

Mortensen Law Offices PLLC

SAVE \$200

Follow these steps to save \$200.00 in Attorney Fees

Step One - Complete the Form

Step Two - Gather the required Copies of Documents

Step Three - Schedule Appointment to Get out of DEBT!

This savings is based on you completing the form (packet) and gathering all required documents prior to our first meeting. **Save me time and I will save you money.**

Required Copies for First Appointment

Originals will not be accepted.

- Copies of the last 7 months pay stubs from all jobs
- Copies of the last three years tax returns (State and Federal)
- Copies of all lawsuits / divorce decrees
- Copies of home or auto loan statements

Thank you for trusting me with your situation. I have helped thousands of people become debt free and I can help you. As you fill out our packet and gather the required documents you can have confidence that you are in good hands. Please take time to read our REAL reviews. My clients biggest regret is not getting out of debt sooner. I look forward to speaking with you in the office and advising you on the important aspects of bankruptcy. See you soon.

Sincerely,
Wayne Mortensen

Client Information

Debtor Information	Debtor	Joint Debtor
Marital / Filing Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>	Married Filing Without My Spouse <input type="checkbox"/>
Full Legal Name (As Shown on Social Security Card)	First Middle Last	First Middle Last
AKA / FKA / DBA Other Names		
Physical Address		<input type="checkbox"/> Same as Spouse
Mailing Address (If Different from Physical)		<input type="checkbox"/> Same as Spouse
Email Address		
Cell Phone Number	Do you receive text on this phone? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you receive text on this phone? Yes <input type="checkbox"/> No <input type="checkbox"/>
Alt Phone Number		
Date of Birth		
Social Security #		
Prior Bankruptcy Cases filed by you.	Check any Boxes that Apply: <input type="checkbox"/> I had a bankruptcy case dismissed in the last year. <input type="checkbox"/> I had 2 bankruptcy cases dismissed in the last year. <input type="checkbox"/> I have filed another case in the last 8 years.	Check any Boxes that Apply: <input type="checkbox"/> I had a bankruptcy case dismissed in the last year. <input type="checkbox"/> I had 2 bankruptcy cases dismissed in the last year. <input type="checkbox"/> I have filed another case in the last 8 years.
Prior BK Case Number		
Prior BK Date Filed		
Warning- List emergency contacts that are aware of your filing bankruptcy or that you are OK with them finding out you filed.		
Emergency Contact Name		
Emergency Contact Phone Number		
Emergency Contact Address		
Notes:		

Instructions - Answer all questions completely. *Skip questions that do not apply.*

1. Income from employment or self employment. Total all income from all sources of employment.

Debtors income so far 2020: \$	Debtors total income from 2019: \$	Debtors total income from 2018: \$
Joint Debtors income so far 2020: \$	Joint Debtors total income from 2019: \$	Joint Debtors total income from 2018: \$

2. Income from Social Security, Pension or Retirement, Unemployment, Gift, Alimony, Child Support and Other income etc... Please total the amount received.

Debtors year to date: 2020 Type: \$	Debtors from last year: 2019 Type: \$	Debtors year from the year before last: 2018 Type: \$
Joint Debtors year to date: 2020 Type: \$	Joint Debtors from last year: 2019 Type: \$	Joint Debtors year from the year before last: 2018 Type: \$

3. List all tax refunds. Note - Include both state and federal.

What did you receive this year? Federal \$ State \$	What did you receive last year? Federal \$ State \$	What did you receive year before last? Federal \$ State \$
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WARNING - IF YOU ARE OWED A TAX REFUND AT THE TIME OF FILING YOU WILL LOSE IT. THIS APPLIES TO TAXES THAT HAVE NOT BEEN FILED.

4. List payments to creditors in last 90 days only if the creditor was paid more than \$600.00. Please include your car and home payments.

Name of Creditor	Amount paid	Balance owed to creditor

5. Payments to family members or business partners in the last 12 months.

Name and Address of who you paid?	Amount you paid?	How much do you still owe the person?

WARNING - FAMILY OR BUSINESS ASSOCIATES WHO HAVE BEEN PAID BY YOU CAN BE SUED BY THE TRUSTEE IN BANKRUPTCY TO RECOVER THOSE FUNDS. Please bring this to your attorneys attention. The only way I can protect you is through honest and full disclosure.

6. List all lawsuits which you are a party. Bring a copy of ALL complaints. Go back ten years.

Parties to suit: (example - Creditor v. John Doe)	Case # (example - CV201499678)	Court and Status of suit: (example Pima County Justice Court / Judgment, Answer, Garnishment)

7. Has any Judgment Liens been filed? Please check the county recorder in county you reside.

Judgment Creditor	Date Lien Filed	Sequence #

8. Garnishment from Wages or Bank Accounts in the last year?

Creditor and Attorney who garnished?	What date did it start?	How much have they taken?

9. Repossession of a vehicle or a foreclosure of your home in the last year?

Creditor Name	DATE of repo or foreclosed	What did they take and what was the value?

10. Have you given any extraordinary gifts (not birthday or Christmas) in the last year?

Name / Address / Relationship	Dates Given	Value or Amount of Gift

11. Did you donate to charity or pay tithing to a church in the last year?

Name of Charity / Church	Dates Given	Amount

12. Did you pay any other attorney / modification company / debt settlement company in last year?

Name of who you paid	Date Paid	Amount
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13. What property did you sell or give away in the 2 last years? (Sale home or car?)

Name, Address and Relationship	Date of Transfer	Description and Value

THE TRUSTEE WILL CHECK MVD AND COUNTY RECORDS FOR ANY TRANSFERS.

14. What financial accounts have been closed in last year? (Include bank, 401k, IRA, retirement ...)

Name of Institution	Type of Account and Account #	Final Balance and Date Closed
		\$ Date
		\$ Date

15. Are you using or storing another persons property? Driving your fathers car?

Name and address of owner?	What is it that you have of theirs?	What is the Value?

16. List all prior addresses that you have lived at in the last 4 years?

Complete Address	Month and Year Moved into?	Month and Year moved out of?

17. Do you currently owe a ex-spouse or ex-partner child support or alimony?

Name and address of Ex	Type of Support	Amount that you are behind?
	Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Property Settlement <input type="checkbox"/>	\$
	Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Property Settlement <input type="checkbox"/>	\$

Miscellaneous Information / Questions

Please List All Dependants who live with you and you support

Relation (Son, Daughter, etc...)	Age	Relation (Son, Daughter, etc...)	Age

Questions (you means you or your spouse)		Explanation
Have you filed bankruptcy in the last 8 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you lived in any other state in the last two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been divorced?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you still owe your ex-spouse child support or alimony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you owe any debt that is left over from a prior marriage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you currently being sued?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does anyone owe you money?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have the right to sue anyone? (Ex. Personal Injury)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a potential claim against anyone?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you part of a class action lawsuit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a workmans comp claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your name on anyone elses property? (Ex. Bank acct, car)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you storing or using any ones property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you paid a family member over \$100 in the last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have the right to inherit property now or near future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a beneficiary on any Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you co-signed on any debt with another person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been overpaid by any government agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you own a home are you behind on HOA payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any automatic payments to creditors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

TAXES - IRS, STATE, COUNTY, CITY, SALES, PROPERTY TAX, EMPLOYMENT TAX

Do you owe any back taxes? (IRS, AZ , County Property Tax)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you filed all required taxes? Are you up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you understand that certain taxes will not be discharged?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you understand that you can lose your tax refund in bk?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you owe trust fund taxes, 940, 941, state or city sales tax?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Tax years that You Owe			
Tax Year	Agency You Owe (Select One)	Estimated Amount	Were Taxes Filed On Time?
	IRS <input type="checkbox"/> / AZ State <input type="checkbox"/> / Other State <input type="checkbox"/> / City <input type="checkbox"/> / Property Tax <input type="checkbox"/>	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	IRS <input type="checkbox"/> / AZ State <input type="checkbox"/> / Other State <input type="checkbox"/> / City <input type="checkbox"/> / Property Tax <input type="checkbox"/>	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	IRS <input type="checkbox"/> / AZ State <input type="checkbox"/> / Other State <input type="checkbox"/> / City <input type="checkbox"/> / Property Tax <input type="checkbox"/>	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	IRS <input type="checkbox"/> / AZ State <input type="checkbox"/> / Other State <input type="checkbox"/> / City <input type="checkbox"/> / Property Tax <input type="checkbox"/>	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	IRS <input type="checkbox"/> / AZ State <input type="checkbox"/> / Other State <input type="checkbox"/> / City <input type="checkbox"/> / Property Tax <input type="checkbox"/>	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	IRS <input type="checkbox"/> / AZ State <input type="checkbox"/> / Other State <input type="checkbox"/> / City <input type="checkbox"/> / Property Tax <input type="checkbox"/>	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	IRS <input type="checkbox"/> / AZ State <input type="checkbox"/> / Other State <input type="checkbox"/> / City <input type="checkbox"/> / Property Tax <input type="checkbox"/>	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	IRS <input type="checkbox"/> / AZ State <input type="checkbox"/> / Other State <input type="checkbox"/> / City <input type="checkbox"/> / Property Tax <input type="checkbox"/>	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	IRS <input type="checkbox"/> / AZ State <input type="checkbox"/> / Other State <input type="checkbox"/> / City <input type="checkbox"/> / Property Tax <input type="checkbox"/>	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

Business - SELF EMPLOYED / SUB CONTRACTOR / SOLE PROP/ LLC/ CORPORATION

Name Of Business	Type (pick one)	Beginning Date	Ending date
	Sole Proprietor <input type="checkbox"/> - LLC <input type="checkbox"/> - Corporation <input type="checkbox"/>		
	Sole Proprietor <input type="checkbox"/> - LLC <input type="checkbox"/> - Corporation <input type="checkbox"/>		
	Sole Proprietor <input type="checkbox"/> - LLC <input type="checkbox"/> - Corporation <input type="checkbox"/>		
	Sole Proprietor <input type="checkbox"/> - LLC <input type="checkbox"/> - Corporation <input type="checkbox"/>		
Can you sell your business? Does it have value?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you carry inventory?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a personal service business?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have any partners, stock holders, investors?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

WARNING: WHEN YOU FILE BANKRUPTCY YOUR BUSINESS OR BUSINESS INTEREST CAN BECOME PROPERTY OF THE BANKRUPTCY ESTATE. PLEASE DISCUSS THIS WITH YOUR ATTORNEY.

TAX WARNING: IF YOU OWN A BUSINESS THE TRUSTEE WILL WANT ALL TAX DOCUMENTS ON YOUR PERSONAL OR BUSINESS TAXES. WHEN PROVIDING COPIES TO OUR OFFICE OR THE TRUSTEE MAKE SURE TO INCLUDE THE ENTIRE TAX RETURN WITH ALL SCHEDULES.

Where Are you and your spouse currently employed?

Debtor	Joint Debtor
Name and address of employer	Name and address of employer
Occupation?	Occupation?
How Long employed at this job?	How Long employed at this job?

Income Analysis			Average Monthly Expense		
	Debtor	Joint Debtor		Joint Household Expenses - if living together	Separate Household Expenses - if living separate
Employment Income	-----	-----	Expense Category	-----	-----
How often are you paid?	Weekly <input type="checkbox"/> Bi weekly <input type="checkbox"/> 2x Per Month <input type="checkbox"/> Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/> Bi weekly <input type="checkbox"/> 2x Per Month <input type="checkbox"/> Monthly <input type="checkbox"/>	First Mortgage <input type="checkbox"/> Mobile Home <input type="checkbox"/> Rent <input type="checkbox"/>	\$	
Average Gross Per Pay Period:	\$		Second Mortgage <input type="checkbox"/> Lot Rent <input type="checkbox"/>	\$	
Taxes	\$		Electricity & Gas	\$	
Insurance	\$		Water & Trash	\$	
Mandatory Ret.	\$		Telephone & Cell	\$	
Voluntary Ret.	\$		Internet / Cable	\$	
401k Loan Repay	\$		HOA Fee	\$	
Child Support	\$		Food	\$	
	\$		Personal Care	\$	
			Clothing	\$	
Total Deductions	\$		Laundry	\$	
Net Per Pay Period	\$		Medical	\$	
Total Monthly Net From Job	\$		Transportation	\$	
Other Income			Recreation	\$	
Self Employment Income	\$		Health Insurance <input type="checkbox"/> Life Insurance <input type="checkbox"/>	\$ \$	
Rental Income	\$		Auto Insurance	\$	
Child Support	\$		Tax Payments	\$	
Alimony	\$		Auto Payments	\$	
Social Security	\$		Daycare /Babysitting	\$	
Pension / Retirement	\$		Home Maintenance (only if you own home)	\$	
VA	\$		Renters Insurance	\$	
Unemployment	\$		Misc Expense	\$	
Disability	\$		Real Property Taxes Through Escrow <input type="checkbox"/> Pay Direct <input type="checkbox"/>	\$	
Total Other Income	\$		Other	\$	
Total Monthly Net	\$		Total Expenses	\$	
Attorney Notes:					

List ALL Real Property - Home, Land, Time Share, Co-op, etc...

Description	<input type="checkbox"/> Home <input type="checkbox"/> Rental Home <input type="checkbox"/> Lot <input type="checkbox"/> Vacant Land <input type="checkbox"/> Timeshare <input type="checkbox"/> Other:
Property Address or Location	
Creditor Name	
Creditor Address	
Please provide statement	
Payoff Balance	\$
Fair Market Value	\$
Date Purchase	
Is the loan completely current?	<input type="checkbox"/> YES <input type="checkbox"/> No
Is the property co-owned with another person?	<input type="checkbox"/> YES <input type="checkbox"/> No
Do you have a 2 nd mortgage or equity line?	<input type="checkbox"/> YES <input type="checkbox"/> No
Please provide statements	
Is there a pending Foreclosure or Trustee Sale?	<input type="checkbox"/> YES <input type="checkbox"/> No
Has the loan ever been modified?	<input type="checkbox"/> YES <input type="checkbox"/> No
Do you have a HOA on this property. If yes provide address.	<input type="checkbox"/> YES <input type="checkbox"/> No
Is the HOA current?	<input type="checkbox"/> YES <input type="checkbox"/> No
Attorney Warning Given on HOA!	<input type="checkbox"/> YES <input type="checkbox"/> No
Is there a judgement lien on the property?	<input type="checkbox"/> YES <input type="checkbox"/> No
Has the IRS filed a lien?	<input type="checkbox"/> YES <input type="checkbox"/> No
Attorney Notes	

Description	<input type="checkbox"/> Home <input type="checkbox"/> Rental Home <input type="checkbox"/> Lot <input type="checkbox"/> Vacant Land <input type="checkbox"/> Timeshare <input type="checkbox"/> Other:
Property Address or Location	
Creditor Name	
Creditor Address	
Please provide statement	
Payoff Balance	\$
Fair Market Value	\$
Date Purchase	
Is the loan completely current?	<input type="checkbox"/> YES <input type="checkbox"/> No
Is the property co-owned with another person?	<input type="checkbox"/> YES <input type="checkbox"/> No
Do you have a 2 nd mortgage or equity line?	<input type="checkbox"/> YES <input type="checkbox"/> No
Please provide statements	
Is there a pending Foreclosure or Trustee Sale?	<input type="checkbox"/> YES <input type="checkbox"/> No
Has the loan ever been modified?	<input type="checkbox"/> YES <input type="checkbox"/> No
Do you have a HOA on this property. If yes provide address.	<input type="checkbox"/> YES <input type="checkbox"/> No
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Attorney Warning Given on HOA!	<input type="checkbox"/> YES <input type="checkbox"/> No
Is there a judgement lien on the property?	<input type="checkbox"/> YES <input type="checkbox"/> No
Has the IRS filed a lien?	<input type="checkbox"/> YES <input type="checkbox"/> No
Attorney Notes	

List All Personal Property Assets. Please list the value of all assets as if you were going to sell them in a garage sale. Be thorough YOU MUST LIST ALL ASSETS. Values should be accurate.

	Debtor	J Debtor		Debtor	J Debtor
Example: Kit. Table and Chairs	\$150		Books	\$	
Kitchen Table and Chairs	\$		DVD or CD Collection	\$	
Dining room Table and Chairs	\$		Gun #1_____	\$	
Hutch or China Cabinet	\$		Gun #2_____	\$	
Couches and Chairs	\$		Gun #3_____	\$	
Coffee and End Tables	\$		Gun #4_____	\$	
Household Lamps / Lights	\$		Gun #5_____	\$	
Beds	\$		Burial Plot or Tomb	\$	
Bed Tables / Night Stands	\$		Bikes	\$	
Bedding and Linens	\$		Collections_____	\$	
Dressers	\$		Collections_____	\$	
Stereo	\$		Sporting Equipment	\$	
DVD	\$		Camping Gear	\$	
TV sets - How many?_____	\$		Camera	\$	
Play Station / X box	\$		Lawn Tools / Mower	\$	
Tablet Computer	\$		Wheel Chairs or Walkers	\$	
Home Computer	\$		Tools You use in your Job	\$	
Printer	\$		Household Tools	\$	
Cell Phone	\$		Mechanics Tools	\$	
Stove	\$		Desk	\$	
Fridge	\$		Bookcase	\$	
Washer and Dryer	\$		Misc Jewelry	\$	
Vacuum	\$		Business Value	\$	
Microwave	\$		Business Inventory	\$	
Coffee Maker / Toaster / Blender	\$		Business Tools / Equipment	\$	
Kitchen Flatware and Dishes	\$		Business Real Estate	\$	
Sewing Machine	\$			\$	
Patio Furniture	\$			\$	
Watches	\$			\$	
Clothing	\$			\$	
Musical Instruments	\$			\$	
Piano	\$			\$	
Pets (Dogs, Cats, Horses etc...)	\$			\$	
Engagement or Wedding Rings	\$			\$	

Other Assets

Bank Name & Last four of account #	Type of Account	Balance in Account
Example: Bank of America #1234	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	\$327.00
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
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	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	

ATTORNEY WARNING: You must list all accounts. On the day we file your bankruptcy the actual balance in your main account (the account you want to protect) should have less than \$300 in the account. This is the account that I will protect with the proper exemption. We recommend that if you owe your bank any money (credit card, home loan, car loan) you should get a new account at a different bank. The trustee can request bank statements from all accounts to view banking history. ***PLEASE INFORM YOUR ATTORNEY OF ANY IRREGULAR DEPOSITS OR WITHDRAWALS / PAYMENTS OF MORE THAN \$500.00***

Description	Where Held / Name of Institution / Name Person Who Owes	Debtor \$ Value	Joint Debtor \$ Value
Cash On Hand			
<input type="checkbox"/> 401k, <input type="checkbox"/> IRA, <input type="checkbox"/> Pension			
<input type="checkbox"/> 401k, <input type="checkbox"/> IRA, <input type="checkbox"/> Pension			
<input type="checkbox"/> 401k, <input type="checkbox"/> IRA, <input type="checkbox"/> Pension			
Deposit <input type="checkbox"/> Rental, <input type="checkbox"/> Utility			
Deposit <input type="checkbox"/> Rental, <input type="checkbox"/> Utility			
Stocks, Bonds, Money Market			
Money Owed You or Business			
Personal Injury Claims			
Class Action Claim			
Property Damage Claims			
Future Rights to Payment			
Cash Value Insurance Policy			
Oil or Mineral Rights			
Other Property:			
Other Rights:			