

Case Number \_\_\_\_\_ Debtor \_\_\_\_\_

Co-Debtor \_\_\_\_\_

Attorney \_\_\_\_\_

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**YOU MUST COMPLETE THIS QUESTIONNAIRE**  
**Please SUBMIT IT TO THE TRUSTEE as soon as possible,**  
**but not later than seven (7) days before your 341 First Meeting of Creditors.**

**DIANNE CRANDELL KERNS**

**CHAPTER 13 TRUSTEE**

7320 N. La Cholla #154-413

Tucson, AZ 85741

or

mail@dcktrustee.com

or

(Fax) 520-544-7894 or

(Fax) 520-989-6269

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**YOU MUST BRING THE FOLLOWING DOCUMENTS TO YOUR SECTION  
341 MEETING OF CREDITORS WITH YOU:**

- **GOVERNMENT ISSUED PHOTO I.D.**, such as a valid Driver's License, Passport, or Military I.D.
- **SOCIAL SECURITY VERIFICATION** in the form of an original document establishing that the Social Security Number and name on your bankruptcy petition is correct. Acceptable documents are your Social Security Card, a W-2, a Medicare Card Military I.D. or a signed letter from the Social Security Administration. **REVIEW YOUR DOCUMENTS BEFORE THE HEARING TO INSURE THAT THEY INCLUDE YOUR FULL SSN AND ALL AKA'S ON YOUR PETITION.**

**YOU WILL BE REQUIRED TO ATTEND AN ADDITIONAL MEETING IF YOU ARE  
NOT PREPARED WITH YOUR IDENTIFICATION!**

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**PART I – INTRODUCTION AND INSTRUCTIONS**

**REQUIREMENTS OF THE BANKRUPTCY LAW:** The Bankruptcy Code places many requirements on the debtor, their attorney and the bankruptcy trustee. In order to meet these requirements you **MUST** complete and return this questionnaire **AT LEAST SEVEN (7) DAYS** prior to your first meeting of creditors. **AT THE SAME TIME YOU MUST ALSO SUBMIT YOUR TWO MOST RECENT TAX RETURNS.** Before submitting tax returns, please redact (cross out) social security numbers and the names of minor children. Failure to submit tax returns may result in a motion to dismiss your case. Please mail, fax or email the completed questionnaire.

You must also attend the meeting of creditors. Failure to comply with these requirements may result in your case being dismissed.

**YOU HAVE A DUTY TO COOPERATE WITH TRUSTEE:** As part of your bankruptcy, the Trustee must examine and investigate your financial affairs and related information. Under the law it is your duty to fully cooperate with and assist the Trustee in this investigation. These are standard questions and documents that each debtor must answer and provide to the Trustee. You may receive further requests for additional

documents from the Trustee. The Trustee may also conduct further investigation as needed. You are obligated to provide this additional information and documents as well.

**YOUR ANSWERS MUST BE TRUE, COMPLETE AND ACCURATE:** It is important that all of your answers to the question be true, complete and accurate. If you have made any mistakes in your bankruptcy documents, this is an opportunity to inform your Trustee and correct the mistakes. Failure to do so may result in severe consequences. ***IT IS A FEDERAL CRIME TO INTENTIONALLY GIVE FALSE OR MISLEADING INFORMATION AND TESTIMONY TO THE BANKRUPTCY TRUSTEE.***

**If you have any questions or require further information,** please consult with your attorney. The Trustee and her staff are prohibited by law from giving you legal advice.

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## **PART II – STATEMENT OF BASIC FACTS**

### **DEBTOR**

MY NAME IS \_\_\_\_\_

MY PHYSICAL ADDRESS IS: \_\_\_\_\_

\_\_\_\_\_

MY PHONE NUMBERS ARE (HM) \_\_\_\_\_

(WK) \_\_\_\_\_

(CELL) \_\_\_\_\_

EMAIL \_\_\_\_\_

MARITAL STATUS: SINGLE/MARRIED/DIVORCED/WIDOWED  
(CIRCLE ONE)

LAST YEAR'S TAX RETURN: FILED / UNFILED (CIRCLE ONE)

NO. OF DEPENDENTS CLAIMED ON LAST TAX RETURN: \_\_\_\_\_

HOW MANY DEPENDENTS LIVE WITH YOU NOW? \_\_\_\_\_

THE NUMBER OF PEOPLE LIVING AT YOUR ADDRESS: \_\_\_\_\_

FILING STATUS OF THIS YEAR'S TAX RETURN \_\_\_\_\_

### **CO-DEBTOR**

MY NAME IS \_\_\_\_\_

MY PHYSICAL ADDRESS IS: \_\_\_\_\_

\_\_\_\_\_

MY PHONE NUMBERS ARE (HM) \_\_\_\_\_

(WK) \_\_\_\_\_

(CELL) \_\_\_\_\_

EMAIL \_\_\_\_\_

MARITAL STATUS: SINGLE/MARRIED/DIVORCED/WIDOWED  
(CIRCLE ONE)

LAST YEAR'S TAX RETURN: FILED / UNFILED (CIRCLE ONE)

NO. OF DEPENDENTS CLAIMED ON LAST TAX RETURN: \_\_\_\_\_

HOW MANY DEPENDENTS LIVE WITH YOU NOW? \_\_\_\_\_

THE NUMBER OF PEOPLE LIVING AT YOUR ADDRESS: \_\_\_\_\_

FILING STATUS OF THIS YEAR'S TAX RETURN \_\_\_\_\_

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## **PART III -STANDARD QUESTIONS**

Did you **personally review and then sign** the petition, plan, schedules and other documents before they were filed with the court?

**DEBTOR**

\_\_\_ YES \_\_\_ NO

**CODEBTOR**

\_\_\_ YES \_\_\_ NO

Is the information contained in all of these documents **true, complete, and accurate**?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Have you **listed everything you own in your schedules**?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Have you lived in **Arizona continuously for the last two years**?

If not, please list all your addresses and dates of residency during the last three years on a separate sheet of paper and attach to **this questionnaire**.

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Do you have **any ownership interest** (present, future, contingent or disputed) in any real property, personal property or life insurance policies that are not **listed in your documents**?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Have you ever filed bankruptcy before?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Have you **transferred, sold or given away anything to anyone during the last two years**?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Does anyone **owe you money** for any reason?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Do you have **any claims or potential lawsuits** against anyone that are not listed in your bankruptcy documents?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Do you have a **personal injury, disability** or other potential or existing lawsuit?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Are you working with any attorney other than your bankruptcy attorney? If so, please list the name and address of any attorneys and a description of the nature of their representation on a separate sheet of paper and attach to **this questionnaire**.

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Are you a **beneficiary under any will, trust or estate**?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Are you now entitled to any **life insurance proceeds** or an inheritance **as a result of someone's death**?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Has there been a **change in your financial situation** since the filing of this bankruptcy?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Did you make **any payments totaling over \$600** to any unsecured creditor, during the last 90 days prior to filing bankruptcy?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

If you are **not married**, do you share living expenses with any other adult? If so, please list the name of the adult and describe your arrangement for sharing living expenses on a separate sheet of paper and attach to **this questionnaire**.

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Did you **rearrange your financial affairs** in any way in preparation for filing this bankruptcy?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Have you **transferred any credit card balances** from one to another during the last six months?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Is anyone **holding or storing anything** on your behalf?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Do you have any **safe-deposit box or self-storage units**? If yes, please provide its location and list of its contents on a separate sheet of paper and attach to this questionnaire.

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Have you **repaid any loans** to any friends and/or relatives during the past year?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

If you own your home, **are you in default in any amount** on your first mortgage?

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

Have you worked with anyone on a debt settlement or a mortgage modification? If so, list who you have worked with and all action that has been taken on a separate sheet of paper and attach to **this questionnaire**.

\_\_\_ YES \_\_\_ NO

\_\_\_ YES \_\_\_ NO

**Debtor: If you are employed**, please list the name and address of your employer:

**Codebtor: If you are employed**, please list the name and address of your employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PART IV – DOCUMENTS TO BE SUBMITTED**

**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED IN ADDITION TO THE QUESTIONNAIRE UNLESS PREVIOUSLY FILED WITH THE COURT WITH YOUR BANKRUPTCY PAPERS OR SUBMITTED TO YOUR ATTORNEY OF RECORD AND YOUR ATTORNEY OF RECORD HAS ALREADY FORWARDED TO THE TRUSTEE:**

• **COPY OF TAX RETURNS** For bankruptcies filed between January 1<sup>st</sup> and April 15<sup>th</sup>, tax returns filed after the petition date must be faxed or emailed to the Trustee within 10 days after the return is prepared, but not later than April 18<sup>th</sup>. Tax returns must be faxed or email (520-544-7894 or [mail@dcktrustee.com](mailto:mail@dcktrustee.com)).

• **EVIDENCE OF CURRENT MONTHLY INCOME** (“CMI”) as stated on Form B22C. Please provide documentation demonstrating how your CMI was calculated.

• **OBLIGATION FOR CHILD SUPPORT/ALIMONY:** If you have any obligation child support and/or alimony, please provide (a) the name, the last-known address and the telephone number of the adult receiving or supposed to be receiving such payments, and (b) documentation to support the obligation, such as marital settlement agreement, separation or divorce agreement or a court order. If you are unable to provide this information or the documents, please attach a written explanation. If you have such an obligation to more than one party, please attach a separate sheet of paper showing the required information.

\*NAME: \_\_\_\_\_

\*TELEPHONE NO. \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*CITY, STATE ZIP: \_\_\_\_\_

\*NAME: \_\_\_\_\_

\*TELEPHONE NO. \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*CITY, STATE ZIP: \_\_\_\_\_

• **SELF EMPLOYMENT INCOME:** If you earn any income from self-employment (including a business entity in which you have an ownership interest) please provide the following:

1. A Business Operating Statement (forms available at [www.dcktrustee.com](http://www.dcktrustee.com));
2. Profit and loss statements for the six (6) months prior to filing the bankruptcy petition, duly certified by you or an officer representing the business.

3. Copies of payroll tax filings for the quarter immediately preceding the filing of the case and any quarters that were due when the petition was filed.
4. Copies of the corporation tax returns for the current and prior tax years.
5. An affidavit duly certified by you or an officer representing the business that the business does not incur ongoing post-petition trade debt within the meaning of 11 U.S.C SEC 1304.
6. A copy of a **third party** valuation of the business for purposes of Schedule B.

**LIST OF DOCUMENTS BEING SUBMITTED WITH THIS QUESTIONNAIRE:**

1.	4.
2.	5.
3.	6.

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**BE PREPARED!**

**THE TRUSTEE MAY REQUEST THE FOLLOWING DOCUMENTATION AT ANY POINT DURING THE PENDENCY OF YOUR CHAPTER 13 CASE:**

- **Proof that all post-petition mortgage payments are current.**
- **Statements for financial** accounts i.e. checking accounts, savings accounts, money market accounts, IRA's Roth IRA'S Educational IRA's, pensions, brokerage accounts, mutual funds, life insurance, etc., that you own or that you co-signed on with anyone else, covering the date the petition was filed.

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**PART V – DECLARATION UNDER PENALTY OF PERJURY**

I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE PERSONALLY READ THIS QUESTIONNAIRE AND TRUTHFULLY ANSWERED ALL THE QUESTIONS. I FURTHER DECLARE THAT THE INFORMATION AND DOCUMENTS PROVIDED WITH THIS QUESTIONNAIRE ARE ALSO TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE \_\_\_\_\_ DEBTOR \_\_\_\_\_

DATE \_\_\_\_\_ CO-DEBTOR \_\_\_\_\_