

**DEBT RELIEF
CLIENT INFORMATION WORKSHEET**

Please Print your Full Name _____

- Joint Case (Husband and Wife)
 Individual Case (Single, or only the Husband or Wife)

What do you expect from bankruptcy protection?

Wipe out all debts - Pay back some debts through a payment plan -

Stop a pending foreclosure - Sale Date _____

Stop a Law Suit - Served Date _____

Stop a Garnishment - Stop Repossession other _____

---->> Please note there is no protection through the Bankruptcy Court until the Bankruptcy Petition is Completed.

Signed by the Client, filed with the Court and the Court issues a Case Number.

If you will supply us with the following information, *Please fill out all pages.*

FILL IN ALL BLANKS (use "none" or "n/a" as needed)

Please return this form along with a **complete** list of ***all*** your creditors, (**PLEASE NOTE THAT YOU MUST INCLUDE ALL OF YOUR CREDITORS, EVEN IF YOU ARE CURRENT ON YOUR PAYMENTS**) to our receptionist when completed and an attorney will be with you shortly. All of this information is necessary for accurate and proper representation of your case.

In order to help you get the relief to which you are entitled, you must make full disclosure of all your financial affairs.

WARNING - WHAT YOUR LAWYER DOESN'T KNOW CAN HURT YOU. Do not try to second-guess the system – it has been here longer than you. All information will be held in strict confidence. Intentional failure to disclose assets in a bankruptcy case is grounds for the denial or revocation of your chapter discharge and is a federal criminal offense (concealment of assets) punishable by 5 years imprisonment and a \$250,000.00 fine. See 18 USC § 152 and 3571.

Office Use only

Basic Client Information

Please Print

Self (Husband if joint case)

Spouse (wife if joint case)

Marital Status _____
(If you are married you MUST list Spouse info)

Full Name (s) → → → → → → → → _____

Street Address → → → → → → → → _____

City, State & Zip → → → → → → → → _____

Mailing Address → → → → → → → → _____

City, State & Zip → → → → → → → → _____

County of Residence → → → → → → → → _____

Home Phone # → → → → → → → → _____

Work Phone # → → → → → → → → _____

Cell Phone # ----- → _____

E-mail,
 Providing your E-mail address acknowledges your consent
 to receive information about your case via E-mail. → _____

Date of Birth → → → → → → → → _____

Employer (s) → → → → → → → → _____

Payroll Address → → → → → → → → _____

→ → → → → → → → _____

Job Title → → → → → → → → _____

length of employment → → → → → → → → _____

Social Security # → → → → → → → → _____

Are you Known by other Names → → _____

What is the estimate of your Secured Debt \$ _____ Unsecured Debt \$ _____

Total Debt \$ _____

Have you recently moved to GA? - NO _____ YES _____ (been here all my life _____)

Have you filed any previous bankruptcies? - NO _____ YES _____ (If Yes - Please provide info below and copies of all documents)

Chapter _____ -Date filed _____ -[] Dismissed - [] Completed (date _____)

Assets

LIST ALL OF YOUR ASSETS. In all likelihood you will retain most, if not all, of your assets after the bankruptcy. **Do not jeopardize your discharge by omitting anything.**

Income

What do you make \$ _____ / (hour) (week), (Month) (Year) before taxes.

What is deducted from your paycheck ___ Taxes; ___ Insurance; ___ Union Dues; ___ Child Support; ___ 401K; ___ CU loan

What does your spouse make \$ _____ / (hour) (week) (Month) (Year) before taxes

What is deducted from that paycheck ___ Taxes; ___ Insurance; ___ Union Dues, ___ Child Support; ___ 401K; ___ CU loan

What is your Gross income for the following years?

Current Year To Date

Last Year

Year Before

Self

Spouse

tell me about your home

___ Rent [] Month to month or [] leased for ___ months with ___ remaining at \$ _____ per month.

Landlord's name & address _____

___ Own - Balance of all mortgages \$ _____ Fair market Value \$ _____ Current ? _____

Equity \$ _____ Total monthly payments on all mortgages \$ _____ HOA? _____ Current? _____

___ Other _____

my bank account(s) is with _____ with an Average balance of \$ _____

(Bank stmt for ch 7 filing date) (this includes any accounts for someone else that you can sign on)

Is your name listed on anyone else's account? _____

PRESENT market value of all your furniture. \$ _____ (regardless of if you are still paying or not)

My vehicle is a - (if more than two vehicles - ask for additional forms) -

910 date _____

(Office use only)

1) Year _____ Make _____ Model _____ # Doors _____ Date Purchased _____
Fair market Value \$ _____ Balance owed \$ _____ Interest rate _____ % 910 - Y / N

2) Year _____ Make _____ Model _____ # Doors _____ Date Purchased _____
Fair market Value \$ _____ Balance owed \$ _____ Interest rate _____ % 910 - Y / N

Do you have any Rent to Own Contracts? _____

When was the last time you used any of your Credit Cards? _____

Please describe any other asset that can sell for cash _____

Please list all claims for money damages or suits filed _____
(Can you or have you sued someone for money?)

NOTE - failure to list a potential claim can result in the forfeiture of that claim)

Please attach a detailed list of all your debts including the Creditor's name and address, Balance of Debt, telephone number, account

number, and type of debt (car loan, furniture loan, credit card debt, medical bill, etc.)

YOU MUST LIST EVERY CREDITOR - EVEN IF YOU ARE CURRENT ON THE LOAN PAYMENT

Are you co-signed on any debt or is anyone co-signed on a debt with you? _____

Do you have a 401k loan _____ if yes then \$ _____ per month with a last payment _____

Please provide this office with the following documents

a photo ID and proof of your Social Security Number.

a copy of your most recently filed tax returns (remember that you will be required to submit your tax refunds to your plan in a chapter 13 case.

a copy of all of your pay stubs received during the last 60 days

How did you hear about Law Office of Robert S. Toomey.

Mail Advertisement

Outdoor Sign

Personal Referral - if so, Who? _____

Law Firm Referral - if so, Who? _____

Phone book - if so, Which City _____ Yellow Book, AT&T Alltel Other _____

Internet Search - if so what key words did you use? _____

Other _____

I hereby certify that all information disclosed on this form is True and Accurate to the best of my knowledge and belief.

While all information given to this firm will be held in strict confidence, it is expressly understood that all the Original documents given to this office, all Forms provided to this office, and all photo copies of documents made at this office are the EXCLUSIVE PROPERTY of the Law Office of Robert S. Toomey, PC, and may be retained or destroyed at the discretion of the Law Office of Robert S. Toomey, PC. It is also expressly understood that all filing fees and/or Attorney fees paid by client(s) to the Law Office of Robert S. Toomey, PC establishes an Attorney - Client relationship and are an indication by Client that Client request that the Law Office of Robert S. Toomey, PC represent Client in the preparation and prosecution of Client's case and the fees are therefore considered earned upon receipt and in most cases are non-refundable. It is also understood by client that there is no protection through the Bankruptcy Court until the Bankruptcy Petition is Completed, Signed by the Client, filed with the Court and the Court issues a Case Number.

_____ (please sign) _____ Date

Revised Jan 2008

Expense worksheet

Rent or home mortgage payments (include lot rented for mobile home) \$ _____/Mo

Are real estate taxes included? Yes _____ No _____

Is property insurance included? Yes _____ No _____

Utilities

Electricity and heating fuel \$ _____/Mo

Water and sewer \$ _____/Mo

Telephone \$ _____/Mo

Other \$ _____/Mo

Home Maintenance (repairs and upkeep) \$ _____/Mo

Food \$ _____/Mo

Clothing \$ _____/Mo

Laundry and dry cleaning \$ _____/Mo

Medical and dental expenses \$ _____/Mo

Transportation (not including car payments) \$ _____/Mo

Recreation, clubs and entertainment, newspapers, magazines, etc \$ _____/Mo

Charitable contributions \$ _____/Mo

Insurance (not deducted from wages or included in home mortgage payments)

Homeowner's or renter's \$ _____/Mo

Life \$ _____/Mo

Health \$ _____/Mo

Auto \$ _____/Mo

other _____ \$ _____/Mo

Taxes (not deducted from wages or included in home mortgage payments)
(specify) _____ \$ _____/Mo

Installment payments: (in chapter 12 and 13 cases do not list payments to be included in plan

Auto \$ _____/Mo

Other _____ \$ _____/Mo

Other _____ \$ _____/Mo

Alimony, maintenance and support paid to others \$ _____/Mo

Payments for support of additional dependents not living at your home \$ _____/Mo

Regular expenses from operation of Business, Profession,
or Farm (attach detailed statement) \$ _____/Mo

Other _____ \$ _____/Mo

Other _____ \$ _____/Mo

Other _____ \$ _____/Mo

Other _____ \$ _____/Mo

Total monthly expenses \$ _____/Mo

Name - _____

SEVEN MONTH WORK HISTORY

**Enter Total Gross (before taxes or any other deduction) INCOME
from Wages for each calendar month listed**

<u>Month</u>	<u>Husband</u>	<u>Wife</u>
present month (1 st through present)	\$	\$
1 month ago (1 st through last day of month)	\$	\$
2 months ago (1 st through last day of month)	\$	\$
3 months ago (1 st through last day of month)	\$	\$
4 months ago (1 st through last day of month)	\$	\$
5 months ago (1 st through last day of month)	\$	\$
6 months ago (1 st through last day of month)	\$	\$

Total members in the household _____

ACP 60 / 36

Total Vehicles in household _____