

CHAPTER 7 QUESTIONNAIRE

IMPORTANT – PLEASE READ CAREFULLY

List of information required prior to being able to file your bankruptcy:

_____ Fees need to be paid in full before proceeding with the following steps. Everything is time sensitive, so do not proceed with the following until you are paid in full.

_____ **DEBT COUNSELING NEEDS TO BE COMPLETED.** Have your certificate either faxed or e-mailed to our office. Information of an accredited counselor was provided to you at the time of your initial consultation. If you are married, each of you must complete the class and get a certificate. **DO NOT TAKE THIS CLASS UNTIL YOU PAY YOUR ATTORNEY FEES PLEASE BECAUSE THIS CERTIFICATE DOES EXPIRE!**

Provide us the following:

_____ Previous six months of pay stubs/proof of income (all sources) – continue sending pay stubs until your case is filed!

_____ 2013 and 2014 Federal Income Tax Returns - complete returns including W-2s (do not need to submit State Returns) - if you have not filed your 2014 return, please remit your 2012 return. - If you have not filed tax returns in the last two years, provide us with copies of the last two returns you have filed.

_____ **COMPLETED QUESTIONNAIRE.** It is important that it is filled out completely and accurately. You must list everyone you owe money to, with their complete mailing address, account numbers, and loan balances. You must disclose all your assets. Submission of an incomplete questionnaire will delay the processing of your bankruptcy documents, additionally, if we file your bankruptcy with incomplete/inaccurate information, there are charges to amend your documents (see your engagement letter). Please read the instruction sheet as it will assist you in completing your questionnaire. If you still have questions, please call or e-mail our office.

Our phone number is (575) 527-8600 - toll free at 866-740-8600

Fax: (575) 527-1199 and our e-mail address: eva@arvizulaw.com

*If you are mailing your documents please send to:
2455 Missouri Ave. Bldg. A, Las Cruces NM 88001*

As a reminder, after your bankruptcy is filed, you have to complete an additional debtor's education class (if you are married, both of you need to complete the class.) This needs to be done before you can get a discharge, so please complete this class as soon as possible after your bankruptcy is filed.

Arvizulaw.com, Ltd.

2455 Missouri Ave. Bldg. A, Las Cruces, NM 88001 – phone (575) 527-8600

toll free 1-866-740-8600 fax: (575) 527-1199

Client Questionnaire For Non-Business Debtor

Section 1 Basic Information

Part A. Name and Address

Name: _____
Last First Middle

Telephone Number Home: _____ Work: _____

e-mail address: _____

Have you used any other names in the past six years? No Yes **If yes, list other names:**

Social Security Number: ____ - ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Have you lived at this address for at least 180 days? No Yes

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part B. Name and Address of Spouse (if your spouse is not filing – you still need to provide the following information Check here if non-filing spouse)

Name: _____
Last First Middle

Has your spouse used any other names in the past six years? No Yes **If yes, list other names:**

Social Security Number: ____ - ____ - ____

Address: **(if different from your address):** _____

City: _____ State: _____ Zip: _____ County: _____

If your spouse has a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Has a bankruptcy case been filed by either of you or against you in the last 8 years? No Yes

Have you or your spouse been married to another person in the past 8 years – if yes, need name(s) of former spouse(s): _____

Section 2  Property

Part A. Real Estate (Your home or any investment property you may own or have an interest in) (Schedule A)

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

Address and description of property	Owned by Husband, Wife, Joint or Community	Market Value – based on recent appraisal or surrounding sales	Your % ownership, or \$ amount, if you and spouse are not sole owners	List mortgages, home equity loans, and liens What is the \$ value of the loan, lien or mortgage?	Who issued the lien, loan or mortgage?	Are planning on keeping your home? Y/N Exemptions?

Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the market value as the resale value.

Type of Property	Yes/No	Description & Location	Husband, Wife, Joint, Community	Market Value	Office Use Only Exemptions?
1. Cash (ie money in your pocket or at your home)					
2. Checking/Savings/other Bank Accounts –state name of bank where account is and what type of account it is				Balance(s):	

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	Office Use Only Exemptions?
3. Security deposits held by utility companies, landlord					
4. Household goods, furniture, including audio, video, and computer equipment				Garage sale value:	
5. Books, pictures, art objects, CDs, collectibles				Garage sale value:	
6. Clothing					
7. Furs and jewelry					
8. Sports, hobby equipment, firearms					
9. 401k plan or other retirement/pension plan					
10. Automobiles, trucks, trailers, and accessories. – please provide details – year/model and mileage so we can pull a NADA					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	Office Use Only Exemptions?
11. Other personal property of any kind not listed. such as tax refunds, accounts receivables, child support due owed to you, contingency claims in any law suits, stocks, bonds, annuities					

Section 3 Debts

List below all debts that you owe, or that creditors claim that you owe - IT IS ESPECIALLY IMPORTANT TO PROVIDE ADDRESSES

Type of Debt	IMPORTANT NEED CREDITOR NAME AND ADDRESS AND ACCOUNT NO. Date of last use (for credit cards) or date debt was incurred (loans/medical bills)	Amount owed	Name and address of codebtor, if any Is debt secured by any property?	Do you dispute the debt?	Office Use Only Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Home loans/ mortgages						
Car loans						
Personal loans						
Unpaid alimony or child support						
Student loans						

Type of Debt	IMPORTANT NEED CREDITOR NAME AND ADDRESS AND ACCOUNT NO. Date of last use (for credit cards) or date debt was incurred (loans/medical bills)	Amount owed	Name and address of codebtor, if any Is debt secured by any property?	Do you dispute the debt?	Office Use Only Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
taxes						
Credit Cards (add additional pages if necessary)						
All other unpaid debts/bills - such as rent, utilities, professional services						

Section 4 Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts (cellular phone contracts & satellite).

Nature and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires

Section 5 Current Income

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:		
Name	Age	Relationship

Part A. Debtor's Income

Part B. Joint Debtor's Income

1. What is your occupation? _____

1. What is your spouse's occupation? _____

2. Name and address of your employer:

2. Name and address of your spouse's employer:

3. How long have you been employed there? _____

3. How long employed there? _____

4. What is the gross amount of your paycheck, before taxes, other deductions are taken out? \$ _____

4. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$ _____

5. How often do you get paid? once a week
 every two weeks twice a month
 once a month other _____

5. How often does your spouse get paid? once a week
 every two weeks twice a month
 once a month other _____

6. Do you receive overtime pay outside of your salary? If so, how much per month? \$ _____

6. Does your spouse receive overtime pay outside of your salary? How much per month? \$ _____

7. How much is taken out of each paycheck for taxes and social security? \$ _____

7. How much is taken out of each paycheck for taxes and social security? \$ _____

8. How much is taken out for insurance? \$ _____

8. How much is taken out for insurance? \$ _____

9. How much for union dues? \$ _____

9. How much for union dues? \$ _____

10. Are there other deductions? If so, what are they and how much? _____

10. Are there other deductions? If so, what are they and how much? _____

Do you receive...

Does your spouse receive...

a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?

a) income from business operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per month?

b) income from real estate property? If so, how much per month? No Yes \$ _____

b) income from real estate property? If so, how much per month? No Yes \$ _____

c) interest or dividends? If so, how much per month? No Yes \$ _____

c) interest or dividends? If so, how much per month? No Yes \$ _____

d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month? No Yes \$ _____

d) alimony or family support payments for spouse's use or for care of dependents? If so, how much per month? No Yes \$ _____

e) social security or other forms of monetary government assistance? No Yes \$ _____

e) social security or other forms of monetary government assistance? No Yes \$ _____

f) retirement or pension money? No Yes \$ _____

f) retirement or pension money? No Yes \$ _____

Do you have any other sources of income not listed?

Does your spouse have any other income not listed?

Are you or your spouse expecting any increase or decrease in salary of more than 10% in the next year? If so, explain.

Section 6 Current Expenses

Do you and your spouse maintain separate households? No Yes. **If so, fill one page out for your household and another for your spouse's.**

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month...

- 1. your rent or your home mortgage \$ _____
 Does that amount include real estate taxes? No Yes
 Does it include property insurance? No Yes
- 2. electricity and heating \$ _____
- 3. water and sewage \$ _____
- 4. telephone service/long distance \$ _____
- 5. Do you have any other utility bills? If so, what, and how much per month?
 _____ \$ _____
 _____ \$ _____
- 6. home maintenance, including repairs and general upkeep \$ _____
- 7. food \$ _____
- 8. clothing \$ _____
- 9. laundry and dry cleaning \$ _____
- 10. medical and dental expenses \$ _____
- 11. transportation (not including car payments) \$ _____
- 12. entertainment, recreation, newspapers, magazines \$ _____
- 13. charitable contributions \$ _____
- 14. insurance not deducted from paycheck
 a) homeowner's or renter's insurance \$ _____
 b) life insurance \$ _____
 c) health insurance \$ _____
 d) auto insurance \$ _____
 e) other insurance _____ \$ _____
- 15. taxes not deducted from paycheck \$ _____
- 16. installment payments for car, furniture, etc. (Specify)
 _____ \$ _____
 _____ \$ _____
- 17. alimony, maintenance, support paid to others \$ _____
- 18. payments for support of dependents not living at home \$ _____
- 19. expenses from operation of business \$ _____
- 20. other expenses not listed above _____ \$ _____
 _____ \$ _____

Section 7 Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly. **If you have no information to report for a question, check the "NONE" box.**

1. Employment or self-employment income for past two years

NONE

Period	\$ Amount	Source	Husband/Wife
--------	-----------	--------	--------------

Year to date:

Last year, (January 1 - December 31)

The year before last,
(January 1 - December 31)

2. Income other than from employment or operation of business for past two years (Worker's comp/social security/pension/child support any non-employment income)

NONE

Period	\$ Amount	Source	Husband/Wife
--------	-----------	--------	--------------

Year to date

Last year

Year before last

3. Payments to creditors in excess of a total of \$600 or more to any one creditor within the past 90 days or any payments paid within one year to family/friends/business associates.

NONE

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed
------------------------------	-------------------	-------------	-------------------

4. Suits, executions, garnishments and attachments to which you are or were a party within **one year** preceding the filing of this case.

NONE

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition
------------------------------------	----------------------	---------------------------------	--------------------------

b.) Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Person/Company for Whom the Property Was Seized (Creditor)	Date of Seizure	Description and Value of Property
-----------------------------------------------------------------------------------	-----------------	--------------------------------------

5. Repossessions, foreclosures, and returns within one year

NONE

Name and Address of Creditor	Date of Repossession, Foreclosure, Transfer or Return	Description and Value of Property
------------------------------	----------------------------------------------------------	--------------------------------------

6. Gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

<u>Name and Address of Recipient</u>	<u>Relationship to You, if Any</u>	<u>Date of Gift</u>	<u>Description and Value of Gift</u>
------------------------------------------	------------------------------------	-------------------------	------------------------------------------

7. Losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case.**

NONE

<u>Description and Value of Property</u>	<u>Description of Circumstances and Amount Covered by Insurance, if Any</u>	<u>Date of Loss</u>
----------------------------------------------	---------------------------------------------------------------------------------	---------------------

8. Payments related to debt counseling or bankruptcy within the past year.

NONE

<u>Name and Address of Payee</u>	<u>Date of Payment</u>	<u>Name of Person Who Paid, if Not You</u>	<u>Amount of Money/ Description and Value of Property</u>
--------------------------------------	----------------------------	------------------------------------------------	-------------------------------------------------------------------

9. Other transfers, (including sale of your property) within last **TWO** years.

NONE

<u>Name and Address of Transferee and Relationship to you</u>	<u>Date of Transfer</u>	<u>Description of Property Transferred and Value Received</u>
-------------------------------------------------------------------	-------------------------	-------------------------------------------------------------------

10. Closed financial accounts within one year

NONE

<u>Name and Address of Institution</u>	<u>Type and Number of Account & Final Balance</u>	<u>Amount and Date of Sale or Closing</u>
--------------------------------------------	-----------------------------------------------------------	-----------------------------------------------

11. Safe deposit boxes within **one year** immediately preceding commencement of this case.

NONE

<u>Name and Address of Bank or Other Depository</u>	<u>Name and Address of Those With Access to Box or Depository</u>	<u>Description of Contents</u>	<u>Date of Transfer, if Any</u>
---------------------------------------------------------	-----------------------------------------------------------------------	------------------------------------	-------------------------------------

12. Setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

NONE

<u>Name and Address of Creditor</u>	<u>Date of Setoff</u>	<u>Amount of Setoff</u>
-------------------------------------	-----------------------	-------------------------

13. Property held for another person

NONE

<u>Name and Address of Owner</u>	<u>Description and Value of Property</u>	<u>Location of Property</u>
----------------------------------	------------------------------------------	-----------------------------

14. Prior address of debtor within the two years immediately preceding the commencement of this case, list all residences during the last two years, excluding your present address.

NONE

<u>Address</u>	<u>Your Name at the Time</u>	<u>Dates of Occupancy</u>
----------------	------------------------------	---------------------------

15. Environmental Information.

For the purpose 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 notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NONE

<u>Site Name and Address</u>	<u>Name and Address of Governmental Unit</u>	<u>Date of Notice</u>	<u>Environmental Law</u>
------------------------------	----------------------------------------------	-----------------------	--------------------------

b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE

<u>Site Name and Address</u>	<u>Name and Address of Governmental Unit</u>	<u>Date of Notice</u>	<u>Environmental Law</u>
------------------------------	----------------------------------------------	-----------------------	--------------------------

List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

NONE

Date of Inventory _____ Name and Address of Custodian of Inventory Records _____

19. Current partners, officers, directors, and shareholders

a.) If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE

Name and Address _____ Nature and Percentage of Interest _____

b.) If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 % or more of the voting securities of the corporation.

NONE

Name and Address _____ Title _____ Nature and Percentage of Stock Ownership _____

20. Former partners, officers, directors and shareholders

a.) If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NONE

Name and Address _____ Date of Withdrawal _____

b.) If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NONE

Name and Address _____ Title _____ Date of Termination _____

21. Withdrawals from a partnership or distributions by a corporation

If your business 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 perquisite during one year immediately preceding the commencement of this case.

NONE

Name and Address of Recipient, and Relationship to You _____ Date and Purpose of Withdrawal _____ Amount of Money or Description and Value of Property _____