

VERY IMPORTANT!!!

Client Workbook/Part A

Name (Please Print): _____ Spouse's Name (Please Print): _____

Reaffirming Mortgages on Real Property

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

HOME OWNERS ASSOCIATION FEES AND SECURED DEBTS

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

CAR PAYMENTS

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

TAX REFUNDS

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

OFFICE COMMUNICATION

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

TRANSFERS OF PROPERTY

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

Interest on Dischargeable Tax Debt

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

YOUR INITIALS HERE: _____

Please indicate the date you completed this workbook: _____

Voluntary Petition

Client Workbook

Debtor

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

FIRST: _____ MIDDLE: _____ LAST: _____

How long have you lived in Arizona? _____

Are you a renter or a homeowner? _____

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

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

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

If yes, then name of ex-spouse: _____

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

Are you a disabled veteran? Yes or No

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

Date of Birth: _____ Social Security #: _____

Street Address: _____ City: _____ Zipcode: _____

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

Home Phone: _____ Cell Phone: _____

Email: _____

Have you ever filed bankruptcy before? Yes or No

In which state was it filed? _____

Filing Date? _____

Did you receive a discharge? Yes or No

Co-Debtor (Spouse)

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

FIRST: _____ MIDDLE: _____ LAST: _____

How long have you lived in Arizona? _____

Are you a renter or a homeowner? _____

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

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

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

If yes, then name of ex-spouse: _____

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

Are you a disabled veteran? Yes or No

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

Date of Birth: _____ Social Security #: _____

Street Address: _____ City: _____ Zipcode: _____

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

Home Phone: _____ Cell Phone: _____

Email: _____

Have you ever filed bankruptcy before? Yes or No

In which state was it filed? _____

Filing Date? _____

Did you receive a discharge? Yes or No

Garnishment

Do you need your wages to stop being Garnished: Yes or No

Name of Employer: _____

Payroll Contact Name: _____

Payroll Phone Number: _____

Payroll Fax Number: _____

Payroll Email Address: _____

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

Household Size: _____

How many over 65: _____

Relation: _____

Age: _____

Relation: _____

Age: _____

Relation: _____

Age: _____

Relation: _____

Age: _____

Are you a tenant in someone else's home? Yes or No

Primary Job

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

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

Real Property (Schedule A/B)

How many parcels of real property do you own? _____

1. First Property:

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

Address: _____

Is this your residence? Yes or No

Do you want to keep it? Yes or No

Market Value: _____ How many mortgages are on it? _____

Name of first bank? _____ Payment? _____

Name of 2nd bank? _____ Payment? _____

2. Second Property:

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

Address: _____

Do you want to keep it? Yes or No

Market Value: _____ How many mortgages are on it? _____

Name of first bank? _____ Payment? _____

Name of 2nd bank? _____ Payment? _____

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

3. Vehicles

How Many Do You Own?: _____

Make sure to list vehicles you co-signed for even if it is not in your possession.

Vehicle #1: Year, Make, and model of vehicle _____

Mileage _____ Payment _____

Lender _____ Amt Owed on Loan _____ Date of Purchase _____

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

Vehicle #2: Year, Make, and model of vehicle _____

Mileage _____ Payment _____

Lender _____ Amt Owed on Loan _____ Date of Purchase _____

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

Vehicle #3: Year, Make, and model of vehicle _____

Mileage _____ Payment _____

Lender _____ Amt Owed on Loan _____ Date of Purchase _____

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

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

4. Other Vehicles Trailers/Boats/Planes, etc.

Yes or No

Personal Property (Schedule B)

Note: Do not worry about the mis-numbering, it is for office purposes.

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

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

If yes, whose home do you live in? _____

***If you have property in a storage unit, then please list those items here too.** List a **used replacement value** for the following property (i.e. what you could buy it for at a thrift shop).

Asset	Value	Asset	Value
Kitchen Table & Chairs		End Tables	
Dining Room Table & Chairs		Photos or paintings by debtor	
Living Room Couch		TVs (Total # of TVs: _____)	
Living Room Chair		Radio	
Coffee & End Tables		Stereo	
Lamps (Total # of lamps: _____)		Radio Alarm Clock	
Rugs		Stove	
Beds (Total # of beds: _____)		Refrigerator	
Bed Table		Washer	
Dressers		Dryer	
Bedding		Vacuum Cleaner	
Book Shelves		Couch	
CD Player		Kitchen Hutch	
Cabinets		Coffee table	
Night stands		Microwave	
Cooking Utensils		Mirrors	
Desk (s)		Other Small Appliances (toaster, coffee maker)	
Dishware		Paintings, Art, other decorative items	
Draperies/ Window Coverings		Patio Furniture	
DVD Player		Pots and Pans	
DVDs		Cutlery	

CDs		Other	
Fax Machine		Other	
Fire Extinguisher		Other	
Flatware		Other	
Glassware		Other	
Wall Decor		Other	
Other		Other	
Other		Other	

<i>Asset</i>	<i>Value</i>	<i>Detailed Description of the Asset</i>

7. Photographic Equipment:

Item: _____ Value: _____

8. Collectables (with commemorative value)

Description of the asset: _____

Value: _____

9. Hobby Equipment:

Item: _____ Value: _____

9. Sports Equipment:

Item: _____ Value: _____

11. Wearing Apparel 33-1125(1)

All of your clothing – Value: _____

All of your spouse's clothing – Value: _____

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

Description of the asset: _____

Value: _____

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

Including:

Item	Value

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

Item	Value

14. Watch: 33-125 (6)

Item	Value

14. Musical Instruments: 33-1125(2)

Item	Value

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

ARS 33-1130 (3)

Item	Value

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

14. Computer:

ARS 33-1125 (7)

Item _____ Value _____

14. Bicycle:

ARS 33-1125 (7)

Item _____ Value _____

14. Sewing Machine:

ARS 33-1125 (7)

Item _____ Value _____

14. Burial Ground:

Item _____ Value _____

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

ARS 33-1125 (7)

Item _____ Value _____

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

ARS 33-1125 (7)

Item _____ Value _____

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

ARS 33-1127

Item _____ Value _____

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

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

Name of Financial Institution: _____

Account Number: _____

Type of Account: _____

Current cash value: _____

Name of Financial Institution: _____

Account Number: _____

Type of Account: _____

Current cash value: _____

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Account Number: _____

Type of Account: _____

Current cash value: _____

Name of Financial Institution: _____

Account Number: _____

Type of Account: _____

Current cash value: _____

Name of Financial Institution: _____

Account Number: _____

Type of Account: _____

Current cash value: _____

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

14. Machinery/Tools

Item	Value

14. Inventory

Item	Value

14. Customer Lists

14. Other Business Property

List any other property and or assets used in the business:

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

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

Fin Inst	Describe	Value

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

Were any of these accounts **inherited** by you? Yes or No

22. Security Deposits? Yes or No
Holder: _____ Amount: _____
Holder: _____ Amount: _____
Holder: _____ Amount: _____

23. **Annuities** (403B, 457, etc.) Yes or No
Name of Financial Institution: _____

Has this account been in **existence for more than 2 years?** Yes or No
Who is the **beneficiary?** _____

24. Education IRA (529, 530 etc.) Yes or No
Name of Financial Institution: _____
Value: _____

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

26. Patents, Copyrights, Trademarks, Intellectual Prop? Yes or No

Are you entitled to any royalties? Yes or No
Explain: _____

27. Professional Licenses, Liquor License, Franchise, Coop Holdings? Yes or No

Tax Refund

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

Initial here: X _____ X _____

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

Tax Year _____ Federal Amount _____ State Amount _____

Tax Year _____ Federal Amount _____ State Amount _____

Have you filed all your tax returns for the past 4 years: Yes or No

If not, then which tax years were not filed? _____

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

30. Does anyone else owe you money? Yes or No

Explain: _____

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

Explain: _____

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

Name of Financial Institution: _____

Policy Owner: _____

Insured: _____

Beneficiary: _____

How long have you had this policy? _____

Name of Financial Institution: _____

Policy Owner: _____

Insured: _____

Beneficiary: _____

How long have you had this policy? _____

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

Please Explain: _____

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

Please Explain: _____

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

Please Explain: _____

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

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

Please list along with a value:

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

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

Please Describe: _____

(Schedule E)

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

Are the payments Current? Yes or No If not, how much is delinquent? _____

To Whom? Name of person who receives the money: _____

Address: _____

Does the payment go through the Arizona Department of Economic Security? Yes or No

If not, then through which state clearinghouse? _____

Tax Debts

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

Tax Agency Fed/State/Other	Tax Year	Amount Owed	Tax Lien (Yes or No)	Return Filed (Yes or No)

Out of the Ordinary Bank Transactions

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

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

Rent to Own, Unexpired Leases & Contracts (Schedule G)

Executory Contracts

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

1. Other Party? _____

Address: _____

City: _____, State: _____ Zip: _____

Description: _____

What is the monthly payment? _____ Do you want to continue paying? Yes or No

When did the lease start? _____ When does it end? _____

Additional Parties? _____

ASSUME OR REJECT

2. Other Party? _____

Address: _____

City: _____, State: _____ Zip: _____

Description: _____

What is the monthly payment? _____ Do you want to continue paying? Yes or No

When did the lease start? _____ When does it end? _____

Additional Parties? _____

ASSUME OR REJECT

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

Debtor operates a vehicle owned by someone else? Yes or No

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

Statement of Financial Affairs

1. What is your current **marital status**? _____

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

Address	Start date – End date

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

Name: _____.

Preference: Have you made payments on your debts lately?

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

Name of bank: _____ Monthly Payment: _____

Name of bank: _____ Monthly Payment: _____

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

Name of bank: _____ Monthly Payment: _____

Name of bank: _____ Monthly Payment: _____

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

Yes or No

Creditor Dates Total Remainder For What?

Transactions

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

7. **Within 1 year** before your expected filing date did you give any **money to friends or family?**

Yes or No

Insider Dates Total Remainder For What?

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

8. **Within 1 year** of your expected filing date did you **pay any debts for your friends or family?**

Yes or No

Insider Dates Total Remainder For What?

Lawsuits

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

Caption: _____ Case #: _____

Court: _____ Atty: _____

Disposition: _____

Caption: _____ Case #: _____

Court: _____ Atty: _____

Disposition: _____

Caption: _____ Case #: _____

Court: _____ Atty: _____

Disposition: _____

Repossessions/Foreclosures/Trustee Sale

10. List all property **repossessed, foreclosed, garnished, attached, seized, or levied** within **1 year of your expected filing date**. Have you had real estate foreclosed upon? Yes or No

Address of property: _____

Creditor: _____

Month and year of foreclosure: _____

Has a vehicle been repossessed? Yes or No

Year, make, model of vehicle: _____

Month/Year of Repo: _____

Creditor/Bank: _____

Amount of debt owed on the vehicle? _____

Year, make, model of vehicle: _____

Month/Year of Repo: _____

Creditor/Bank: _____

Amount of debt owed on the vehicle? _____

Year, make, model of vehicle: _____

Month/Year of Repo: _____

Creditor/Bank: _____

Amount of debt owed on the vehicle? _____

Earnings Wage Garnishment

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

Non Earnings Garnishment

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

How much? When? By Whom?

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

Please explain:

Setoffs

Yes or No

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

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

Which tax years? _____

Gifts

Yes or No

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

Giftee	Describe Gift	Date	Value
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14. Within 2 years of your expected filing date did you give any gift to charity worth \$600 or more?

Yes or No

Charity Name	Describe Gift	Date	Value
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Losses

Yes or No

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

Describe Property	Insurance Coverage	Date of Loss	Value Lost
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Fees

Attorney Fees

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

Payor (if not Debtor): _____

Debt Consolidator Fees

17. Within 1 year of your expected filing date did you pay any company to help you pay or consolidate your debts?

Yes or No

Company	Description	Date	Amounts
---------	-------------	------	---------

Transfers

Yes or No

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

18. Within 4 years of your expected filing date did you **sell or buy anything** outside the ordinary course of your life? For example, did you buy a car, sell a car, trade in a car, buy or sell real estate, sell personal property on Craig's List, eBay or to a pawn shop?

Transferee/ Relationship: _____

Description/Value _____

Date: _____

Amount: _____

Explanation: _____

Transferee/ Relationship: _____

Description/Value: _____

Date: _____

Amount: _____

Explanation: _____

Transferee/ Relationship: _____

Description/Value: _____

Date: _____

Amount: _____

Explanation: _____

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

Closed Accounts

Yes or No

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

Name of Fin Inst	Last 4 Acct #	Type of Account	Date	Final Balance
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Safe Deposit Box

Yes or No

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

Fin Inst	Who Else Has Access	Contents	Still Have It?
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Storage Unit

Yes or No

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

Name	Who Else Has Access	Contents	Still Have It?
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Property Belonging to Someone Else

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

Owner	Location	Describe Prop	Value
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24. Do you possess hazardous materials? Yes or No

Business

Yes or No

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

Form of Business: _____

Bus. Name: _____

Nature: _____

EIN: _____

Dates: _____ to _____

Form of Business: _____

Bus. Name: _____

Nature: _____

EIN: _____

Dates: _____ to _____

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

Miscellaneous Information

Debts

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

If no, then list debts incurred in the past 90 days:

Creditor	Date	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

If yes, then list the transactions: _____

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

If yes, then what was purchased?

Secured Personal Property

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

If yes please list:

Creditor	Describe property	Date Purchased

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

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

Debtor: (Printed)

(Signature)

Co-Debtor: (Printed)

(Signature)

Date: _____