

CHAPTER 7 DEBTOR QUESTIONNAIRE

All debtors must complete this Questionnaire and send it to their Chapter 7 trustee. Unless the Chapter 7 trustee requests otherwise, the completed Questionnaire shall be sent via U.S. Mail, postmarked no later than 14 days before the date set for the Meeting of Creditors/341 Hearing Date. If represented by an attorney, debtors should discuss their responses with their attorneys prior to sending their completed questionnaire to the Chapter 7 trustee.

DEBTOR 1 NAME: _____

Phone: _____

Email: _____

DEBTOR 2 NAME (if applicable): _____

Phone: _____

Email: _____

CASE NUMBER: _____

341 HEARING DATE: _____

1. Have you reviewed your Petition, Schedules, and Statement of Financial Affairs and do you understand the information contained in them?

Yes No

2. Have you reviewed the Bankruptcy Information Sheet and do you understand the information contained in it?

Yes No

3. For those filing individually, are you presently married?

Yes No

If you answered yes to this question, please provide the following information:

(a) Date married: _____

(b) Name of spouse: _____

- (c) Are all of your, your spouse's and your marital community's assets listed on your Schedules?

Yes No

4. Have you been divorced in the 2 years prior to your bankruptcy filing?

Yes No

5. Do you own any bitcoin or other cryptocurrency?

Yes No

6. Are you involved in any lawsuit in which you are seeking to recover money or property from a person or entity (such as a personal injury claim, automobile accident claim, or class action claim)?

Yes No

If you answered yes to this question, please provide the following information:

(a) Nature of the lawsuit (example: personal injury/auto accident, class action, etc.):

(b) Case number: _____

(c) Name and telephone number of the attorney handling that lawsuit:

7. Are you aware of any *potential* claim or right to payment that you may have against any person or entity (such as personal injury claims, automobile accident claims, class action claims or settlements)?

Yes No

If you answered yes to this question, please provide the following information:

(a) Nature of your claim or right to payment: _____

(b) Name and telephone number of the attorney handling that claim, if any:

8. Are you entitled to receive a death benefit under a will or insurance policy where the person has already died?

Yes No

9. Do you understand that you must report any rights to an inheritance or life insurance proceeds that arise within 180 days after your bankruptcy filing by notifying your trustee and by filing amended Schedules A/B and C with the court?

Yes No

10. Are you the beneficiary of any estates or trusts?

Yes No

11. Are you the trustee or settlor of any trusts?

Yes No

12. Have you filed federal and state income tax returns for the 2 years before your bankruptcy filing?

Yes No

13. Do you understand that any tax refunds due to you at the time of your bankruptcy filing may be required to be turned over to your Chapter 7 trustee?

Yes No

14. Do you understand that you must provide your Chapter 7 trustee with a copy of your federal and state tax returns for the tax year that includes the date of your bankruptcy filing? (Example: If you filed your bankruptcy petition on February 2, 2022, you must provide copies of your 2022 federal and state tax returns when you file them in 2023).

Yes No

15. Do you understand that any tax refund due to you for the year that includes the date of your bankruptcy filing may be required to be turned over to your Chapter 7 trustee? Your trustee will return to you any portion of the refund to which you are entitled.

Yes No

16. In the 12 months before filing your bankruptcy petition, did you fully or partially repay any family members, friends, or relatives on any loans?

Yes No

17. In the 12 months before filing your bankruptcy petition, did you transfer any assets or money to family members, friends, or relatives?

Yes No

18. Have you purchased a vehicle or refinanced a vehicle loan in the 6 months prior to your bankruptcy filing?

Yes

No

I declare under penalty of perjury that the above information is true and correct.

Debtor 1: _____ Date: _____
 [Signature]

Debtor 2: _____ Date: _____
 [Signature]

CHAPTER 7 DEBTOR DOCUMENT CHECKLIST

DEBTOR(S) NAME(S): _____

CASE NO.: _____ MEETING OF CREDITORS/341 HEARING DATE: _____

The following documents must be sent to your Chapter 7 trustee. Unless the Chapter 7 trustee requests otherwise, this completed form and the requested documents shall be sent via U.S. Mail, postmarked no later than 14 days before the Meeting of Creditors/341 Hearing Date. For any unavailable document, provide a written explanation regarding your efforts to obtain copies of the document.

If represented by an attorney, all debtors should discuss their responses with their attorneys before sending to the trustee.

UNLESS INDICATED, PROVIDE COPIES ONLY (DOCUMENTS WILL NOT BE RETURNED)

N/A Enclosed (please mark a box for each item)

		1.	ORIGINAL completed and signed Chapter 7 Debtor Questionnaire (attached).
		2.	ORIGINAL completed "Domestic Support Form" (attached).
		3.	If your 341(a) meeting of creditors is being conducted telephonically or by video conference, valid photo identification and proof of Social Security Number must be provided to your Trustee in accordance with the United States Trustee's policy for Region 14.
		4.	Two most recently filed tax returns, both federal and state.
		5.	Tax returns (both federal and state) for the tax year that includes the date of your bankruptcy filing when they have been filed with the appropriate taxing authorities.
		6.	Statements for every FINANCIAL ACCOUNT held in your name, or on your behalf, for the three (3) complete months before the date of your bankruptcy filing, and the statement(s) that cover the date of your bankruptcy filing (four months total). FINANCIAL ACCOUNT includes bank accounts, credit union accounts, prepaid debit card accounts, cash app accounts, money market accounts, brokerage accounts, and any other deposit or investment accounts. If statements are issued only on a quarterly basis, please provide the most recent statement(s) that you received before the date of your bankruptcy filing and the statement that covers the date of your bankruptcy filing.
		7.	Statements for every retirement account held in your name, or on your behalf, for the three (3) complete months before the date of your bankruptcy filing, and the statement(s) that cover the date of your bankruptcy filing (four months total). If statements are issued only on a quarterly or annual basis, please provide the most recent statement(s) that you received before the date of your bankruptcy filing.

N/A Enclosed

		8.	Most recent statement for all whole life insurance policies and annuities that you own.
		9.	Pay stubs or other income verification covering the pay periods before and immediately following the date of your bankruptcy filing.
		10.	Most recent loan statement for any loan secured by real property held in your name or on your behalf.
		11.	If you are making payments on a car loan (including a title loan or registration loan), the most recent statement for the loan.
		12.	Certificates of Title for all vehicles (copies only). If you do not have the Certificates of Title, please provide either (i) a print-out of a motor vehicle record or title status obtained from the Motor Vehicle Department (either in person or online) showing the title issuance date or (ii) a copy of your vehicle registration, showing the full VIN number. <i>A Vehicle Title Status can be obtained for FREE at www.azmvdnow.gov</i>
		13.	If you have been divorced within the past two years, a copy of your divorce decree and/or property settlement agreement.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF ARIZONA
SUPPORT FORM

Bankruptcy Case No.: _____ Bankruptcy Case Name: _____

Trustee: Stanley J. Kartchner
7090 N. Oracle Rd. #178-204
Tucson, AZ 85704

If you are required to pay alimony, spousal maintenance, or child support, you MUST complete this form and return to your Trustee.

Provide the following information:

Name of person you owe support:	Address & phone number of person you owe support: Phone #:
State(s) collecting support:	
Your employer's name:	Address & phone number of your employer: Phone #:
Amount of support owed as of the bankruptcy filing date: \$ _____	

DATED: _____

SIGNATURE

PRINTED NAME