

The Chad R. Simon Law Firm

We are happy to offer you a **FREE** consultation.

In order to serve you better, you must fill out this form COMPLETELY so that the time you spend with your attorney will be as productive as possible.

We understand that you may be here for informational purposes only, however, in order to answer any questions about your specific situation, we need all of these questions answered as completely and accurately as possible. Thank you for choosing The Chad R. Simon Law Firm to help you through this process.

TODAY'S DATE: _____

HOW DID YOU HEAR ABOUT US?

CCCS Mail Website Yellow Pages TV Radio Former Client Referral

WHY DO YOU THINK THAT YOU NEED FINANCIAL HELP? (Check all that apply)

Stop Foreclosure Stop Auto Repossession Stop Garnishment Stop Lawsuit Credit Card Debt
Other (explain) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

(Circle Yes or No)

Have you or your spouse moved to Georgia in the last 2 years?	Yes	No
Have you or your spouse ever filed for Bankruptcy?	Yes	No
Do you have a Mortgage?	Yes	No
Do you have at least one Car Loan?	Yes	No
Do you have any Pawn Debt?	Yes	No
Do you have any Judgments?	Yes	No
Do you have any Lease to Own or Rent to Own Debt?	Yes	No
Do you have any debt that is Co-Signed?	Yes	No
Do you have any Student Loans?	Yes	No
Have you used any credit cards in the last 90 days?	Yes	No
Have you filed your taxes for the last 4 years?	Yes	No

ATTORNEY Use Only: Chapter: 7 13 Plan Payment: _____ POF: _____
Office: A M Du G J N R Da C Division: A G N R
Total Attorney Fee: _____ Reason for %: _____

PERSONAL INFORMATION

Marital Status: Married Single Separated Divorced Widowed

YOUR NAME (Husband's name **IF** filing Jointly)

(Wife's name **IF** filing Jointly)

First Middle Last
Mr. Mrs. Ms. Sr. Jr.

First Middle Last

Other names used in last 8 years

Other names spouse has used in last 8 years

First Middle Last

First Middle Last

Street Address

Street address (if different)

Mailing Address (if different than street address)

Mailing address (if different than st address)

If you have lived at this address less than 2 years, provide all previous addresses AND dates of residence

From: _____ To: _____

From: _____ To: _____

County of Residence

County of Residence

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Contact Numbers

Contact Numbers

Home () _____

Home () _____

Cell () _____

Cell () _____

Work () _____

Work () _____

email _____

email _____

SCHEDULE A

IF YOU HAVE A HOUSE OR LAND PLEASE FILL OUT THIS PAGE

Address of property:

Address of any other property you are buying/own:

Type of property:

house townhouse condo land

Is anyone else on the deed? Yes No

Estimated Value?: _____
(last appraisal or tax assessment or sales in the area)

What year did you buy this house? _____

Is there a Homeowners Association?

Name: _____ Monthly \$ _____

Type of property:

house townhouse condo land

Is anyone else on the deed? Yes No

Estimated Value?: _____
(last appraisal or tax assessment or sales in the area)

What year did you buy this house? _____

Is there a Homeowners Association?

Name: _____ Monthly \$ _____

Name of Mortgage Company (1st Mortgage):

Name of Mortgage Company (1st Mortgage):

Balance of 1st Mortgage _____

Monthly Payment _____

How far behind are you? _____

Is anyone else on the loan? Yes No

Balance of 1st Mortgage _____

Monthly Payment _____

How far behind are you? _____

Is anyone else on the loan? Yes No

Name of 2nd Mortgage Co _____

Balance of 2nd Mortgage _____

Monthly Payment _____

How far behind are you? _____

Is anyone else on the loan? Yes No

Name of 2nd Mortgage Co _____

Balance of 2nd Mortgage _____

Monthly Payment _____

How far behind are you? _____

Is anyone else on the loan? Yes No

Do you have any interest in a Timeshare? If so please list name : _____

***IF YOU ARE PURCHASING/OWN MORE THAN TWO PIECES OF PROPERTY, PLEASE ASK FOR
ADDITIONAL PAGES TO LIST THIS INFORMATION.***

Atty Notes: _____

SCHEDULE D and F

IF YOU HAVE A CAR LOAN PLEASE LIST BELOW

(please include any motorcycle, truck or any other motor vehicle information)

VEHICLE # 1

ARE YOU BUYING OR LEASING ?

YEAR MAKE MODEL

Name of Creditor: _____

Balance Owed (Approx): \$ _____

Monthly Payment: \$ _____

Amount you are behind _____

Date of Purchase/Lease: _____

Cosigned? YES NO

If yes please list name & address of cosigner below:

VEHICLE # 2

ARE YOU BUYING OR LEASING ?

YEAR MAKE MODEL

Name of Creditor: _____

Balance Owed (Approx): \$ _____

Monthly Payment: \$ _____

Amount you are behind _____

Date of Purchase/Lease: _____

Cosigned? YES NO

If yes please list name & address of cosigner below:

***IF YOU ARE PURCHASING MORE THAN TWO CARS,
PLEASE ASK THE FOR ADDITIONAL PAGES TO LIST THIS INFORMATION.***

PLEASE GIVE US AN ESTIMATE OF YOUR UNSECURED DEBTS

(CREDIT CARD DEBTS, MEDICAL BILLS, OLD UTILITY BILLS, OR SIGNATURE LOANS)

Estimated total for **credit card debt**? _____

Estimated total for **medical debt**? _____

Estimated total for **signature loans**? _____

Estimated total for **old accounts and old utilities**? _____

Atty Notes: _____

SCHEDULE D (cont), E and F

IF YOU HAVE ANY SECURED DEBT PLEASE LIST BELOW

(SECURED DEBTS ARE DEBTS THAT HAVE COLLATERAL ATTACHED)
(INCLUDING FURNITURE/APPLIANCES, FINANCE COMPANIES, JUDGEMENTS AND PAWN DEBTS)

Name of Creditor:

Name of Creditor:

Type of Debt:

Purchase Loan against household items

Judgment Pawn Debt Rent to Own

Collateral purchased, pledged or rented:

Type of Debt :

Purchase Loan against household items

Judgment Pawn Debt Rent to Own

Collateral purchased, pledged or rented:

Value of Property listed above \$ _____

Date debt incurred _____

Balance Owed \$ _____

Value of Property listed above \$ _____

Date debt incurred _____

Balance Owed \$ _____

IF YOU OWE ANY TAXES, CHILD SUPPORT OR ALIMONY PLEASE LIST

Name of Creditor:

Name of Creditor:

Type of Debt:

Taxes

Child Support Alimony

Amount Owed (taxes) or behind (child support/alimony):

Type of Debt :

Taxes

Child Support Alimony

Amount Owed (taxes) or behind (child support/alimony):

If taxes, list all years that you owe

If taxes, list all years that you owe

If Child Support or Alimony list monthly payment:

If Child Support or Alimony list monthly payment:

IF YOU OWE ANY STUDENT LOANS PLEASE LIST

Name of Creditor:

Name of Creditor:

Amount Owed: \$ _____

Amount Owed: \$ _____

Status of Loan:

Deferred Due Now Paying Now

If paying now, how much per month? \$ _____

Status of Loan:

Deferred Due Now Paying Now

If paying now, how much per month? \$ _____

SCHEDULE I
CURRENT INCOME

PLEASE HAVE YOUR PAY STUB OUT FOR THE ATTORNEY TO REVIEW

YOU

YOUR SPOUSE (even if not filing joint case)

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Length of Employment: _____

Length of Employment: _____

Address: _____

Address: _____

Has your income been the same for the last 6 months? _____

Has your income been the same for the last 6 months? _____

How often are you paid? (Circle one)

How often is your spouse paid? (Circle one)

WEEKLY Bi-WEEKLY (every 2 weeks)
TWICE PER MONTH MONTHLY

WEEKLY Bi-WEEKLY (every 2 weeks)
TWICE PER MONTH MONTHLY

Please list all Dependants that are living in your home? Relationship: _____ Age _____

Relationship: _____ Age _____ Relationship: _____ Age _____ Relationship: _____ Age _____

	DEBTOR	SPOUSE
INCOME		
Current Gross Wages	\$ _____	\$ _____
Estimated Overtime	\$ _____	\$ _____
LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union Dues	\$ _____	\$ _____
d. other _____	\$ _____	\$ _____
TOTAL NET TAKE HOME PAY	\$ _____	\$ _____
Regular income from operation of business or profession or farm	\$ _____	\$ _____
Income from real property	\$ _____	\$ _____
Alimony, maintenance or support payment income	\$ _____	\$ _____
Social Security or other government assistance	\$ _____	\$ _____
Pension or Retirement income	\$ _____	\$ _____
Other monthly income (specify) _____	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____

SCHEDULE J

ESTIMATED MONTHLY EXPENSES

TYPE OF EXPENSE	MONTHLY AMOUNT	ATTY NOTES
Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> If a mortgage, does this amount include property taxes and insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, List those additional expenses here: TAXES \$ _____ INSURANCE \$ _____	\$	
Electricity and Heating Fuel	\$	
Water and Sewage/ Trash Collection	\$	
Telephone: Home \$ _____ Cell \$ _____	\$	
Cable \$ _____ Internet \$ _____ Security \$ _____	\$	
Home Maintenance (annual repairs, upkeep)	\$	
Food/Groceries	\$	
Clothing	\$	
Laundry / Dry Cleaning	\$	
Medical and Dental (include deductible and other "Out of Pocket" expenses)	\$	
Transportation (fuel, maintenance, etc.)	\$	
Charitable Contributions (do not list unless you have receipts!)	\$	
Insurance NOT deducted from your wages Health \$ _____ Life \$ _____ Auto \$ _____	\$	
Taxes NOT deducted from your wages	\$	
Auto Payments	\$	
Homeowners Assoc.		
Other (i.e., 2 nd Mortgage, Non-Filing Spouses Expenses) _____ _____	\$	
Child Support/Alimony/Maintenance	\$	
Child Care	\$	
Misc. _____	\$	

TO BE FILLED OUT BY ATTORNEY:

Total Household Income \$	Total Actual Expenses \$	Disposable Income \$
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SCHEDULE B and C

PERSONAL PROPERTY

We must list everything of value that you own in an effort to exempt it and protect it during your bankruptcy.

*When stating the value, we need to know what you could get for the property **IF** you were to sell it at a garage sale today, **NOT** what you paid for it.*

<u>TYPE OF PROPERTY</u>	<u>NONE</u>	<u>DESCRIPTION</u>	<u>FAIR MARKET VALUE</u>	<u>OWNER (h, w, joint)</u>	<u>Exemption (atty to complete)</u>
Cash on hand					
Checking, savings, other financial accounts					
Security deposits					
Household goods & furnishings					
Art, antiques, collectibles					
Clothing					
Furs and Jewelry					
Firearms, sports, hobby equipment					
Cash value interest in insurance policies					
Interests in IRA/ ERISA/401K					
Stocks or bonds					
Interest in partnership or joint venture					
Government or corporate bonds					
Accounts Receivable					
Alimony, support, or property settlement					
Any money owed you for any reason					
Equitable or future interest or life estate					
Beneficiary of will scheduled to pay in near future					
Claim for a lawsuit or worker's comp					
Patents/copyrights/ intellectual property					
Licenses, franchises, other intangibles					
Autos, Trucks, Trailers & Other Vehicles		Year: Make: Model: Year: Make: Model:			If car owned outright use lowest NADA non retail value
Boats, Motors, Accessories					
Office Equipment, Furnishings Supplies					
Business Machines, Equip, Supplies					
Business Inventory					

STATEMENT OF FINANCIAL AFFAIRS

How much have you grossed from employment so far this year? _____ your spouse? _____
For last year? _____ your spouse? _____
For the year before? _____ your spouse? _____

Have you had any income from any other sources so far this year? _____ your spouse? _____
For last year? _____ your spouse? _____
Source? _____ Source? _____

(Circle One)

Have you paid any single creditor more than \$600.00 in the last 90 days? YES NO
please give the details here: (NOTE: you do not have to list monthly mortgage payments made)
Creditor Name: _____ Date of pymt: _____ Amount _____ Balance owed \$ _____

Have you made a payment to a creditor who is also a relative or business partner in the last year? YES NO
please give the details here:
Name: _____ relationship to you: _____ Date of payment _____ Amount \$ _____ Balance owed \$ _____

Have you been involved in ANY type of lawsuit in the last year? YES NO
please give details here:
Caption of suit _____ Case # _____ Nature of Suit _____ Court _____ Status _____

Have you had any property garnished, seized, or attached in the last year? YES NO
please give details here:
Creditor _____ Date of seizure _____ Description of property _____ Value \$ _____

Have you had any property repossessed or foreclosed upon in the last year? YES NO
please describe here:
Creditor _____ Date of seizure _____ Description of property _____ Value \$ _____

Have you made any assignment (given a right to someone to collect on your behalf) within the last 3 months? YES NO
please describe:
Name of assignee _____ Date of assignment _____ Terms of assignment _____

Have you made any gifts (exceeding \$200.00 in value) with the last year? YES NO
please describe:
Name of person or group _____ Relationship to you _____ Date of gift _____ Value \$ _____

Have you suffered any losses from fire, theft or gambling in the last year? YES NO
please describe:

Have you made any payments for debt counseling in the last year? YES NO
please describe:

Have you sold or transferred any property within the last 2 years? YES NO
please describe the sale:
Name of transferee _____ Date of transfer _____ Amount paid _____ Value of property \$ _____

Have you had any accounts closed in the last year? YES NO
please describe:
Name of Bank _____ Type of acct _____ Acct # _____ Amount when closed \$ _____ Date closed _____

Have you had a Safe Deposit Box within the last year? YES NO
please give details:
Name of Bank _____ Who has access to Box _____ Contents of Box _____

Has any other bank or other creditor seized setoff funds that you had on deposit within the last 90 days? YES NO
please describe:
Name of creditor _____ Date of setoff _____ Amount of setoff _____

Are you holding any property for another person? YES NO
please describe:

The next set of questions need to be answered only if you are a corporation, are an officer or director in a corporation or are self-employed.

This Section DOES DOES NOT apply to me

Please describe the nature, name, and location of the business:

Please identify all bookkeepers of the business and the location of these records:

Identify all creditors to whom you issued a financial statement within the last two years:

If inventories were taken for the business within the last two years, please provide the name of the person conducting the inventory and the dollar value:

List all shareholders, directors and officers for the company for the last two years:

Please complete the following as accurately as possible.

MEANS TEST WORK SHEET

REQUIRED INFORMATION

YOUR INCOME OVER THE PAST 6 MONTHS:

EXACT Gross (Before Deductions) Income Last Month: **Husband** \$ _____ **Wife:** \$ _____

EXACT total Gross Income (all sources) 2 Months Ago: **Husband** \$ _____ **Wife:** \$ _____

EXACT total Gross Income (all sources) 3 Months Ago: **Husband** \$ _____ **Wife:** \$ _____

EXACT total Gross Income (all sources) 4 Months Ago: **Husband** \$ _____ **Wife:** \$ _____

EXACT total Gross Income (all sources) 5 Months Ago: **Husband** \$ _____ **Wife:** \$ _____

EXACT total Gross Income (all sources) 6 Months Ago: **Husband** \$ _____ **Wife:** \$ _____

*Please let the receptionist know that
you are finished and one of our
attorneys will be with you shortly.*

Thank You