



Claeys, McElroy-Magruder & Kitchens

Angela McElroy-Magruder

John P Claeys

Kelly B Kitchens

512 Telfair Street
Augusta, GA 30901
Telephone: 706-724-6000

200 South Main Street
Statesboro, GA 30458
Telephone: 912-764-6000

1205 Bellevue Avenue Ste A
Dublin, GA 31021
Telephone: 478-275-8311

Web Site: letangiehelp.com

“Specializing in Bankruptcy, Personal Injury, Family Law, and Wills!”

Date: _____

Thank you for choosing our firm to help your family in your time of financial difficulty.

- ❖ **I AGREE TO READ THIS ENTIRE PACKET TO ITS ENTIRETY as this is a general packet given to everyone to begin the process for Claeys, McElroy-Magruder & Kitchens Law Firm to see the clear financial picture or condition being faced.**
 - ❖ By completing this packet, I am **NOT** obligated to file a bankruptcy, nor am I hiring Claeys, McElroy-Magruder & Kitchens (CMMK), but allowing the attorneys office to advise me the best they can.
 - ❖ I understand during the bankruptcy process my credit report needs to be retrieved to make this process easier to obtain my creditors names, addresses, account number, and the current balance owed.
 - ❖ I also understand my credit report may not show all my debt owed and I will be responsible to advise CMMK of the debt not shown on my credit report.
 - ❖ I understand I can provide CMMK a FULL COPY of my credit report at the time of my free consultation to prevent a delay in the process of filing bankruptcy.
 - ❖ I understand that I am entitled to my credit report FREE once a year. If my credit report has been retrieved within one year, CMMK **CANNOT** obtain a copy of the report and it is my responsibility to get the needed information to CMMK, as well as any debt owed that is NOT shown on my credit report.
 - ❖ I understand by signing this document, I will allow CMMK to attempt obtain my one FREE copy of my credit report at www.annualcreditreport.com for bankruptcy purposes only.
1. I understand I will be charged \$ 75.00 for a bankruptcy petition preparation fee, **ONLY IF** I advise CMMK, “Yes, please prepare my petition “and I change my mind regarding filing bankruptcy without contacting CMMK before my petition is prepared. When I schedule a signing appointment, I understand that I am authorizing the preparation of a Bankruptcy Petition.

Print Name

Signature

Print Name

Signature

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:

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? YES NO If yes, please given the details below.

Name of business _____
 Address _____
 EIN # or last 4 of Social used for business _____
 Description of business (i.e.: construction, babysitting, lawn care, etc.) _____
 Date Started: _____ Date ended: _____
 What **PERCENTAGE** of the business do you own: _____%
 Names of Co-Owners: _____
 What is your **OWNERSHIP VALUE**? Example: What would someone pay you if you for accounts receivables, assets, customer list, etc. \$ _____.

Street Address:		County:
City:	State: Georgia	Zip Code:
How long have you been at this address? _____ years and _____ months		
Mailing Address (if different):		
City:	State: Georgia	Zip Code:
Home Phone:	Husband Cell Phone:	
Husband Work Phone:	Wife Cell Phone:	
Wife Work Phone:	Preferred Method of Contact:	
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: _____

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 N/A _____

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:

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

Relationship to you:	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:

STAFF USE: **** PACER INFORMATION ****				
Previous Case Number:	Previous Chapter:	Dismissed OR Discharged	Case Dates:	District:

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: _____

Debtor #1 Signature: _____

Debtor #2 Signature: _____

NOTICE AS REQUIRED BY 11 U.S.C. 527(a) AND (c).

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: _____

Debtor #1 Signature: _____

Debtor #2 Signature: _____

Do you Rent or Lease your Residence (*you will never own your home*)? 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 **Rent to Own** your home? YES NO
 Is there contract between you and your landlord YES NO What type: Written Month to Month
 Written Formal
 Verbal Month to Month
 Verbal Formal

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

If yes, 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 ask us for additional paper.*

****** We also ask that you please include all assets information, such as debt you pay for, assets you are a co-debtor on whether the asset is in your possession or not and paid for debts. 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 or raw land to which 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: \$
IS THIS HOME PAID FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO 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: \$
IS THIS HOME PAID FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO 1 st MORTGAGE NAME: _____	AMOUNT OWED: \$ _____ AMOUNT BEHIND: \$ _____
2 nd 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: _____	

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: \$
IS THIS MOBILE HOME PAID FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 MOBILE HOME: <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: \$
IS THIS MOBILE HOME PAID FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 MOBILE HOME: <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 **CEMETARY PLOTS**? YES NO Provide the location and value? _____

Do you have any **TIMESHARES**? YES NO If yes, please list location and name of lienholder and maintenance. _____

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 or motorcycle to where my name is attached.

AUTOMOBILE 1		DO YOU WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> 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:
IS THIS VEHICLE PAID FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO 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"/> YES <input type="checkbox"/> NO Insurance Companies name? _____	
REASON FOR PURCHASE: <input type="checkbox"/> Personal Use <input type="checkbox"/> Work Only <input type="checkbox"/> Non-Filing Spouse <input type="checkbox"/> Someone else: _____		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? <input type="checkbox"/> YES <input type="checkbox"/> 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:
IS THIS VEHICLE PAID FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO 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"/> YES <input type="checkbox"/> NO Insurance Companies name? _____	
REASON FOR PURCHASE: <input type="checkbox"/> Personal Use <input type="checkbox"/> Work Only <input type="checkbox"/> Non-Filing Spouse <input type="checkbox"/> Someone else: _____		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:
IS THIS VEHICLE PAID FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO 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"/> YES <input type="checkbox"/> NO Insurance Companies name? _____ LOCATION OF VEHICLE: <input type="checkbox"/> Home <input type="checkbox"/> Other _____	
REASON FOR PURCHASE: <input type="checkbox"/> Personal Use <input type="checkbox"/> Work Only <input type="checkbox"/> Non-Filing Spouse <input type="checkbox"/> Someone else: _____			
STAFF USE	910 <input type="checkbox"/> YES <input type="checkbox"/> NO	INT RATE:	PAYMENT:

SECTION 3e – Watercraft, motor homes, ATV’s, Tractors... etc....

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

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

DO YOU WANT TO KEEP? YES NO

YEAR:	MAKE:	MODEL:	
VALUE:	BOOK VALUE:		
CONDITION: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Junk/Not Running			DRIVER:
IS THIS ASSET PAID FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO 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:

ADDITIONAL INFORMATION: _____

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 any **BANK ACCOUNTS**? 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	\$
STAFF USE:	Date Statements Provided: _____	Date CMMK Reviewed & Employee initials: _____	
ATTORNEY NOTES: _____ _____ _____			

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: (ex: Venmo)	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		\$
STAFF USE:	Date Statements Provided: _____	Date CMMK Reviewed & Employee initials: _____	
ATTORNEY NOTES: _____ _____ _____			

Do you have any **CRYPTOCURRENCY**? YES NO VALUE: \$ _____

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**? Example: Life Insurance Inheritance YES NO

If yes, Please provide Details :

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 **RETIREMENT LOAN**? YES NO If so, please complete the following:

Husband Balance: \$ _____ Date Incurred (Month/Year) _____

Wife Balance: \$ _____ Date Incurred (Month/Year) _____

Do you have any **OTHER INVESTMENT ACCOUNTS** (stocks, bonds, annuities, Robinhood, Weibull, Merrill Edge, 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 explain.

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: Verizon, Aarons, Rent-A-Center) 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. When considering the value, please list the amount that someone would pay you for the item at a yard sale or you are selling on Facebook or if listed in the 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 items (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>
<i>Electronics</i>			<i>Appliances</i>		
Computer(s), Printer(s)	How Many? _____	\$	Refrigerator	How Many? _____	\$
Camera(s), Video Equip	How Many? _____	\$	Stove	How Many? _____	\$
Television(s)	How Many? _____	\$	Washer	How Many? _____	\$
DVD Player(s)	How Many? _____	\$	Dryer	How Many? _____	\$
iPad(s), Gaming System(s)	How Many? _____	\$	Small Appliances (coffee pot, air fryer, toaster)	How Many? _____	\$
Stereo(s)	How Many? _____	\$	Other Appliances:	How Many? _____	\$
<i>Furniture</i>			<i>Personal Items</i>		
Living Room Furniture		\$	Clothing		\$
Bedroom Furniture # 1		\$	Watches		\$
Bedroom Furniture # 2		\$	Rings		\$
Bedroom Furniture # 3		\$	Costume Jewelry		\$
Bedroom Furniture # 4		\$	Other Jewelry		\$
Dining Room Furniture		\$	Fur(s)	How Many? _____	\$
<i>Collectable Items, Hobby Equipment, and MISC</i>					
Antiques (things over 100 years old)		\$	Sports Equipment (bicycle, pool table, etc.) List what you have: _____		\$
Artwork		\$	Health Aids		\$
Coins, Stamps, Figurines, etc.		\$	Non-Farm Animals (dogs, cats, birds, horses, etc.) List what you have: _____		\$ \$
Music CD(s), Album(s), Book(s)		\$	Video Game(s)		\$
Fishing Equipment (fishing poles, etc.)		\$	Musical Instrument(s)		\$
<i>Miscellaneous Items</i>					
Riding Lawn Mower(s)	How Many? _____	\$	Any other property NOT listed elsewhere:		
Push Mower(s)	How Many? _____	\$	_____		\$
Tool(s)		\$	_____		\$
Yard Tool(s)		\$	_____		\$

Do you own **GUNS**? YES NO

If yes, please provide information below:

Gun Type:	Value:
	\$
	\$
	\$

Do you rent a **STORAGE BUILDING OR STORAGE UNIT**? YES NO

Have you rented a storage unit within 1 year? YES NO If yes, please provide information below:

Location of the Storage Building:	Lease or Rent:	Contents:
	<input type="checkbox"/> Rent <input type="checkbox"/> Lease to Own _____ <input type="checkbox"/> Accept <input type="checkbox"/> Reject	

Storage Facility & Address:

SECTION 4 - LIABILITIES

The following questions are about your liabilities, and people who owe you. 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. _____

Does anyone, including family members, owe you money? YES NO

If yes, who and how much? _____

*** NOTE: You must list it even if you do not expect to get it back.

Do you have any **STUDENT LOANS**? YES NO

If yes, are they 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: _____

Do you owe any **BACK TAXES** (such as income tax, property tax, ad valorem tax)? YES NO

Tax Type Owed:	To Whom are the taxes Owed:	Amount Owed:	Year(s) Owed:
		\$	
		\$	

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

Have you made any payment on a **DEBT OWNED TO INSIDER** in the last 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 **REPOSESSIONS** 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 \$ 600 OR MORE** within the two years **to any individual person** (*including Christmas gifts or birthday gifts*)? YES NO If yes, must have name and address, relationship to you, date of gift and value. _____

Have you given any **GIFTS OR CONTRIBUTIONS** with a total value of \$600 to any **Charity or Church**, within the last two years: 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 **CHANGE INCOME** within the last 6 months? (*Example: you lost your job, you started a new job, benefits started or stopped*) 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 property you have sold 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? YES NO (*These are often called asset-protection devices*) _____

Have you **CLOSED** any **FINANCIAL ACCOUNTS** (*ex: checking, savings, brokerage, pension funds, etc.*) in the past year? YES NO If yes, please explain:

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

Do you have a **SAFE DEPOSIT BOX**? YES NO If yes, please explain:

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. _____

Are you **financing a cell phone or any other electronic** through your cell phone bill? YES NO

Electronic Type being Financed: <i>Example: Cell phone, iPad, etc.</i>	Amount Paid monthly:	Number of Payments Remaining:	Amount of Remaining Balance:
	\$		\$
	\$		\$
	\$		\$

Additional Information: _____

SECTION 6 - YOUR MONTHLY BUDGET

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

- 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	\$	monthly	Medical	\$	monthly
Second Mortgage	\$	monthly	Dental	\$	monthly
Lot Rent	\$	monthly	Prescriptions	\$	monthly
Gas (for home)	\$	monthly	Gas (for car)	\$	monthly
Power bill	\$	monthly	Car upkeep	\$	monthly
Home Phone	\$	monthly	Car tags <i>NOTE: whatever you pay a year divided by 12:</i>	\$	monthly
Cell Phone	\$	monthly	Recreation (newspapers, etc.)	\$	monthly
Cable or satellite	\$	monthly	Homeowners/Renters Insurance	\$	monthly
Internet	\$	monthly	Life Insurance	\$	monthly
Water	\$	monthly	Auto Insurance	\$	monthly
Security	\$	monthly	Taxes (property, etc.)	\$	monthly
Home maintenance	\$	monthly	Childcare	\$	monthly
Appliance repair	\$	monthly	Child Support (not deducted from your paycheck)	\$	monthly
Food (groceries)	\$	monthly	Alimony	\$	monthly
Clothing	\$	monthly	School lunches	\$	monthly
Laundry/dry cleaning	\$	monthly	School Supplies	\$	monthly
Makeup/toiletries	\$	monthly	Church Tithes	\$	monthly
Baby expenses	\$	monthly	Online Memberships: Example: Amazon Prime	\$	monthly
IRS Payments	\$	monthly	Home / Vehicle Warranties NOT included in monthly payment:	\$	monthly
Probation Payments:	\$	monthly	TV Streaming Service: <i>Example: Netflix, Google TV, Hulu, etc.</i>	\$	monthly
Amount Remaining:	\$				
Non-reimbursed business expenses:					
_____				\$	monthly
_____				\$	monthly
_____				\$	monthly
_____				\$	monthly

Does any of the **Non-Filing Family Members** have debts? YES NO

Type of Debt: <i>(Example: Credit Cards)</i>	Who Owes the Debt:	Monthly Payment:	Approximate Balance:



PLEASE DO NOT GO ANY FURTHER, CLAEYS, MCELROY-MAGRUDER & KITCHENS OFFICE STAFF WILL COMPLETE THE REMAINDER OF THE CONSULTATION PAPERS FOR YOU.

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 7a – ADJUSTED GROSS INCOME

Listed below is the **HOUSEHOLD INCOME**:

		Husband:	Wife:	Non-Filer:
Working Wages:	Estimated 2023:	\$ _____	\$ _____	\$ _____
	2022:	\$ _____	\$ _____	\$ _____
	2021:	\$ _____	\$ _____	\$ _____
Retirement:	Estimated 2023:	\$ _____	\$ _____	\$ _____
	2022:	\$ _____	\$ _____	\$ _____
	2021:	\$ _____	\$ _____	\$ _____
Rental Income:	Estimated 2023:	\$ _____	\$ _____	\$ _____
	2022:	\$ _____	\$ _____	\$ _____
	2021:	\$ _____	\$ _____	\$ _____
Interest / Dividends:	Estimated 2023:	\$ _____	\$ _____	\$ _____
	2022:	\$ _____	\$ _____	\$ _____
	2021:	\$ _____	\$ _____	\$ _____
Unemployment:	Estimated 2023:	\$ _____	\$ _____	\$ _____
	2022:	\$ _____	\$ _____	\$ _____
	2021:	\$ _____	\$ _____	\$ _____
Child Support:	Estimated 2023:	\$ _____	\$ _____	\$ _____
	2022:	\$ _____	\$ _____	\$ _____
	2021:	\$ _____	\$ _____	\$ _____
Social Security:	Estimated 2023:	\$ _____	\$ _____	\$ _____
	2022:	\$ _____	\$ _____	\$ _____
	2021:	\$ _____	\$ _____	\$ _____
Pension:	Estimated 2023:	\$ _____	\$ _____	\$ _____
	2022:	\$ _____	\$ _____	\$ _____
	2021:	\$ _____	\$ _____	\$ _____
Food Stamps:	Estimated 2023:	\$ _____	\$ _____	\$ _____
	2022:	\$ _____	\$ _____	\$ _____
	2021:	\$ _____	\$ _____	\$ _____
Business Income:	Estimated 2023:	\$ _____	\$ _____	\$ _____
	2022:	\$ _____	\$ _____	\$ _____
	2021:	\$ _____	\$ _____	\$ _____
Prorated Tax Refund:				
	2022:	\$ _____	\$ _____	\$ _____

SECTION 7b - EMPLOYMENT INFORMATION

DEBTOR #1:

Receives Social Security/ Retirement

EMPLOYER: _____

PAYROLL ADDRESS: _____

POSITION: _____

TIME AT JOB: _____ years _____ months

HOURLY WAGE: \$ _____

HOW OFTEN PAID? _____

YEAR TO DATE: \$ _____

DEBTOR #2:

Receives Social Security/ Retirement

EMPLOYER: _____

PAYROLL ADDRESS: _____

POSITION: _____

TIME AT JOB: _____ years _____ months

HOURLY WAGE: \$ _____

HOW OFTEN PAID? _____

YEAR TO DATE: \$ _____

SECTION 7c - CURRENT INCOME

	DEBTOR #1:	DEBTOR #2:	NON-FILER:
CURRENT MONTHLY GROSS	\$	\$	\$
PAYROLL TAXES	\$	\$	\$
INSURANCE	\$	\$	\$
UNION DUES	\$	\$	\$
RETIREMENT LOAN	\$	\$	\$
RETIREMENT	\$	\$	\$
OTHER DEDUCTIONS: <i>Explain:</i> _____	\$	\$	\$
NET INCOME	\$	\$	\$
BUSINESS/FARM/ETC	\$	\$	\$
RENTAL INCOME	\$	\$	\$
INTEREST/DIVIDENDS	\$	\$	\$
CHILD SUPPORT OR ALIMONY PAYMENTS	\$	\$	\$
SOCIAL SECURITY	\$	\$	\$
PENSION / RETIREMENT	\$	\$	\$
PRORATED TAX REFUND	\$	\$	\$
FOOD STAMPS / GOV'T ASSISTANCE	\$	\$	\$
OTHER INCOME: <i>Explain:</i> _____		\$	
TOTAL HOUSEHOLD INCOME		\$	

How was Schedule I Calculated: _____

SECTION 7d - PREVIOUS SIX MONTHS

	DEBTOR #1:	DEBTOR #2:	NON-FILER:
January 20_____	\$	\$	\$
February 20_____	\$	\$	\$
March 20_____	\$	\$	\$
April 20_____	\$	\$	\$
May 20_____	\$	\$	\$
June 20_____	\$	\$	\$
July 20_____	\$	\$	\$
August 20_____	\$	\$	\$
September 20_____	\$	\$	\$
October 20_____	\$	\$	\$
November 20_____	\$	\$	\$
December 20_____	\$	\$	\$
Prorated Tax Refund:	\$	\$	\$
Food Stamps:	\$	\$	\$
Other Income: _____	\$	\$	\$
Other Income: _____	\$	\$	\$
Other Income: _____	\$	\$	\$
Total:	\$	\$	\$

ANY OTHER INFORMATION NEEDED FOR MEANS TEST: