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Scottsdale
Law Group
of McCue & Associates, PLLC

CLIENT QUESTIONNAIRE

Thank you for choosing Scottsdale Law Group of McCue & Associates, PLLC to represent you in the matter of your Bankruptcy. In order to provide you with the best possible outcome, please complete the attached form as completely and accurately as possible.

Under the law, you must list each and every debt, including debts to friends and relatives. If you need more space, please make a copy of the page or use the back. Remember to list every creditor to whom you are obligated. For example, if you have co-signed for your nephew's car loan, that car lien-holder is *your* creditor. Similarly, you should list debts even if you think the creditor has written the loan off or if you think that someone else may pay the bill in the future (i.e. a medical bill that may be covered by insurance). Please provide the Correspondence Address for each creditor rather than the Billing Address.

Under the new Bankruptcy Law, you will be asked to provide the following documentation:

- A spreadsheet of your Debts and Expenses.
- Proof of installment payments (mortgage, vehicle, furniture, jewelry, student loans).
- Paystubs and proof of household income for the 7 months prior to filing.
- A Credit Report from all 3 credit bureaus, which can be obtained at no charge at www.AnnualCreditReport.com.
- Tax Returns for the last 3 years. Please advise if there are any returns not filed in the past 15 years.
- Insurance Declarations Page for all properties and automobiles owned.

SECURED VS. UNSECURED DEBT

One of the most important items of information that you can provide relates to whether a debt is "secured" or "unsecured." A "secured" debt is a debt that is backed by collateral, such as a house, car or even household items. By contrast, an "unsecured" debt is backed only by your signature. Examples of unsecured debts are credit card bills and medical bills. Please note that many finance companies ask you to list household goods at the time you obtain your loan. This usually means that you may have given the finance company a security interest in your property.

Again, we thank you for choosing Scottsdale Law Group, PLLC. We appreciate your trust and confidence and look forward to working with you.

ABOUT YOU

Name

(As it appears on Soc. Sec. Card):

D.O.B:

Maiden/Former Names:

Social Security Number:

Marital status:

Current Address:

Do You: Rent Own

City:

State:

Zip:

County:

Home Phone:

Work Phone:

Cellular:

E-Mail:

OR

ABOUT YOUR SPOUSE

Name:

(As it appears on Soc. Sec. Card)

D.O.B:

Maiden/Former Names:

Social Security Number:

Current Address:

(If different than spouse above)

Do You: Rent Own

City:

State:

Zip:

County:

Home Phone:

Work Phone:

Cellular:

E-Mail:

OR

How long have you lived at your current home address: _____ (If less than 2 years, please list previous addresses, beginning with the most recent:

Dates: _____

Dates: _____

Name and # of someone who could reach you in an emergency:

CURRENT EMPLOYER INFORMATION

Job Title/Occupation	Spouse
Employer	Spouse
How long there ?	Spouse
Payroll address	Spouse
City, State, Zip	Spouse
Payroll office phone #	Spouse
Date next paycheck expected	Spouse
Approx. annual income/salary	Spouse

Expected changes in income? Describe when & why

Are your wages currently being garnished? Or have your wages ever been garnished?

Who is garnishing?	When did garnishment begin?	How much \$ taken to date?	Is garnishment on-going?	Who is plaintiff's lawyer?

ANNUAL INCOME HISTORY

Year:	Your gross annual income:	Where employed?	Spouse's gross annual income:	Where was spouse employed?
2012 (year to date)				
2011				

2010				
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CHILDREN & STEP CHILDREN (Dependents Only)

Name:	Age:	Relationship:	Does Child Live With You?	Child Support Amount Paid / Received:

TAX RETURNS (Please provide copies of last three years tax returns filed)

Within the last ten (15) years, have you or your spouse not filed tax returns? If so, please describe:

Year:	Tax returns filed?	If not, why not?	Spouse filed tax returns?	If not, why not?

Has the IRS, State of Arizona or any other taxing entity ever advised you that a tax lien has been filed against you?

INTERNAL REVENUE SERVICE TAXES DUE

Account #: _____ Address: _____

Tax Year: _____ Total taxes due to IRS for tax year: _____

Return filed? _____ In whose name Installment agreement filed? _____

Tax Year: _____ Total taxes due to IRS for tax year: _____

Return filed? _____ In whose name Installment agreement filed? _____

Are there any years when you did not file federal tax returns? State year(s) and explain: _____

ARIZONA DEPARTMENT OF REVENUE TAXES DUE

Account #: _____ Address: _____

Tax Year: _____ Total taxes due to AZDOR for tax year: _____

Return filed? _____ In whose name Installment agreement filed? _____

Tax Year: _____ Total taxes due to AZDOR for tax year: _____

Return filed? _____ In whose name Installment agreement filed? _____

Are there any years when you did not file state tax returns? State year(s) and explain: _____

OTHER TAXES DUE

Account #: _____ Address: _____

What type of tax is this? _____ Tax year: _____ Total taxes due? _____

Return filed? _____ In whose name is Installment agreement filed? _____

Account Number: _____ Address: _____

What type of tax is this? _____ Tax year: _____ Total taxes due? _____

Return filed? _____ In whose name is Installment agreement filed? _____

Do you have copies of your tax returns for past five (5) years? _____

BANKRUPTCY

Have you ever filed a Chapter 7 or a Chapter 13 bankruptcy before?

Type of Bankruptcy ? Chapter 7 or Chapter 13	Date Filed:	Was case completed or dismissed?	When was case closed by Court?	Case Number:	Former BK Lawyer:

LAWSUITS & JUDGEMENTS

Are you currently facing a lawsuit? Or has one ever been filed against you?

Lawsuit filed against you by:	Reason for lawsuit & date lawsuit served on you:	County where filed:	Case number:	Status now:

REAL ESTATE & REAL ESTATE MATTERS

Are you currently facing mortgage foreclosure? Or have you ever lost a house to a mortgage foreclosure?

Mortgage Company/Lender:	Foreclosing law firm:	When was house sold?	Address of property:	Status now:

Please identify any real estate that is in your name.

Property Address	Date purchased:	Purchase price:	Value now:	Total debt owed on property:

VEHICLE MATTERS

Are you currently facing vehicle repossession? Or have you ever lost a car to repossession?

Car finance company:	When was vehicle seized?	Vehicle make/model:	Have you received notice that you still owe money on vehicle?

Please identify any cars or trucks you own.

Year/make/model of vehicle & mileage:	Date purchased:	In whose name:	Value now:	Total debt owed on vehicle:

Are you currently involved in a car accident claim, workers' compensation claim or any other claim that may result in money damages payable to you? Please Describe.

BANK ACCOUNTS

Please identify any bank accounts you own.

Name of Bank	Checking / Savings?	In whose name	Current balance	Any other loans or credit cards with this lender?

LIFE INSURANCE, ANNUITIES, IRA's (Or other qualified retirement programs. Not thru current employer)

Name of financial institution	Type of plan	In whose name	Are you still contributing?	Current balance	Any loans against this plan?

Other assets not yet described (i.e. boats, stocks/bonds, antiques, musical instruments, valuable collections, insurance policies with cash value, guns, sporting equipment, jewelry, etc.)

Asset description	Current value	Who owns this asset?	Has asset been pledged as collateral for a loan?

RECENT ACTIVITY

During the last 60 days, have you done any of the following?	Yes/No	Name of lender/transferee:	Amount borrowed with in last 60 days:
Used credit cards:			
Taken cash advances:			
Taken out any new loans:			
Gave away or sold any property worth more than \$600:			

Have you done any of the following?	Yes/No	Name of person paid:	Amount:
Paid back a relative or business associate within last 365 days (1yr):			
Issued payment to anyone for more than \$600 within last 90 days:			

MONTHLY EXPENSES (estimated average)

The new bankruptcy law requires that we analyze the last seven months of household income. **Please photocopy each and every pay stub for the past seven months and attach.** If you have income from other sources during this seven month period (dividends, one-time payments, etc.), please photocopy whatever documentation you have.

If you are self-employed, you will need a spreadsheet detailing gross income, itemized business expenses and other deductions.

The Courts have advised us that a percentage of cases filed will be subject to random audits and that income and expense documentation will be a focus.

Household Expenses – the Bankruptcy Courts now require supporting documentation for all claimed expenses. Please save receipts for every bill and for every purchase.

Rent/Mortgage Payments

Electric/Gas Bills

Water/Sewer

Telephone

Cell Phone

(land line)

(upgrades/service on all phones)

Internet/Cable TV/Satellite

Home Care/Maintenance (pools/lawn/filters, etc.)

Personal Home Office (printers, computers, etc.)

Grocery/Food/Toiletries

Dining Out & Entertainment

Prescription Drugs & Eyewear

Clothing

Laundry/Dry Cleaning

Alimony Paid Out

Child Support Paid Out

Education Expenses
(For Children UNDER 18)

Child Care Expenses
(Receipts needed)

Care For Elderly or Disabled

Charity/Church Donations
(Receipts needed)

Medical/Dental (deductibles and non-reimbursed only)

Health Insurance (not deducted from pay)

Personal Property Insurance

Real Property Insurance

Life Insurance

Disability Insurance

Long Term Care Insurance

Auto Insurance (all vehicles insured)

Car/Truck Payment 1

Car/Truck Payment 2

Car/Truck Payment 3

Car/Truck Payment 4

Recreational Vehicles (RV, boat, quad, etc.)

Gas/Public Transportation

Vehicle Maintenance (oil changes, tires, detailing, etc.)

Non-Payroll Taxes

County Property Tax (if not escrowed)

Any Other Monthly Expenses (explain)

Other Expenses You May Pay Semi- Annually or Annually Instead of Monthly

Ad Valorem Taxes on Cars or Boats

Homeowner's Association

Gym/Exercise Club

Club/Organization/Dues/Memberships

Other (please explain)

I certify that the information I have provided in this questionnaire is true and correct, under penalty of perjury.

Signature

Date

Printed Name

Spouse's Signature

Date

Printed Name

DISCLOSURE CERTIFICATE

I, the undersigned, hereby attest and affirm that all debts, whether joint debts, co-signed debts, claims or lawsuits for collection of debts, whether disputed or not, have been listed on my questionnaire.

I acknowledge that my attorneys rely on the information provided in this questionnaire in order to assist and advise me and that it is my responsibility to provide my attorneys with a full, complete and accurate financial disclosure. I further agree to update my attorneys with regard to any incomplete information contained herein.

I further acknowledge that in the event a creditor is omitted from any bankruptcy petition filed by my attorneys as a result of an omission on this questionnaire, I will not have the protection of the Bankruptcy Court from actions by that creditor.

Signature _____ Date _____

Printed Name _____

Spouse's Signature _____ Date _____

Printed Name _____

MORTGAGES & REAL ESTATE

MORTGAGE 1

Loan #:

Mortgager/Lender:

Phone #:

Monthly payment: \$

Total loan payoff: \$

Does
payment
include
taxes &
insurance?

Address of property
(street address, city, city, zip):

Name(s) on loan?

Co-signer?

Relationship?

Is this your primary residence?

When did you buy property?

When did you take mortgage out?

Months Behind?

How much is property worth in a quick sale?

Has foreclosure started? If so who is foreclosure attorney?

MORTGAGE 2

Loan #:

Mortgager/Lender:

Phone #:

Monthly payment: \$

Total loan payoff: \$

Does
payment
include
taxes &
insurance?

Address of property
(street address, city, city, zip):

Name(s) on loan?

Co-signer?

Relationship?

Is this your primary residence?

When did you buy property?

When did you take mortgage out?

Months Behind?

How much is property worth in a quick sale?

Has foreclosure started? If so who is foreclosure attorney?

HOME IMPROVEMENT LOAN

Loan #:

Lender:

Phone #:

Monthly payment: \$

Total loan payoff: \$

Months Behind?

When did you take out loan?

How did you use the money?

Have you been notified by a collection's agency? If so provide name and address:

CARS & TRUCKS

VEHICLE 1

Year, Make & Model

Loan #:

Finance/Loan Company:

Name(s) on Loan:

Co-signer?

Relationship?

Monthly Payment: \$

Total Loan Payoff: \$

Is this a lease or a purchase?

When did you buy/lease vehicle? (mo/yr):

When is loan/lease over?

How many months behind are you?

What is date of last payment?

Copy of installment note? – please provide

VEHICLE 2

Year, Make & Model

Loan #:

Finance/Loan Company:

Name(s) on Loan:

Co-signer?

Relationship?

Monthly Payment: \$

Total Loan Payoff: \$

Is this a lease or a purchase?

When did you buy/lease vehicle? (mo/yr):

When is loan/lease over?

How many months behind are you?

What is date of last payment?

Copy of installment note? – please provide

VEHICLE 3

Year, Make & Model

Loan #:

Finance/Loan Company:

Name(s) on Loan:

Co-signer?

Relationship?

Monthly Payment: \$

Total Loan Payoff: \$

Is this a lease or a purchase?

When did you buy/lease vehicle? (mo/yr):

When is loan/lease over?

How many months behind are you?

What is date of last payment?

Copy of installment note? – please provide

VEHICLE 4

Year, Make & Model

Loan #:

Finance/Loan Company:

Name(s) on Loan:

Co-signer?

Relationship?

Monthly Payment: \$

Total Loan Payoff: \$

Is this a lease or a purchase?

When did you buy/lease vehicle? (mo/yr):

When is loan/lease over?

How many months behind are you?

What is date of last payment?

Copy of installment note? – please provide

OTHER LOANS (furniture, jewelry, service, etc.)

MISC. LOAN 1

Item or Service Financed:

Finance/Loan Company:

Acct #:

Name(s) on Loan:

Amount Financed: \$

Monthly Payment: \$

Current Payoff: \$

Date item/service was purchased:

Do you still have it?

Are you late on payments?

Date of last payment?

Have you been notified by a collection's agency? If so provide name and address:

Copy of installment note? – please provide

Do you want to keep or surrender?

MISC. LOAN 2

Item or Service Financed: _____

Finance/Loan Company: _____ Acct #: _____

Name(s) on Loan: _____

Amount Financed: \$ _____ Monthly Payment: \$ _____ Current Payoff: \$ _____

Date item/service was purchased: _____ Do you still have it? _____

Are you late on payments? _____ Date of last payment? _____

Have you been notified by a collection's agency? If so provide name and address:

Copy of installment note? – please provide

Do you want to keep or surrender? _____

MISC. LOAN 3

Item or Service Financed: _____

Finance/Loan Company: _____ Acct #: _____

Name(s) on Loan: _____

Amount Financed: \$ _____ Monthly Payment: \$ _____ Current Payoff: \$ _____

Date item/service was purchased: _____ Do you still have it? _____

Are you late on payments? _____ Date of last payment? _____

Have you been notified by a collection's agency? If so provide name and address:

Copy of installment note? – please provide

Do you want to keep or surrender? _____

MISC. LOAN 4

Item or Service Financed: _____

Finance/Loan Company: _____ Acct #: _____

Name(s) on Loan: _____

Amount Financed: \$ _____ Monthly Payment: \$ _____ Current Payoff: \$ _____

Date item/service was purchased: _____ Do you still have it? _____

Are you late on payments? _____ Date of last payment? _____

Have you been notified by a collection's agency? If so provide name and address: _____

Copy of installment note? – please provide

Do you want to keep or surrender? _____

MISC. LOAN 5

Item or Service Financed: _____

Finance/Loan Company: _____ Acct #: _____

Name(s) on Loan: _____

Amount Financed: \$ _____ Monthly Payment: \$ _____ Current Payoff: \$ _____

Date item/service was purchased: _____ Do you still have it? _____

Are you late on payments? _____ Date of last payment? _____

Have you been notified by a collection's agency? If so provide name and address: _____

Copy of installment note? – please provide

Do you want to keep or surrender? _____

STUDENT LOANS

STUDENT LOAN 1

Lender: _____ Loan/Acct #: _____

Monthly Payment: \$ _____ Total Loan Payoff: \$ _____

Name on Loan: _____ Co-Signer Name: _____

When did you take out loan? _____ Date of last payment: _____

Is loan in default? _____ Is loan in deferment? _____ When is deferment over? _____

STUDENT LOAN 2

Lender: _____ Loan/Acct #: _____

Monthly Payment: \$ _____ Total Loan Payoff: \$ _____

Name on Loan: _____ Co-Signer Name: _____

When did you take out loan? _____ Date of last payment: _____

Is loan in default? _____ Is loan in deferment? _____ When is deferment over? _____

CREDIT CARDS (including retail and gas)

CREDIT CARD LENDER 1

Creditor: _____ Account #: _____

Monthly payment: \$ _____ Date of Last Payment: _____ Total loan payoff: \$ _____

Do you actively use this card? _____ Date of Last Purchase: _____

Have you been notified by a collection's agency? If so provide name and address:

CREDIT CARD LENDER 2

Creditor: _____ Account #: _____

Monthly payment: \$ _____ Date of Last Payment: _____ Total loan payoff: \$ _____

Do you actively use this card?

Date of Last Purchase:

Have you been notified by a collection's agency? If so provide name and address:

CREDIT CARD LENDER 3

Creditor:

Account #:

Monthly payment: \$

Date of Last Payment:

Total loan payoff: \$

Do you actively use this card?

Date of Last Purchase:

Have you been notified by a collection's agency? If so provide name and address:

CREDIT CARD LENDER 4

Creditor:

Account #:

Monthly payment: \$

Date of Last Payment:

Total loan payoff: \$

Do you actively use this card?

Date of Last Purchase:

Have you been notified by a collection's agency? If so provide name and address:

CREDIT CARD LENDER 5

Creditor:

Account #:

Monthly payment: \$

Date of Last Payment:

Total loan payoff: \$

Do you actively use this card?

Date of Last Purchase:

Have you been notified by a collection's agency? If so provide name and address:

CREDIT CARD LENDER 6

Creditor: _____ Account #: _____

Monthly payment: \$ _____ Date of Last Payment: _____ Total loan payoff: \$ _____

Do you actively use this card? _____ Date of Last Purchase: _____

Have you been notified by a collection's agency? If so provide name and address:

CREDIT CARD LENDER 7

Creditor: _____ Account #: _____

Monthly payment: \$ _____ Date of Last Payment: _____ Total loan payoff: \$ _____

Do you actively use this card? _____ Date of Last Purchase: _____

Have you been notified by a collection's agency? If so provide name and address:

MEMBERSHIPS & CONTRACTURAL OBLIGATIONS

OBLIGATION 1

Type of Membership/Service _____

Contract Signed? _____ Date Signed? _____ Contract Term? _____

Total Financial Obligation: \$ _____ Monthly Payment: \$ _____

Are you currently active with this service/membership? _____

Do you want to continue with this service/membership? _____

OBLIGATION 2

Type of Membership/Service _____

Contract Signed? _____ Date Signed? _____ Contract Term? _____
Total Financial Obligation: \$ _____ Monthly Payment: \$ _____
Are you currently active with this service/membership? _____
Do you want to continue with this service/membership? _____

OBLIGATION 3

Type of Membership/Service _____
Contract Signed? _____ Date Signed? _____ Contract Term? _____
Total Financial Obligation: \$ _____ Monthly Payment: \$ _____
Are you currently active with this service/membership? _____
Do you want to continue with this service/membership? _____

OBLIGATION 4

Type of Membership/Service _____
Contract Signed? _____ Date Signed? _____ Contract Term? _____
Total Financial Obligation: \$ _____ Monthly Payment: \$ _____
Are you currently active with this service/membership? _____
Do you want to continue with this service/membership? _____

MEDICAL BILLS

MEDICAL PROVIDER 1

Name of Doctor/Provider: _____ Account #: _____
Monthly payment: \$ _____ Date of Last Payment: _____ Account Balance: \$ _____
Do you actively use this provider? _____ Date of Last Visit: _____
Have you been notified by a collection's agency? If so provide name and address:

MEDICAL PROVIDER 2

Name of Doctor/Provider: _____ Account #: _____

Monthly payment: \$ _____ Date of Last Payment: _____ Account Balance: \$ _____

Do you actively use this provider? _____ Date of Last Visit: _____

Have you been notified by a collection's agency? If so provide name and address:

MEDICAL PROVIDER 3

Name of Doctor/Provider: _____ Account #: _____

Monthly payment: \$ _____ Date of Last Payment: _____ Account Balance: \$ _____

Do you actively use this provider? _____ Date of Last Visit: _____

Have you been notified by a collection's agency? If so provide name and address:

MEDICAL PROVIDER 4

Name of Doctor/Provider: _____ Account #: _____

Monthly payment: \$ _____ Date of Last Payment: _____ Account Balance: \$ _____

Do you actively use this provider? _____ Date of Last Visit: _____

Have you been notified by a collection's agency? If so provide name and address:

MEDICAL PROVIDER 5

Name of Doctor/Provider: _____ Account #: _____

Monthly payment: \$ _____ Date of Last Payment: _____ Account Balance: \$ _____

Do you actively use this provider? _____ Date of Last Visit: _____

Have you been notified by a collection's agency? If so provide name and address:

MEDICAL PROVIDER 6

Name of Doctor/Provider: _____ Account #: _____

Monthly payment: \$ _____ Date of Last Payment: _____ Account Balance: \$ _____

Do you actively use this provider? _____ Date of Last Visit: _____

Have you been notified by a collection's agency? If so provide name and address:

MEDICAL PROVIDER 7

Name of Doctor/Provider: _____ Account #: _____

Monthly payment: \$ _____ Date of Last Payment: _____ Account Balance: \$ _____

Do you actively use this provider? _____ Date of Last Visit: _____

Have you been notified by a collection's agency? If so provide name and address:

MEDICAL PROVIDER 8

Name of Doctor/Provider: _____ Account #: _____

Monthly payment: \$ _____ Date of Last Payment: _____ Account Balance: \$ _____

Do you actively use this provider? _____ Date of Last Visit: _____

Have you been notified by a collection's agency? If so provide name and address:

PENSION OR 401K LOANS

Type of investment? _____

Acct #: _____

Monthly payment: \$ _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take loan out? _____ Terms of loan? _____
