____

11. **Education IRA 530(b) (1) or 529(b):** 11 USC 541

Please provide a statement of value.

Fund Company Name _____ Value _____

Fund Company Name _____ Value _____

Have you deposited money into this account within the **past 12 months**? YES NO
How Much? _____

Has any of this money been **rolled over** from another retirement plan? YES NO
If Yes, then when did that occur? (note: this information is very important. It must be accurate so we can advise you effectively regarding whether or not these funds are exempt) _____

Is any of this money from a retirement account that was **inherited** by you? YES NO

If so, when? _____

12. **Retirement Funds**

(IRC 401(a), 403(b), 408, 408a, 409, 457 deferred comp. ARS 33-1126 (c)) 100% except for 120 days prior to filing.
Firemen ARS 9-968, Police 9-931, Teacher 43-1201, State 38-762, and 9-968.

Please provide a statement of value.

Fund company name _____ Debtor: Value \$ _____

Fund company name _____ Spouse: Value \$ _____

Have deposited money into this account within the past 12 months? YES NO
How Much? _____

13. Do you own a **business**: YES NO

If "YES" then:

Office Use:
SOF #18, #19

Name of business: _____

Value of business: _____

Legal form (LLC, INC.): _____

Assets owned by **business**: _____

14: Are you involved in a business partnership: YES NO

Do you have any other business interests: YES NO

Please explain: _____

15. **Government or Corporate Bonds:** Please provide a copy

Type of Bond: _____

Value \$ _____

15a. Other negotiable and non-negotiable instruments: YES NO

Please describe: _____

16. Do you have **accounts receivable:** YES NO Please provide a list.

Real Estate commissions due (list value): _____

Other commissions due (list value): _____

Insurance residuals (list value): _____

17. Are you **owed** any past due alimony, **spousal maintenance, child support:** YES NO

List name of person who owes the debt and the amount due:

17a. Are you **owed** any money, **property** or anything of value as stated in a **Decree of Dissolution** of Marriage or any other legal document? YES NO

Please explain: _____

18. **Debts** that are **owed** to you even if you never expect to collect the money:

18a. Are you entitled to receive or have you already received any money as a result of a **lawsuit** or **settlement:** YES NO

For Office Use Only: Will an insurance company or other entity be seeking reimbursement? _____ If YES, list on F.

Please Provide Documentation

Explain: _____

19. Are you expecting any money from a **Will, Trust?**

Please Provide Copies

Source of the money _____

Value \$ _____

19a. Are you named in a **Will** or **Trust** which may someday entitle you to receive an inheritance:

Please Provide Copies YES NO

20. Are you expecting to receive money as a result of a death that has already occurred; **life insurance proceeds** or an inheritance? YES NO

Life Ins. ARS 33-1126 (A) (1) up to \$20,000 to surviving spouse or child, and 20-1131

Please describe: _____

21. Do you have the **right to file a lawsuit** for any reason like an automobile accident, wrongful termination, sexual harassment, etc? YES NO (please explain): _____

21 a. Do you have a claim for **workers compensation** (ARS 23-1068, 100%) **disability,** (ARS 33-1126, (A) (4)) payments due from **health insurance** policy proceeds from **damage of exempt property** **disability public officers** and employees (ARS 38-797.11) (please explain): (ARS 33-1126, (A) (5))

21 b. Other Contingent or unliquidated claims of any nature including **tax refund, commissions** (75% ARS 33-1131)

For office use only: Unemployment comp ARS 23-783 100%, welfare assistance 46-208 100%, child support order or spousal maintenance 33-1126 (A) (3) 100%, Social Security 42 USC 407 (a) sec 207 100%, damages for wrongful levy 33-1126 (A) (7) 100%

I am **presently due a tax refund** YES NO If so, approximate amount of refund \$ _____
I understand that the bankruptcy **Trustee can take any tax refund** due to me now, as well as refunds due to me this current year. **CLIENT(S) MUST INITIAL** x _____ x _____

22. Patents, copyrights, other intellectual property?

ITEM VALUE

23. Licenses, **Franchises**?

ITEM VALUE

24. **Customer lists** (please explain)?

DESCRIPTION VALUE

25. **Vehicles, Trailers, Trucks, Motorcycles, Boats, Airplanes, etc.** Please provide copy of registration or title.

ARS 33-1125 (8) up to \$5,000, **\$10,000 if handicapped** (may not be spread over more than one vehicle)

Debtor is entitled to \$10,000 exemption	Yes	No
Co-Debtor is entitled to \$10,000 exemption	Yes	No

Vehicle One: Year, Make, and Model of Vehicle: _____

Mileage: _____ Monthly Payment \$ _____ Date Purchased: Month _____ Year _____

Kelley Blue Book Private Party Value: \$ _____ Amount Owed on Vehicle Loan \$ _____

Lender(Schedule D): _____ **Collection Agency:** _____

Address: _____ Address: _____

City: _____, State _____, Zip _____ City: _____, State _____, Zip _____

For Office Use Only

Use Exemption on this vehicle _____ Upside Down _____

Problems with Vehicle/ Cross-Collateral Issues _____

Naked Equity CYA Letter _____

SOI: Intentions for this vehicle: Reaffirm _____, Surrender _____, Cram down _____

Vehicle Two: Year, Make, and Model of Vehicle: _____

Mileage: _____ Monthly Payment \$ _____ Date Purchased: Month _____ Year _____

Kelley Blue Book Private Party Value: \$ _____ Amount Owed on Vehicle Loan \$ _____

Lender(Schedule D): _____ **Collection Agency:** _____

Address: _____ Address: _____

City: _____, State _____, Zip _____ City: _____, State _____, Zip _____

For Office Use Only

Use Exemption on this vehicle _____ Upside Down _____

Problems with Vehicle/ Cross-Collateral Issues _____

Naked Equity CYA Letter _____

SOI: Intentions for this vehicle: Reaffirm _____, Surrender _____, Cram down _____

Vehicle Three: Year, Make, and Model of Vehicle: _____

Mileage: _____ Monthly Payment \$ _____ Date Purchased: Month _____ Year _____

Kelley Blue Book Private Party Value: \$ _____ Amount Owed on Vehicle Loan \$ _____

Lender(Schedule D): _____ **Collection Agency:** _____

Address: _____ Address: _____

City: _____, State _____, Zip _____ City: _____, State _____, Zip _____

For Office Use Only

Use Exemption on this vehicle _____ Upside Down _____

Problems with Vehicle/ Cross-Collateral Issues _____

Naked Equity CYA Letter _____

SOI: Intentions for this vehicle: Reaffirm _____, Surrender _____, Cram down _____

Vehicle Four: Year, Make, and Model of Vehicle: _____

Mileage: _____ Monthly Payment \$ _____ Date Purchased: Month _____ Year _____

Kelley Blue Book Private Party Value: \$ _____ Amount Owed on Vehicle Loan \$ _____

Lender(Schedule D): _____ **Collection Agency:** _____

Address: _____ Address: _____

City: _____, State _____, Zip _____ City: _____, State _____, Zip _____

For Office Use Only

Use Exemption on this vehicle _____ Upside Down _____

Problems with Vehicle/ Cross-Collateral Issues _____

Naked Equity CYA Letter _____

SOI: Intentions for this vehicle: Reaffirm _____, Surrender _____, Cram down _____

25a +26. **Other types of vehicles/assets:**

List all other vehicles/assets here like **RVs, trailers, quads, jetski, boats, inoperable vehicles, minibikes, dirt bikes, motorcycles, motorized bicycles, sandrails, dune buggy, golf carts etc**

ASSET

FAIR MARKET VALUE

27. **Aircraft** and accessories (please list item and value)

Specify Item	Value

28. Intentionally Left Blank

29. **Tools of a trade** or business. Machinery, fixtures, tools, equipment, and supplies used in business or profession.

ARS 33-1130 (1)

Specify Item	Value

Firefighting Equipment:

ARS 33-1128

Item	Value

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

ARS 33-1130 (3)

Item	Value

30. **Inventory**

Specify Item	Value

31. **Animals** (including domestic animals)

33-1125 (3) up to \$500 aggregate

Specify animal	Value

32. **Crops**-growing or harvested. Give particulars:

33. **Farming equipment** and implements:

ARS 33-1130 (2) Primary income is farming \$2500.

Specify _____ Value _____

34. **Farm supplies, chemicals, and feed:**

Specify _____ Value _____

35. Do you hold any **options** to purchase an asset at a later date like a stock option or a lease with an option to purchase a house? YES NO

If you answered yes than please explain: _____

35a. Do you possess property on a **rent to own basis**? YES or NO Please provide a copy of contract
If yes please explain: _____

36. Other Property Not Listed

Please tell us about any other valuable property that you own that has not already been listed in the following grid. If you need more space to list another asset please attach a separate piece of paper.

Description of Asset _____	Value \$ _____
Description of Asset _____	Value \$ _____
Description of Asset _____	Value \$ _____
Description of Asset _____	Value \$ _____

37. Do you own a time share? YES NO

_____	Name	_____	Amount owed	_____	Value	_____
-------	------	-------	-------------	-------	-------	-------

Did you forget anything??? Here's a list of commonly overlooked assets:

Inheritances, Worker's Compensation Claims against contractors, a lawsuit resulting from an auto accident, commissions that are owed to you, income from a trust fund, are you part of a class action lawsuit regarding asbestos exposure, uranium exposure, tobacco, or a recalled drug that injured you or a loved one, loss of your pension, a stockbrokers negligent advice to your or an investment scheme, etc.

Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first.

Explain: _____

Deposits by individuals
Claims of individuals up to \$2,425* for **deposits** for the purchase, lease, or **rental of property** or services for Personal, family, or household use that were not delivered or provided.

Explain: _____

Taxes and Certain Other Debts Owed to Governmental Units
Taxes, customs duties, and penalties owing to federal, state, and local governments.

If part of your priority debt listed above was taxes owed the IRS, AZ Dept. of Revenue, or other tax agency (i.e. County,) please also complete the form below.

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

Claims for Death or Personal Injury While Debtor Was Intoxicated (Restitution)
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance.

Explain: _____

THIS SPACE LEFT BLANK INTENTIONALLY

UNSECURED CREDITORS:

(Schedule F)

1) Credit Report: We will obtain a credit report for you. Any creditor listed on this credit report to whom you owe a balance will automatically be downloaded to our computer so you do not have to list them below. The spaces below are for any creditor to whom you owe a debt that are **not listed on your credit report**. Some common creditors that do not appear on your credit report include third party debt collectors, attorneys, family members and friends, business debts for which you signed as a personal guarantor, recently obtained pay day or auto title loans, or someone who has or may have the right to file a lawsuit against you. Terms such as "charged off" have no meaning and thus, any debt labeled as such must also be included.

2) All of your debts must be listed in your bankruptcy. The law prohibits selectively omitting any debt. In the event that you inadvertently fail to disclose a debt and an amendment needs to be filed there will be additional fees, so please be cautious.

Proper Address: For creditor's, collections agency's, addresses, be sure to use billing **errors / inquiry correspondence / mailing** address, but **do not** use payment address, unless it is the only address given.

Original Debt : _____

Creditor: _____

Address: _____

City: _____, State _____, Zip _____

Last 4 digits of Account #: _____

Type of debt (Credit card, medical, etc.): _____

Collection Agency: _____

Address: _____

City: _____, State _____, Zip _____

Last 4 digits of Account #: _____

Amount Owed – Total Balance \$ _____

Collection Agency: _____

Address: _____

City: _____, State _____, Zip _____

First opened: Month _____, Year _____

Amount Owed – Total Balance \$ _____

Attorney/Arbitrator/Lawsuit: _____

Address: _____

City: _____, State _____, Zip _____

Case #: _____

Date of Service/Deadline for Response: _____

Original Debt : _____

Creditor: _____

Address: _____

City: _____, State _____, Zip _____

Last 4 digits of Account #: _____

Type of debt (Credit card, medical, etc.): _____

Collection Agency: _____

Address: _____

City: _____, State _____, Zip _____

Last 4 digits of Account #: _____

Amount Owed – Total Balance \$ _____

Collection Agency: _____

Address: _____

City: _____, State _____, Zip _____

First opened: Month _____, Year _____

Amount Owed – Total Balance \$ _____ =

Attorney/Arbitrator/Lawsuit: _____

Address: _____

City: _____, State _____, Zip _____

Case #: _____

Date of Service/Deadline for Response: _____

Original Debt : _____

Creditor: _____

Address: _____

City: _____, State _____, Zip _____

Last 4 digits of Account #: _____

Type of debt (Credit card, medical, etc.): _____

Collection Agency: _____

Address: _____

City: _____, State _____, Zip _____

Last 4 digits of Account #: _____

Amount Owed – Total Balance \$ _____

Collection Agency: _____

Address: _____

City: _____, State _____, Zip _____

First opened: Month _____, Year _____

Amount Owed – Total Balance \$ _____

Attorney/Arbitrator/Lawsuit: _____

Address: _____

City: _____, State _____, Zip _____

Case #: _____

Date of Service/Deadline for Response: _____

Original Debt : _____

Creditor: _____

Address: _____

City: _____, State _____, Zip _____

Last 4 digits of Account #: _____

Type of debt (Credit card, medical, etc.): _____

Collection Agency: _____

Address: _____

City: _____, State _____, Zip _____

Last 4 digits of Account #: _____

Amount Owed – Total Balance \$ _____

Collection Agency: _____

Address: _____

City: _____, State _____, Zip _____

First opened: Month _____, Year _____

Amount Owed – Total Balance \$ _____ =

Attorney/Arbitrator/Lawsuit: _____

Address: _____

City: _____, State _____, Zip _____

Case #: _____

Date of Service/Deadline for Response: _____

For Office Use Only: Is there an insurance company or other entity that will be seeking reimbursement from proceeds received pre-petition? They must be listed on F.

Insurance Company/Other Entity Seek Reimbursement:

Name of entity: _____

Name of entity: _____

Amount of reimbursement sought: _____

Amount of reimbursement sought: _____

Underlying Claim: _____

Underlying Claim: _____

For Office Use Only:

Courts to be listed on Schedule F: _____

RENT TO OWN, UNEXPIRED LEASES & CONTRACTS

(Schedule G)

Executory Contracts

Are you **renting or leasing** an apartment, house, business property, or vehicle? Do you have rent-to-own furniture or appliances? Are you buying a house or other property for which you will not be given the deed until you are have finished paying for it in full? If the answer to any of these questions is “yes,” then you will need to list that information here:

Please provide a copy of the lease.

1. Who is the lease with? _____

Address: _____

City: _____, State _____, Zip _____

What is the lease for? _____

What is the monthly payment? _____

Do you want to continue paying? _____

When did the lease start? _____

When does it end? _____

Please provide a copy of the lease.

2. Who is the lease with? _____

Address: _____

City: _____, State _____, Zip _____

What is the lease for? _____

What is the monthly payment? _____

Do you want to continue paying? _____

When did the lease start? _____

When does it end? _____

CO-DEBTORS

(Schedule H)

If you are responsible for anyone else’s debt or if they are responsible for any debt of yours.

Co-Debtor One: _____

Co-Debtor Two: _____

Address: _____

Address: _____

City: _____, State _____, Zip _____

City: _____, State _____, Zip _____

Relationship to Debtor: _____

Relationship to Debtor: _____

Name of Creditor: _____

Name of Creditor: _____

Which asset: _____

Which asset: _____

Co-Debtor Three: _____

Co-Debtor Four: _____

Address: _____

Address: _____

City: _____, State _____, Zip _____

City: _____, State _____, Zip _____

Relationship to Debtor: _____

Relationship to Debtor: _____

Name of Creditor: _____

Name of Creditor: _____

Which asset: _____

Which asset: _____

STATEMENT OF FINANCIAL AFFAIRS (SOF)

(Form 7)

For Office Use Only: Cross reference all data with tax returns and w-2s, make sure that B-22, Schedule I and SOF, when read in concert, are consistent, if not, then include comments explaining inconsistencies to trustee.

SOF #1

THIS YEAR:

LAST YEAR:

2 YRS AGO:

DEBTOR WAGES: _____

SPOUSE WAGES: _____

BUSINESS INCOME: _____

If you were not required to file a tax return in any of the past three years than please state the year and reason:

THIS SPACE LEFT BLANK INTENTIONALLY

SOF #2: THIS YEAR: LAST YEAR: 2 YRS AGO:

FEDERAL TAX REFUND: _____

STATE TAX REFUND: _____

RETIREMENT DISTRIBUTION:

Debtor: _____

Spouse: _____

PENSION:

Debtor: _____

Spouse: _____

UNEMPLOYMENT COMP:

Debtor: _____

Spouse: _____

DISABILITY:

Debtor: _____

Spouse: _____

SOCIAL SECURITY:

Debtor: _____

Spouse: _____

CHILD SUPPORT:

Debtor: _____

Spouse: _____

SPOUSAL MAITENANCE:

Debtor: _____

Spouse: _____

INTEREST INCOME:

Debtor: _____

Spouse: _____

FOOD STAMPS:

Debtor: _____

Spouse: _____

ADOPTION SUBSIDIES:

Debtor: _____

Spouse: _____

3a. List all **payments** made by either debtor totaling \$600.00 or more to any single creditor over the last 90 days. This will usually include **mortgage, auto lenders, child support, alimony & credit counseling**. In fact, any loan that requires a payment of **\$200.00 or more per month** will fall into this category if payments are current.

____ NONE

Name & Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owing
		\$	\$
		\$	\$

3b. List all **payments** made within 1 year to **creditors** who are **family members, relatives, or business partners** or payments made by you to any creditor for the benefit of a family member.

____ NONE

Name & Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owing
Relationship to Debtor		\$	\$
Relationship to Debtor		\$	\$

THIS SPACE LEFT BLANK INTENTIONALLY

4a. List all the **lawsuits** to which you have been a party to in the last year. "Types" of proceeding would include Divorce Proceedings, Child Support Modification, Breach of Contract, Debt Collection, Civil Restitution, Personal Injury, or Property Damage. *Circle one for "Court" & "Status."*
 List Attorney on Schedule F.

_____ **NONE**

Caption of Suit (who v. who) & Case #	Type of Proceeding	Court & Location	Status of Case
vs. Case #		Superior-county Justice-city Where:	Answer Discovery Judgment Collection Trial
vs. Case #		Superior-county Justice-city Where:	Answer Discovery Judgment Collection Trial

Caption of Suit (who v. who) & Case #	Type of Proceeding	Court & Location	Status of Case
vs. Case #		Superior-county Justice-city Where:	Answer Discovery Judgment Collection Trial
vs. Case #		Superior-county Justice-city Where:	Answer Discovery Judgment Collection Trial

For Office Use Only:

_____ Prep Notice of Filing Bankruptcy Pleadings

_____ Prep Letters to Opposing Attorneys

_____ Make Sure to List Opposing Attorneys, Arbitrator, and Courts on Schedule F

4b. Describe all property that has been attached, garnished, or seized within the last year. This would include Tax Levies, **Wage Garnishments**, and Writs of Execution.

____ NONE

Name & Address of Creditor or Seller	Date(s) of Seizure	Value & Description of Property
		\$
		\$

5. List all property that has been **repossessed** by a creditor, sold at a foreclosure sale (trust deed sale,) transferred through a deed in lieu of foreclosure, or returned (voluntarily) to a creditor in the last year.

For Office Use Only: List creditors on schedule F.

Repossessed Vehicles:

List all vehicles that have been repossessed in the past 10 years

Year, Make and Model: _____

Month/Year repossessed: _____

Amount of deficiency judgment: _____

Creditor: _____

Year, Make and Model: _____

Month/Year Repossessed: _____

Amount of deficiency judgment: _____

Creditor: _____

____ NONE

Name & Address of Creditor or Seller	Date of Sale	Value & Description of Property
	Foreclosure	\$
	Foreclosure	\$

6. Describe any **assignment of property** for the benefit of creditors made within 120 days immediately preceding the commencement of this case. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case:

ITEM

DATE SEIZED

CUSTODIAN

7. List all gifts or **charitable contributions** made within the past year of more than \$200.00 to family members or more than \$100.00 to charity (including church or temple).

____ **NONE**

Name & Address of Recipient	Relationship to Debtor	Date/Frequency of gift	Value & Description of Gift
			\$
			\$

8. List all losses from **fire, theft, other casualty or gambling** within one year immediately preceding the commencement of this case or since the commencement of this case. Please provide copy of paperwork regarding any insurance claim.

____ **NONE**

--	--

9. List all payments made to any persons, including attorneys, for **consultation** for debt consolidation, credit counseling or **bankruptcy** within the last year.

	Dates Paid:	Amount:	Still Due:
The Law Group of Trezza and Associates		\$	
Other Attorney, Debt or Credit Counseling		\$	

10. List all **property transferred or sold** (other than in the ordinary course of business) in the last **2 years**. Please provide a copy of bill of sale or any other documentation regarding the sale.

			____ NONE
Name & Address to Whom Transferred	Date of Transfer	Description	Value Received
Relationship			\$
Relationship			\$
Relationship			\$

11. List all **financial accounts** and instruments held in the name of the debtor, or for the benefit off the debtor **which were closed**, sold, or otherwise transferred within the last year. Include checking, savings, or other financial accounts, certificates of deposit, credit union shares, or pension funds.

			____ NONE
Name & Address of Institution	Account Number	Final Balance	Date Closed
		\$	
		\$	

12. List each **safe deposit** or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case.

		____ NONE
Address of deposit box	Valuables in box	

13. List all **setoffs** made by any creditor. A setoff occurs when a bank takes money out of or places a freeze on an account to satisfy a debt. The IRS or student loan companies may also create a setoff by taking a tax refund to satisfy a debt.

____ **NONE**

--

14. List all property owned by another person that the debtor holds or controls.

____ **NONE**

--

____ **NONE**

15. If the debtor has moved within the **three years** immediately preceding the commencement of this case, list all **premises which the debtor occupied** during that period and vacated prior to the commencement of this case. If a separate petition is filed, report also any separate address of either spouse.

HAS DEBTOR LIVED IN ARIZONA FOR MORE THAN 2 YEARS?? YES NO. Check EXEMPTIONS

Address	Dates when occupied

16. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the six-year period immediately preceding the commencement of the case, identify the **name of the debtor's spouse and of any former spouse** who resides or resided with the debtor in the community property state.

____ **NONE**

--	--

17. Are you in the possession of any hazardous materials that could cause a violation of environmental law, or have you previously caused a violation of environmental law? **YES NO**

BUSINESS DEBTOR INFORMATION

(Form 7)

Have you or your spouse been self-employed as a sole proprietorship (i.e. paid via 1099), been involved as a partner in a business partnership at any time during the last **6 years**, or have you or your spouse been an officer, director, managing director, or owner of more than 5% of a corporation at any time during the last 6 years?

Please provide copies of profit and loss statement for past two years and year to date.

Debtor YES NO Spouse YES NO

If you or your spouse answered no to the question above this line, then you do not need to fill out the following information. If either or both of you answered yes above, please fill out the applicable portions of the following pages.

 Wind Down – check here if you have or have had a business in the last two years that you would like us to wind down

18. State the **name and address of any businesses you held an ownership interest as a sole proprietorship, partnership, or corporation** at any time during the **last 6 years**. State the nature of the business (i.e. coffee shop,) legal forms of business (Sole Prop., LLC, Corp.,) and the beginning and ending dates. **NONE**

Name & Address of Business	Nature of Business	Tax ID	Legal Form	Beg. & End Dates

19 a,b,c. List all **firms, bookkeepers, accountants** and **individuals** who, within the two years immediately preceding the filing of this bankruptcy case, **kept, supervised** or **audited** the books, accounts or records for the debtor, or who prepared a financial statement for the debtor. List all firms or individuals who are **currently in possession** of the books, accounts, or records of the debtor. If any of the books of account and records are not available, explain. **NONE**

Name	Address

19d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a **financial statement** was issued within the two years immediately preceding the commencement of this case by the debtor. _____ **NONE**

Name	Address

20. List the dates of the **last two inventories** taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory. List the name and address of the person having possession of the records of these inventories. _____ **NONE**

Name	Address

21. State the **names & addresses** of all those who own or owned within the last year a portion of the partnership or corporation. Indicate their **ownership percentage**, and the **current value** (if still in operation) if the business were to be sold today. _____ **NONE**

Name & Address	Ownership %	Tax ID	Current Value of Business

22. State the name of any withdrawn member of a partnership or terminated relationship of an officer or director that took place within the one year immediately preceding the commencement of this case by the debtor. _____ **NONE**

Name	Address

23. If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other prerequisite during one year immediately preceding the commencement of this case. _____ **NONE**

*****Debtor and spouse MUST sign below before returning workbook to office*****

I certify that I have listed all real, personal, and business property that I currently own to the best of my knowledge.

Debtor _____

Co-Debtor _____

Date _____

Creditor Referral Line: (520) 327-0035

You may be receiving harassing phone calls from creditors. You now have access to our “Creditor Referral Line.” It is a service we are happy to offer, but it will only work to your benefit if used properly. **DO NOT TELL ANY CREDITOR THAT YOU HAVE RETAINED AN ATTORNEY IF THAT CREDITOR HAS A LIEN ON ANY ITEM WHICH IS SUBJECT TO IMMEDIATE REPOSSESSION, INCLUDING (BUT NOT LIMITED TO) MOTOR VEHICLES AND/OR MOBILE HOMES.** In all other cases, tell your creditors that an attorney is handling the matter for you and under the advice of counsel they should direct all communications to your attorney. DO NOT give creditors our regular office number. Instead, refer them to our “Creditor Referral Line,” above.