



Campbell & Coombs

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Harold E. Campbell

Over 38 years experience

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

Arizona Board of Legal Specialization

Scott H. Coombs

Over 36 years experience

Arizona State University College of Law
Tempe, Arizona

John D. Yohe

Over 15 years experience

Graduate of Widener University School of Law
Wilmington, Delaware

We are attorneys with over 85 years of combined experience!

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: _____ Spouse's Take Home: _____ (including Social Security, disability, alimony, child support, etc.)
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 OR 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? _____

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:

