



Law Office of Harold E. Campbell, P.C.

910 W. McDowell Rd.

Phoenix, Arizona 85007

480-839-4828

Harold E. Campbell

Over 40 years of experience

****ARIZONA CERTIFIED BANKRUPTCY SPECIALIST****

Arizona Board of Legal Specialization

BANKRUPTCY OPTIONS AND/OR TAX RELIEF CLIENT INFORMATION SHEETS

This questionnaire is designed to help Campbell & Coombs, P.C. to better serve you and to help you resolve your current financial situation. All information in this questionnaire is CONFIDENTIAL and will not be revealed to anyone without your permission.

CLIENT INFORMATION:

NAME: _____	SPOUSES NAME: _____
ADDRESS: _____	City, State, Zip _____
TELEPHONE HOME: _____	CELL: _____
WORK/OTHER: _____	E-MAIL: _____
MARITAL STATUS: Single Married Divorced Separated Widowed Partner	
HAVE YOU EVER FILED A BANKRUPTCY BEFORE? YES () NO () IF YES, WHEN: _____	
HOW LONG HAVE YOU LIVED IN ARIZONA: _____ NUMBER OF DEPENDENTS IN HOUSEHOLD: _____	

INCOME:

Employment Status: Self-employed Employment (Wage or Salary) Unemployed	
TAKE HOME MONTHLY INCOME FROM ALL SOURCES: _____ (including Social Security, disability, alimony, child support, etc.)	Spouse's Take Home: _____
What was your <u>gross household income</u> before taxes last year that supported all members of the household? _____	
IF POSSIBLE, PLEASE BRING SIX MONTHS OF PAYSTUBS WITH YOU TO THE INITIAL CONSULTATION	

BUSINESSES:

DO YOU OWN A BUSINESS: YES () NO () HOW MANY: _____	
IF YES, PLEASE INDICATE:	
NAME OF BUSINESS: _____	
ORGANIZATION OF BUSINESS: Sole Proprietor Corporation LLC Other	
DO YOU HAVE ANY PARTNERS OF JOINT OWNERS OF THE BUSINESS: YES NO	
IF YES, PLEASE INDICATE THEIR NAMES AND OWNERSHIP INTEREST: _____	

PROPERTY:

DO YOU OWN A HOME: YES () NO () IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

Present Market Value: _____ Total of all Liens or Mortgages: _____
(FOR OFFICE USE ONLY)

LIEN HOLDERS:

FIRST Mortgage Name: _____ Amount Owed: _____

Monthly Payment _____ Month last payment was made _____

SECOND Mortgage Name: _____ Amount Owed: _____

Monthly Payment _____ Month last payment was made _____

Do you want to keep the home? YES () NO () Are the payments current? YES () NO ()

If no, how far behind? _____

Have you ever transferred the deed of this house into an LLC or a trust? YES () NO ()

BESIDES YOUR HOME, DO YOU OWN ANY OF THE FOLLOWING:

OTHER HOUSES, LAND, OR COMMERCIAL PROPERTY? YES () NO ()

If yes, please complete the following for each property (use back if needed):

Address: _____ City, State, Zip: _____

Present Market Value: _____ Total of all Liens or Mortgages: _____
(FOR OFFICE USE ONLY)

LIEN HOLDERS:

FIRST Mortgage Name: _____ Amount Owed: _____

Monthly Payment _____ Month last payment was made _____

SECOND Mortgage Name: _____ Amount Owed: _____

Monthly Payment _____ Month last payment was made _____

Do you want to keep the home? YES () NO () Are the payments current? YES () NO ()

If no, how far behind? _____

Do you have a tenant in the property? YES () NO () How much is the rent? _____

PROPERTY (CONTINUED):

DO YOU OWN A VEHICLE? YES () NO () IF YES, PLEASE ANSWER THE FOLLOWING:

Vehicle 1: Year & Type: _____ Amount Owed: _____
Name of Lien holder _____ Fair Market Value _____
(FOR OFFICE USE ONLY)
Monthly Payment _____ Month last payment was made _____

Vehicle 2: Year & Type: _____ Amount Owed: _____
Name of Lien holder _____ Fair Market Value _____
(FOR OFFICE USE ONLY)
Monthly Payment _____ Month last payment was made _____

Vehicle 3: Year & Type: _____ Amount Owed: _____
Name of Lien holder _____ Fair Market Value _____
(FOR OFFICE USE ONLY)
Monthly Payment _____ Month last payment was made _____

DEBTS:

DO YOU OWE ANY TAXES? YES () NO ()

IRS AMOUNT: _____ IRS TAX YEARS: _____

AZ DEPT OF REVENUE AMOUNT: _____ AZ DOR YEARS: _____

DO YOU OWE ANY DEBTS SECURED BY LIENS ON PROPERTY? (Example: Appliances, Furniture, etc.)

Name: _____ Amount of debt: _____

Monthly Payment _____ Month last payment was made _____

Name: _____ Amount of debt: _____

Monthly Payment _____ Month last payment was made _____

DO YOU HAVE ANY PENDING LAWSUITS? YES () NO ()

LIST OTHER CREDITORS (Approximations are ok in this section):

Total of all credit card debt: \$ _____

Total of all medical debt: \$ _____

Total of all student loan debt: \$ _____

Total of all child support and/or spousal maintenance debt: \$ _____

Total of bank loans or lines of credit: \$ _____

Total repossession debt: \$ _____

Total of Business debts you guaranteed: \$ _____

LIST OTHER DEBTS (IF ANY):

Name: _____ Amount Owed: _____

Name: _____ Amount Owed: _____

Name: _____ Amount Owed: _____

Name: _____ Amount Owed: _____

Name: _____ Amount Owed: _____

Name: _____ Amount Owed: _____

Name: _____ Amount Owed: _____

Name: _____ Amount Owed: _____

Name: _____ Amount Owed: _____

Name: _____ Amount Owed: _____

Name: _____ Amount Owed: _____

Name: _____ Amount Owed: _____

Name: _____ Amount Owed: _____

VEHICLE QUESTIONNAIRE:

Number of vehicles: _____

(If more than 3, please PRINT another sheet to put additional vehicle(s) on).

Vehicle #1

Make _____

Model _____

Style _____
(Ex. XL, XLT, ES, CRV, Long bed, short bed, 1500, 2500)

Year _____

Miles _____

4/2 Doors _____

4WD / 2WD
(Circle one)

4-Cyl. / 6-Cyl. / 8-Cyl.
(Circle one)

Trans: Automatic/Manual
(Circle one)

Other Extras (Please circle)

- Air conditioning
- Power windows/locks
- AM/FM stereo
- Cassette
- Single compact disc
- Multi compact disc
- Premium sound
- Navigation system
- Parking sensors
- DVD system
- Video system
- Dual front air bags
- Tilt wheel
- Cruise control
- Power seats
- Sun roof
- Moon roof
- Roof rack
- Convertible
- Leather seats
- 4x4
- ABS
- Premium Wheels
- Alloy Wheels

Other features/packages:

Vehicle #2

Make _____

Model _____

Style _____
(Ex. XL, XLT, ES, CRV, Long bed, short bed, 1500, 2500)

Year _____

Miles _____

4/2 Doors _____

4WD / 2WD
(Circle one)

4-Cyl. / 6-Cyl. / 8-Cyl.
(Circle one)

Trans: Automatic/Manual
(Circle one)

Other Extras (Please circle)

- Air conditioning
- Power windows/locks
- AM/FM stereo
- Cassette
- Single compact disc
- Multi compact disc
- Premium sound
- Navigation system
- Parking sensors
- DVD system
- Video system
- Dual front air bags
- Tilt wheel
- Cruise control
- Power seats
- Sun roof
- Moon roof
- Roof rack
- Convertible
- Leather seats
- 4x4
- ABS
- Premium Wheels
- Alloy Wheels

Other features/packages:

Vehicle #3

Make _____

Model _____

Style _____
(Ex. XL, XLT, ES, CRV, Long bed, short bed, 1500, 2500)

Year _____

Miles _____

4/2 Doors _____

4WD / 2WD
(Circle one)

4-Cyl. / 6-Cyl. / 8-Cyl.
(Circle one)

Trans: Automatic/Manual
(Circle one)

Other Extras (Please circle)

- Air conditioning
- Power windows/locks
- AM/FM stereo
- Cassette
- Single compact disc
- Multi compact disc
- Premium sound
- Navigation system
- Parking sensors
- DVD system
- Video system
- Dual front air bags
- Tilt wheel
- Cruise control
- Power seats
- Sun roof
- Moon roof
- Roof rack
- Convertible
- Leather seats
- 4x4
- ABS
- Premium Wheels
- Alloy Wheels

Other features/packages:

