

Thank you for choosing our firm to help your family in your time of financial difficulty. This packet is designed to gather the information that is necessary for us to develop a clear picture of your financial situation. **By you completing this packet, IT DOES NOT AUTOMATICALLY FORCE you into filing a bankruptcy with our law firm but does allow our law office to give you the best advice possible.**

As you fill out the paperwork, please read carefully and answer all questions truthfully and completely. If something does not apply to you, *do not leave it blank!* Please write “none”, “n/a” or something similar in the blank. This information will be used to prepare your bankruptcy schedules, which you will be signing under the penalty of perjury. If any additional information is needed to explain your answer, please add it in the margin.

Today’s Date:
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*If you do not understand a question or section, please ask! We are happy to help.*

**SECTION 1 - BIOGRAPHICAL INFORMATION**

Name:	Spouse:
SSN:	SSN:
Date of Birth:	Date of Birth:

Will you be filing alone or with your spouse?  Alone  Together

Have you been known by any other name or done business in any other name in the last eight years?

YES  NO If so, what name(s): \_\_\_\_\_

Do you have any business names, interest in any partnerships, and Employer ID Number (EIN) you have used in the last 8 years? *If yes, please given the details below.*

Name of business \_\_\_\_\_

Address \_\_\_\_\_

EIN # or last 4 of Social used for business \_\_\_\_\_

Description of business (ie: construction, babysitting, lawn care, etc.) \_\_\_\_\_

Date Started: \_\_\_\_\_ Date ended: \_\_\_\_\_

Street Address:		County:
City:	State: Georgia	Zip Code:
<b>How long have you been at this address? _____ years and _____ months</b>		
Mailing Address (if different):		
City:	State: Georgia	Zip Code:
Home Phone:	Relative Phone:	
Husband Work Phone:	Husband Cell Phone:	
Wife Work Phone:	Wife Cell Phone:	
E-mail Address:		

How did you hear about Claeys, McElroy-Magruder & Kitchens? \_\_\_\_\_

Have you ever filed bankruptcy before?  YES  NO  
 If yes and filed somewhere other than Georgia, please state when & where: \_\_\_\_\_

Are there any bankruptcy cases currently filed by a spouse who is not filing with you?  YES  NO  
 If yes, need case number, date of filing, and county filed: \_\_\_\_\_

List any *NON-FILING HOUSEHOLD MEMBERS*, their age, their income (if any) and source.

Name	Age	Amount of income	Source
		\$	
		\$	
		\$	
		\$	

Household size for Schedule I: \_\_\_\_\_ Household size for Means Test: \_\_\_\_\_

The underaged children listed above, do they live with you on an everyday basis, joint custody basis, or other:

\_\_\_\_\_

What is your marital status?  Single  Married  Divorced  Separated  
 If divorced, in what year and county/state? \_\_\_\_\_  
 If separated, please advise for how long? \_\_\_\_\_  
 If married, please advise for how long? \_\_\_\_\_

Have you completed all required tax filings?  YES  NO *If you answered no, please stop and see a CMMK staff member before continuing.*

Which Taxes & Which years are <u>NOT</u> filed?	Reason for <u>NOT</u> filing:

Please give us your **ADJUSTED GROSS INCOME** from working or the operation of a business.  
 \*\*\* *This can be found on your federal tax return.*

Last year \$ \_\_\_\_\_ The year before \$ \_\_\_\_\_  
 Est YTD \$ \_\_\_\_\_ (husband) Est YTD \_\_\_\_\_ (wife)

**SECTION 2 - DISCLOSURES**

We are required by law to disclose certain information to you before you file bankruptcy. Please read the following two disclosures and sign after each one. Your attorney thinks this is a huge waste of paper, but here it is.

**NOTICE AS REQUIRED BY 11 U.S.C. 527(b).**

**IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER.**

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. **THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST.** Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of debt relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules, and Statement of Financial Affairs, as well as in some cases a Statement of Intention, need to be prepared correctly and filed with the bankruptcy court. Once your case starts, you will have to attend the required first meeting of creditors where you may be questioned by a court official called a “trustee” and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts. If you choose to file a chapter 13 case in which you repay your creditors whatever you can afford over three to five years, you may also want help in preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another form of relief under the Bankruptcy Code other than chapter 7 or chapter 13 you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

1. You are required under the Bankruptcy Code to disclose all your assets and liabilities. You are also required to tender to the court and/or trustee your most recent tax return and 60 days' worth of payment vouchers. All information provided in connection with your bankruptcy must be truthful and accurately disclosed. The information must also be complete. You are required to answer a list of questions known as the Statement of Financial Affairs, which seeks information regarding current and past assets and transactions.
2. All assets and liabilities are required to be completely disclosed in documents filed to commence the case, and the replacement value of each asset as defined in 11 U.S.C. 506 must be stated in those documents where requested after reasonable inquiry to establish the value. You are invited to read the Bankruptcy Code for more information. I refer you to 11 U.S.C. 707(b)(2) for specifics regarding these calculations. Of note, you must use retail value and not private party value.
3. You must disclose currently monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of this title, disposable income (determined in accordance with section 707(b)(2)), are required to be stated after reasonable inquiry.
4. Information that an assisted person (that is you) provides during their case may be audited pursuant to this title. Failure to provide such information may result in dismissal of the case under this title or other sanction, including criminal sanction. *Translation into real people speak: "DO NOT FIB!"*
5. To determine your list of creditors, you need to know everyone to which you owe money and how much you owe them. Don't forget debts which you dispute and debts on which you a co-signer/co-debtor.
6. You determine what property is exempt by looking at the state exemption laws of Georgia. If you have recently moved to Georgia, you must use the laws of the state in which you lived a majority of the past 180 days.
7. 11 U.S.C. 506 explains that you value property according to the replacement value on the date of filing. Replacement value is the price a retail merchant would charge for your stuff. This section also allows the creditors to commit financial rape (my term and not the code's). Your creditors will throw this section around in support of their collection of various fees and expenses. I don't let them get away with it!

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Do you Rent your Residence?  YES  NO If yes, has your landlord obtained an  
 eviction judgment against you and do you want to stay in your residence  YES  NO  
 (See attached Official Form 101A – Initial Statement About an Eviction Judgment Against You.)

What is your landlords name and address? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a contract with the person you listed above as your landlord?  YES  NO  
 If yes, Is the contract written or verbal? \_\_\_\_\_

Do you have anything that is “paid for”?  YES  NO  
 \*\*\* NOTE: “paid for” means you can touch the title or deed and bring to the law office. \*\*\*  
 If yes, What (example: Vehicle, home. Property, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you lived at another address in the past three years?  YES  NO Please list address and dates.

Address:	Dates:

Within the last 8 years, have you lived in a community property state or territory? (Community Property states  
 and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas,  
 Washington, and Wisconsin)  YES  NO Please list address and dates.

Address:	Dates:

**SECTION 3 - ASSETS**

As stated in the disclosures, you must give a true and accurate listing of all the things you own. This list is provided to the court with your initial filing. If you do not own something that is listed, please fill in the blank with "none" or "n/a." *If you need additional space, to provide more helpful information for our law office to see your bigger financial picture, please feel free to us additional paper.* **PLEASE DO NOT LEAVE ANYTHING BLANK.**

**SECTION 3a - REAL PROPERTY**

Please list any real property (land) owned. **Do not forget to list any rental property, property that you have inherited and/or property on which you owe no money.** If you own only a portion of a property, you must list it also. The court will do a property search that includes the entire United States, so **DO NOT** omit anything.

I **DO NOT** own a home, a mobile home nor raw land to where my name is attached.

**RAW LAND**

Please list below any land that is empty or undeveloped (*example: there is no house or other building on it*). If the land is developed, please fill out the section after this one.

ADDRESS/LOCATION:	
TAX VALUE: \$	APPRAISED VALUE: \$
LEINHOLDER:	AMOUNT OWED: \$
DO YOU WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	STAFF USE: DIRECT PAY? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHO HAS AN INTEREST IN THIS PROPERTY: <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only <input type="checkbox"/> Both Debtors Only <input type="checkbox"/> At Least One Debtor and Joint with someone else Joint with: _____ Address: _____	

**LAND FINANCED WITH HOUSE (EXAMPLE: YOUR HOME) \*\*\*NOT MOBILE HOMES\*\*\***

Please give the following details land that is financed with a house, as well as details on the house.

ADDRESS/LOCATION:	
TAX VALUE: \$	APPRAISED VALUE: \$
YEAR PURCHASED:	AMOUNT PAID: \$
FIRST MORTGAGE: NAME:	AMOUNT OWED: \$ _____ AMOUNT BEHIND: \$ _____
SECOND MORTGAGE: NAME:	AMOUNT OWED: \$ _____ AMOUNT BEHIND: \$ _____
DO YOU WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	STAFF USE: DIRECT PAY? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHO HAS AN INTEREST IN THIS PROPERTY: <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only <input type="checkbox"/> Both Debtors Only <input type="checkbox"/> At Least One Debtor and Joint with someone else Joint with: _____ Address: _____	

Please list any additional land and/or homes that you own: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3b – MOBILE HOMES**

Please list the make and model of any mobile homes in your name, whether you live in them or not.

LOCATION/ADDRESS:	
YEAR:	MAKE:
TAX VALUE: \$	ACTUAL VALUE: \$
LIENHOLDER:	AMOUNT OWED: \$ _____ AMOUNT BEHIND: \$ _____
DO YOU WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	STAFF USE: DIRECT PAY? <input type="checkbox"/> YES <input type="checkbox"/> NO
Does it sit on land that is: <input type="checkbox"/> Rented <input type="checkbox"/> Owned by you <input type="checkbox"/> Owned by someone else	
Is the mobile home financed: <input type="checkbox"/> Alone <input type="checkbox"/> With land	
WHO HAS AN INTEREST IN THIS PROPERTY: <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only <input type="checkbox"/> Both Debtors Only <input type="checkbox"/> At Least One Debtor and Joint with someone else Joint with: _____ Address: _____	

LOCATION/ADDRESS:	
YEAR:	MAKE:
TAX VALUE: \$	ACTUAL VALUE: \$
LIENHOLDER:	AMOUNT OWED: \$ _____ AMOUNT BEHIND: \$ _____
DO YOU WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	STAFF USE: DIRECT PAY? <input type="checkbox"/> YES <input type="checkbox"/> NO
Does it sit on land that is: <input type="checkbox"/> Rented <input type="checkbox"/> Owned by you <input type="checkbox"/> Owned by someone else	
Is the mobile home financed: <input type="checkbox"/> Alone <input type="checkbox"/> With land	
WHO HAS AN INTEREST IN THIS PROPERTY: <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only <input type="checkbox"/> Both Debtors Only <input type="checkbox"/> At Least One Debtor and Joint with someone else Joint with: _____ Address: _____	

**SECTION 3c - CEMETERY PLOTS AND TIME SHARES**

Do you own any cemetery plots?  YES  NO Provide the location and value? \_\_\_\_\_

I **DO NOT** own a cemetery plot to where my name is attached.

Do you have any Timeshares?  YES  NO If yes, please list location and name of lienholder and maintenance. \_\_\_\_\_

I **DO NOT** own a timeshare to where my name is attached.

**SECTION 3d – AUTOMOBILES (car, truck, tractors, sport utilities, motorcycles)**

Please list any automobile that is in your name even if it is not in your possession (*Example: a vehicle you have co-signed for or a vehicle that someone else is driving but the title is in your name*). List any vehicles that are paid off or that do not run. For the value, please list what you think you could sell the vehicle for. **You don't have to sell anything, but we do have to know the value.** We will look up the book value. For Lienholder, list the company that you owe for the car or the company that has the title.

I **DO NOT** own a car, truck, tractor, sport utility vehicle nor motorcycle to where my name is attached.

**AUTOMOBILE 1**

DO YOU WANT TO KEEP?  YES  NO

YEAR:	MAKE:	MODEL:	
VALUE:	BOOK VALUE:	MILEAGE:	
CONDITION: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Junk/Not Running			DRIVER:
LIENHOLDER:		AMOUNT OWED: \$	
WHOSE NAME IS THIS VEHICLE IN: <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only <input type="checkbox"/> Both Debtors Only <input type="checkbox"/> At Least One Debtor and Joint with someone else Joint with: _____ Address: _____		YEAR PURCHASED / REFINANCED: _____ Do you have full coverage insurance <input type="checkbox"/> NO <input type="checkbox"/> YES Insurance Companies name? _____ LOCATION OF VEHICLE: <input type="checkbox"/> Home <input type="checkbox"/> Other _____	
STAFF USE	910 <input type="checkbox"/> YES <input type="checkbox"/> NO	INT RATE:	PAYMENT:

**AUTOMOBILE 2**

DO YOU WANT TO KEEP?  YES  NO

YEAR:	MAKE:	MODEL:	
VALUE:	BOOK VALUE:	MILEAGE:	
CONDITION: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Junk/Not Running			DRIVER:
LIENHOLDER:		AMOUNT OWED: \$	
WHOSE NAME IS THIS VEHICLE IN: <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only <input type="checkbox"/> Both Debtors Only <input type="checkbox"/> At Least One Debtor and Joint with someone else Joint with: _____ Address: _____		YEAR PURCHASED / REFINANCED: _____ Do you have full coverage insurance <input type="checkbox"/> NO <input type="checkbox"/> YES Insurance Companies name? _____ LOCATION OF VEHICLE: <input type="checkbox"/> Home <input type="checkbox"/> Other _____	
STAFF USE	910 <input type="checkbox"/> YES <input type="checkbox"/> NO	INT RATE:	PAYMENT:



**AUTOMOBILE 3**

DO YOU WANT TO KEEP?  YES  NO

YEAR:	MAKE:	MODEL:	
VALUE:	BOOK VALUE:	MILEAGE:	
CONDITION: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Junk/Not Running			DRIVER:
LIENHOLDER:		AMOUNT OWED: \$	
WHOSE NAME IS THIS VEHICLE IN: <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only <input type="checkbox"/> Both Debtors Only <input type="checkbox"/> At Least One Debtor and Joint with someone else Joint with: _____ Address: _____		YEAR PURCHASED / REFINANCED: _____ Do you have full coverage insurance <input type="checkbox"/> NO <input type="checkbox"/> YES Insurance Companies name? _____ LOCATION OF VEHICLE: <input type="checkbox"/> Home <input type="checkbox"/> Other _____	
STAFF USE	910 <input type="checkbox"/> YES <input type="checkbox"/> NO	INT RATE:	PAYMENT:

**SECTION 3e – Watercraft, motor homes, ATV’s and Other recreational vehicles**

*Example: Boats, utility trailer, jet skis, fishing vessels, RV, camper*

**I DO NOT** own Watercraft, motor home, ATV, Camper, nor any other recreational vehicles to where my name is attached.

YEAR:	MAKE:	MODEL:	
VALUE:	BOOK VALUE:	MILEAGE:	
CONDITION: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Junk/Not Running			DRIVER:
LIENHOLDER:		AMOUNT OWED: \$	
WHOSE NAME IS THIS PROPERTY IN: <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only <input type="checkbox"/> Both Debtors Only <input type="checkbox"/> At Least One Debtor and Joint with someone else Joint with: _____ Address: _____		YEAR PURCHASED / REFINANCED: _____ LOCATION OF VEHICLE: <input type="checkbox"/> Home <input type="checkbox"/> Other _____	
STAFF USE	910 <input type="checkbox"/> YES <input type="checkbox"/> NO	INT RATE:	PAYMENT:

YEAR:	MAKE:	MODEL:	
VALUE:	BOOK VALUE:	MILEAGE:	
CONDITION: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Junk/Not Running			DRIVER:
LIENHOLDER:		AMOUNT OWED: \$	
WHOSE NAME IS THIS PROPERTY IN: <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only <input type="checkbox"/> Both Debtors Only <input type="checkbox"/> At Least One Debtor and Joint with someone else Joint with: _____ Address: _____		YEAR PURCHASED / REFINANCED: _____ LOCATION OF VEHICLE: <input type="checkbox"/> Home <input type="checkbox"/> Other _____	
STAFF USE	910 <input type="checkbox"/> YES <input type="checkbox"/> NO	INT RATE:	PAYMENT:

**SECTION 3f - FINANCIAL ASSETS AND ACCOUNTS**

Please provide information regarding your financial assets and accounts.

Do you have any cash on hand?  YES  NO If yes, how much? \$ \_\_\_\_\_

Do you have bank account(s)?  YES  NO If yes, please provide the information below.

Bank/Credit Union Name:	Checking/Savings?	Joint Account?	Approximate Balance
		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

Do you have any cash apps? (Example: Venmo, Serve, Google Pay, Apple Pay, pay pal, Facebook Pay... etc.)

Yes  No

If yes, please provide the information below.

Cash Application Name:	Used in the last 6 months:	Whose account?	Approximate Balance
	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$

Do you have any cryptocurrency?  YES  NO

Do you have life insurance?  YES  NO If so, what kind?  Through work  Whole life  Term Life  
Name the Insurance Company of Each Policy.

Insurance company \_\_\_\_\_ Beneficiary \_\_\_\_\_

Insurance company \_\_\_\_\_ Beneficiary \_\_\_\_\_

If whole life, what is the cash value of the policy? \$ \_\_\_\_\_

Do you have any interest in property that is due to you from someone who has died?  YES  NO

Are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  YES  NO If yes, describe each claim:

\_\_\_\_\_

Are you anticipating a tax refund that you **HAVE NOT** received?  YES  NO

Year Not Received:	Anticipated Amount:

Do you have any retirement accounts?  YES  NO (Please list whether 401K or similar plan; Pension Plan, IRA; Keogh, etc.) Type: \_\_\_\_\_  
 If so, what is the value? HUSBAND: \$ \_\_\_\_\_ WIFE: \$ \_\_\_\_\_

Do you have a 401K loan or a loan from your retirement account?  YES  NO If yes, please list how much borrowed, when borrowed, and how much is remaining to be paid back? \_\_\_\_\_  
 \_\_\_\_\_

Do you have any other investment accounts (stocks, bonds, annuities, etc.)?  YES  NO If so, please give details.  
 \_\_\_\_\_

Have you or do you have the right to sue anyone or file a claim against anyone (example: personal injury claims, worker's compensation claims, social security claims)?  YES  NO If yes, please describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any professional licenses (accounting, cosmetology, nursing, etc.)?  YES  NO  
 If yes, please give details. \_\_\_\_\_

Do you have any Service Contracts or Lease Agreements? (Example: Cell phone, Rent to Own)  
 YES  NO If yes, please provide information below:

Company Name:	Monthly Payment:	Remaining Balance:	Are you Current?	Item(s) being Purchased:	Do you want to Keep?
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 3f - HOUSEHOLD GOODS**

Please indicate the value of the following items. If you do not own a particular item, please write “none” or “n/a.” When considering the value, please list the amount that someone would pay you for the item at a yard sale or if listed in the paper, IWANTA, Penny Saver, Bargain Hunter, Craig’s List, etc. If you are married, please indicate who owns the items with “H” for husband, “W” for wife or “J” for joint. If it is not marked, we will assume that you have a ½ interest in the item. If you have more than one of an item (ex: tv’s), please list the number owned a total value for all of them.

***THIS DOES NOT MEAN THAT SOMEONE WILL TAKE THE THINGS YOU OWN.  
WE JUST HAVE TO DISCLOSE THAT YOU OWN THEM.***

<i>ITEM</i>	<i>VALUE</i>	<i>ITEM</i>	<i>VALUE</i>
<b>Electronics</b>		<b>Appliances</b>	
Computer(s), printers	\$	Refrigerator	\$
Camera, video equip	\$	Stove	\$
Televisions	\$	Washer/Dryer	\$
VCRS/DVD Players	\$	Small Appliances (coffee pot, air fryer, etc.)	\$
Stereo(s)	\$		
<b>Furniture</b>		Other Appliances	\$
Living Room Furniture	\$	<b>Personal Items</b>	
Bedroom #1 Furniture	\$	Clothing	\$
Bedroom #2 Furniture	\$	Watches	\$
Bedroom #3 Furniture	\$	Rings	\$
Bedroom #4 Furniture	\$	Costume Jewelry	\$
Dining Room Furniture	\$	Other Jewelry	\$
Miscellaneous	\$	Furs	\$
<b>Collectible Items and Hobby Equipment &amp; MISC</b>			
Antiques (things over 100 years old) / Artwork	\$	Artwork	\$
		Sports Equipment: ( <i>bicycle, pool table, exercise equipment</i> ), list what you have:	\$
Coins, Stamps, figurines, etc.	\$	Non-Farm Animals: ( <i>dogs, cats, birds, horses, etc.</i> ) please list what you have	\$
Music CDs / Albums / Books	\$		
Any musical Instruments	\$	Health Aids	\$
Guns (type / value)	\$		
Fishing Equipment, fishing poles, etc.	\$		
<b>Miscellaneous</b>			
Riding Lawnmowers	\$	Any other property not listed elsewhere	
Push Mowers	\$		
Tools and yard tools	\$		

**SECTION 4 - LIABILITIES**

The following questions are about your liabilities, or things you owe. You are required to provide information on everything you owe – **NO EXCEPTIONS!** In addition to these questions, we will get information about most of your creditors from your bills and credit report.

Do you owe any family members money, even if they will insist that you not pay it back?  YES  NO  
 If yes, please provide the name, address and amount owed.

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Does anyone, including family members, owe you money? *You must list it even if you do not expect to get it back.*  
 YES  NO If yes, who and how much? \_\_\_\_\_

Do you have any student loans?  YES  NO  
 If yes, are the in deferment or forbearance?  YES  NO

Do you pay anyone any type of domestic support (such as child support or alimony)?  YES  NO  
 If yes, please provide the following information:

Who pays?	Who do you pay? (Example: Ex-Spouse)	Last known Address of whom you pay:	Paid through Child Support Services?	Is this a Payroll Deduction?	Are you Current?
<input type="checkbox"/> Husband <input type="checkbox"/> Wife			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Husband <input type="checkbox"/> Wife			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If paid through Child Support Services, what state do you pay?  Georgia  Other: \_\_\_\_\_  
 If you ARE NOT CURRENT, Amount behind? \$ \_\_\_\_\_

Is there a pending divorce, child support, alimony, or back child support case to be filed in the courts or with Child Support enforcement?  YES  NO If yes, please give as much detail as possible: \_\_\_\_\_

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Do you owe any back taxes (such as income tax, property tax, ad valorem tax)?  YES  NO

Tax Type Owed:	To Whom is the taxes Owed:	Amount Owed:	Year(s) Owed:
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

Have you incurred any new debt in the last 90 days?  YES  NO If yes, provide details.

Company:	Date Incurred:	Amount Incurred:	Was this a "Loan Renew":
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 5 - INFORMATION ABOUT YOUR FINANCES**

Please give us the total of any income from other sources (*such as child support, alimony, food stamps, TANF, etc.*) received by your household.

Source:	Monthly Amount Received:	Amount Received in the last 6 months:	Total Amount Received 2022?	Total Amount Received 2021?	Total Amount Received 2020?
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Have you made any payment on a debt owed to an insider in the last 1 year?  YES  NO (*An insider includes relatives, any general partners, relatives of general partners, etc.*) If yes, please give details: \_\_\_\_\_

Have you paid any one creditor a total of \$600 in the last 90 days?  YES  NO (*Example: If your mortgage payment is \$250.00 per month, and you have paid them 3 times in the last 90 days, they have been paid a total of \$750 and you would list them below.*)

Name and Address of Person Paid:	Total Paid in the last 90 days:	Balance Owed:
		\$
		\$
		\$

Have you been sued in the last 2 years?  YES  NO

*You will also need to provide our office with a copy of the court documents for the lawsuit.*

County Name of Court:	Name of Person(s) Suing you:	Court Case Number:

Have you had any foreclosures or repossessions in the last year?  YES  NO If so, please give details including the type of property, location, name of the creditor and any amount left owing (*the deficiency balance*).

Have you given any gifts worth over \$1000 in the two years to any individual person (*including Christmas gifts or birthday gifts*)?  YES  NO If so, must have name and address, relationship to you, date of gift and value.

Within Two years before filing Bankruptcy, have you given any gifts or contributions with a total value of \$1000 to any Charity or Church:  YES  NO

Charity and/or Church:	Contribution Date: ( <i>if known</i> ):	How was the contribution made?	Contribution Value:	Did you receive a Receipt?
			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

Has there been a "break in" income within the last 6 months? (Example: you lost your job in March 2021 and did not have any source of income until May of 2021)  YES  NO If yes, please explain: \_\_\_\_\_

Have you had any losses in the past year from theft, fire, other casualty, or gambling?  YES  NO If theft or disaster, was this loss covered by insurance.  YES  NO If yes, please list loss, date of loss, value of loss, amount insurance paid.

Have you transferred any assets in the past two years (including property required to be transferred in a divorce or by a court for another reason or real estate that you have sold)?  YES  NO Give details.

Within in two years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices)  YES  NO

Have you **CLOSED** any financial accounts (ex: checking, savings, brokerage, pension funds, etc.) in the past year?  
 YES  NO

Name of Bank / Institution:	Account Type:	Date when Closed:	Balance when Closed:
			\$
			\$

Do you have a safe deposit box?  YES  NO

Name of Bank / Institution:	Contents:

Do you have any property in your possession that belongs to someone else?  YES  NO If so, please list name and address of owner and describe property.

Do you have a storage unit?  YES  NO

Have you stored property in a storage unit or place other than your home within 1 year before you filed for Bankruptcy?  
 YES  NO If yes, please name Storage Facility, address of storage facility, what is in the storage unit and value of property and who else has or had access to it.

**SECTION 6 - YOUR MONTHLY BUDGET**

Please list the amount you pay monthly for each of the following items.

- If do not pay the bill monthly, convert the amount to a monthly amount (*Example: if you pay \$600 every 6 months for car insurance, \$600 divided by 6 months is \$100 per month*).
- If you need help estimating something, leave it blank and the attorney or paralegal will help you.
- **If something is deducted from your paycheck, do not list it here** (*Example: life insurance, child support*).

House payment/Rent	\$	Medical	\$
Second Mortgage	\$	Dental	\$
Lot Rent	\$	Prescriptions	\$
Gas ( <i>for home</i> )	\$	Gas ( <i>for car</i> )	\$
Power bill	\$	Car upkeep	\$
Phone ( <i>home and cell</i> )	\$	Car tags	\$
Cable or satellite	\$	Recreation ( <i>newspapers, etc.</i> )	\$
Internet	\$	Homeowners/Renters Insurance	\$
Water	\$	Life Insurance	\$
Security	\$	Auto Insurance	\$
Home maintenance	\$	Taxes ( <i>property, etc.</i> )	\$
Appliance repair	\$	Childcare	\$
Food ( <i>groceries</i> )	\$	Child support	\$
Clothing	\$	Alimony	\$
Laundry/dry cleaning	\$	School lunches	\$
Makeup/toiletries	\$	School supplies	\$
Baby expenses	\$	Non-reimbursed business expenses	\$
IRS/Probation Payments	\$	Church tithes	\$

Do any members of your household who are **NOT FILING** have creditors/bills/loans/credit cards they pay monthly that are not included in the above budget?  YES  NO If yes, please give details below.

Type of debt ( <i>Example: credit cards</i> )	Who pays the debt?	Monthly amount
		\$
		\$

STAFF USE: Please list any direct payments other than mortgage, if any.	TOTAL EXPENSES:
	DISCLOSURES FOR J:





**SECTION 7 - YOUR INCOME**

- WE WILL COMPLETE THIS SECTION WITH YOU. • PLEASE LEAVE IT BLANK FOR NOW!
- WHEN YOU REACH THIS POINT, PLEASE LET A STAFF MEMBER KNOW YOU ARE DONE.

**SECTION 5a - EMPLOYMENT INFORMATION**

EMPLOYER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PAYROLL ADDRESS: \_\_\_\_\_

PAYROLL ADDRESS: \_\_\_\_\_

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

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

POSITION: \_\_\_\_\_

POSITION: \_\_\_\_\_

TIME AT JOB: \_\_\_\_\_ years \_\_\_\_\_ months

TIME AT JOB: \_\_\_\_\_ years \_\_\_\_\_ months

HOURLY WAGE: \$ \_\_\_\_\_

HOURLY WAGE: \$ \_\_\_\_\_

HOW OFTEN PAID? \_\_\_\_\_

HOW OFTEN PAID? \_\_\_\_\_

YEAR TO DATE: \$ \_\_\_\_\_

YEAR TO DATE: \$ \_\_\_\_\_

**SECTION 5b - CURRENT INCOME**

	DEBTOR	JOINT DEBTOR
CURRENT MONTHLY GROSS	\$ _____	\$ _____
PAYROLL TAXES	\$ _____	\$ _____
INSURANCE	\$ _____	\$ _____
UNION DUES	\$ _____	\$ _____
RETIREMENT LOAN	\$ _____	\$ _____
RETIREMENT	\$ _____	\$ _____
OTHER DEDUCT (explain)	\$ _____	\$ _____
<b>NET INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>
BUSINESS/FARM/ETC	\$ _____	\$ _____
RENTAL INCOME	\$ _____	\$ _____
INTEREST/DIVIDENDS	\$ _____	\$ _____
CHILD SUPPORT OR ALIMONY PAYMENTS	\$ _____	\$ _____
SS/GOV'T ASSISTANCE	\$ _____	\$ _____
PENSION/RETIREMENT	\$ _____	\$ _____
PRTR	\$ _____	\$ _____
OTHER INCOME: _____	\$ _____	\$ _____
<b>TOTAL HOUSEHOLD INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

TOTAL INCOME: \$ \_\_\_\_\_

DISPOSABLE INCOME: \$ \_\_\_\_\_

TOTAL EXPENSE: \$ \_\_\_\_\_

13 PAYMENT: \$ \_\_\_\_\_

**SECTION 5c - PREVIOUS SIX MONTHS**

DEBTOR

MONTH 1 \_\_\_\_\_

MONTH 2 \_\_\_\_\_

MONTH 3 \_\_\_\_\_

MONTH 4 \_\_\_\_\_

MONTH 5 \_\_\_\_\_

MONTH 6 \_\_\_\_\_

PRITR \_\_\_\_\_

FOOD STAMPS \_\_\_\_\_.

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

TOTAL \_\_\_\_\_

JOINT DEBTOR

MONTH 1 \_\_\_\_\_

MONTH 2 \_\_\_\_\_

MONTH 3 \_\_\_\_\_

MONTH 4 \_\_\_\_\_

MONTH 5 \_\_\_\_\_

MONTH 6 \_\_\_\_\_

PRITR \_\_\_\_\_

FOOD STAMPS \_\_\_\_\_.

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

TOTAL \_\_\_\_\_

ANY OTHER INFORMATION NEEDED FOR MEANS TEST: