

LAW OFFICES

WARD AND SPIRES

A Professional Service L.L.C.

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WARDSPIRES.COM

Reply to:

PO Box 1493

Augusta, Georgia 30903

D. Clay Ward
Joseph E. Spires

Date _____ Social Security No: _____

Name: _____ Date of Birth: _____

Please list all other names you have used in the last 6 years: _____

Cell # _____ Home # _____

Alternative # _____ Work # _____

Email Address: _____ County of Residence: _____

Residential Address: _____ Mailing Address (if different): _____

How long have you resided at the above address: _____

If less than two years, please list previous address(es):

Marital Status: ___ Married ___ Single ___ Divorced ___ Widowed ___ Separated

Spouse's Name: _____ SS#: _____

Spouse's Address: _____ DOB: _____

Street

City/State

Zip

County of Residence: _____

FOR ATTORNEY USE ONLY

Chapter 7 _____ Chapter 13 _____ Joint Petition: Yes No

Attorney Fee \$ _____ + Filing Fee \$ _____ = \$ _____

Deposits: _____ Start \$ _____ Installment Payments:

Sign \$ _____ \$ _____ due _____

Total Down: \$ _____ \$ _____ due _____

\$ _____ due _____

How did you hear about us? _____

Have you or your spouse **filed bankruptcy before**? YES ____ NO ____ If Yes Answer Following:

Date(s) of Previous Bankruptcy: _____

Where was the case(s) filed: _____ Discharged: Yes ___ No ___

Have you ever been or are you presently involved in a lawsuit? (example: garnishment, foreclosure, repossession, personal injury) Case Name (parties): _____

Case No: _____ Court and County of Case Filing: _____

Status (pending, judgment, dismissed): _____ Garnishment: Yes ___ No ___

Has any of your property been returned, repossessed or foreclosed upon? Please give details as to the property and date of foreclosure, repossession and return. (You may attach copies of the paperwork if you have it.)

Has your income or bank account been garnished? Please provide case number, county, court, garnishor and any other details. (You may attach copies of the paperwork if you have it.) _____

Have you made any executory contracts, unexpired leases or timeshares? If yes, please provide the name, address, telephone number and the nature of the interest for each contract or lease. _____

Please give any additional information below regarding any significant gifts or contributions you have received, any losses you have incurred, transfers, receiverships, assignments, setoffs, property held for another or any other information which may affect your bankruptcy case. (For example: losses from fire, theft or gambling.) _____

Have you filed and paid your Income Tax Returns for all previous years? If not, please indicate which years tax returns have not been filed or paid.

Federal: Years not filed: _____ Yrs. Owing: _____ Amount Owed: _____

State: Years not filed: _____ Yrs. Owing: _____ Amount Owed: _____

Do you have any outstanding student loans? Yes ___ No ___ If yes:

Who do you owe: _____ Date of Loans: _____

How Much: _____ Deferred: Yes ___ No ___

Are you expected to inherit any property (personalty or real estate) within the next year? Yes ___ No ___

Have your ever inherited any property in your lifetime. Yes ___ No ___

If Yes to either, describe property: _____

ASSETS

Please list your estimate of the values of the following items and indicate if there is more than one of each item. The values should reflect what you would purchase the item for at a yard sale.

Household goods:

Television	\$ _____	Living Room Furniture	\$ _____
Refrigerator	\$ _____	Bedroom Suite	\$ _____
Dishwasher	\$ _____	Kitchen Furniture	\$ _____
Stove	\$ _____	Den Furniture	\$ _____
Dryer	\$ _____	Air Conditioner	\$ _____
Washer	\$ _____	Heater	\$ _____
Stereo	\$ _____	VCR or DVD	\$ _____

Finance Companies:

Name: _____ Amount owing: _____ Date of Last Loan: _____

Collateral: _____

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Collateral: _____

Name: _____ Amount owing: _____ Date of Last Loan: _____

Collateral: _____

Name: _____ Amount owing: _____ Date of Last Loan: _____

Collateral: _____

Automobile and Mobile Homes:

Year & Make _____ Fair Market Value \$ _____

Bank or Finance Company holding Title: _____ Amount Owing \$ _____

Co-Debtors (Joint account): _____ Arrearage Y() N() _____

Vehicle Condition: Excellent (), Good (), Fair (), Poor (), Not running ()

Year & Make _____ Fair Market Value \$ _____

Bank or Finance Company holding Title: _____ Amount Owing \$ _____

Co-Debtors (Joint account): _____ Arrearage Y() N() _____

Vehicle Condition: Excellent (), Good (), Fair (), Poor (), Not running ()

Year & Make _____ Fair Market Value \$ _____

Bank or Finance Company holding Title: _____ Amount Owning \$ _____

Co-Debtors (Joint account): _____ Arrearage Y() N() _____

Vehicle Condition: Excellent (), Good (), Fair (), Poor (), Not running ()

Real Estate:

Property location and acreage: _____

Tax Value \$ _____ Joint ownership Y() N(), If Y list name: _____

	<u>Company</u>	<u>Amount Owed</u>	<u>Arrearage</u>
1st Mortgage	_____	_____	_____
2nd Mortgage	_____	_____	_____
3rd Mortgage	_____	_____	_____

Property location and acreage: _____

Tax Value \$ _____ Joint ownership Y() N(), If Y list name: _____

	<u>Company</u>	<u>Amount Owed</u>	<u>Arrearage</u>
1st Mortgage	_____	_____	_____
2nd Mortgage	_____	_____	_____
3rd Mortgage	_____	_____	_____

Property location and acreage: _____

Tax Value \$ _____ Joint ownership Y() N(), If Y list name: _____

	<u>Company</u>	<u>Amount Owed</u>	<u>Arrearage</u>
1st Mortgage	_____	_____	_____
2nd Mortgage	_____	_____	_____
3rd Mortgage	_____	_____	_____

CASH ON HAND/CHECKING & SAVINGS ACCOUNT INFORMATION:

Cash on hand \$ _____

Checking and Savings Accounts:

<u>BANK</u>	<u>TYPE</u>	<u>BALANCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Security Deposits with Utility Companies, Landlords, etc.: _____

Estimated value of computers, jewelry, video, photo or stereo equipment, valuable guns, and collections:

Retirement plans, IRA's, stocks, bonds, annuities or cash value in insurance policies:

Boats, horse trailers, aircraft, etc. _____

Machines such as farm or office equipment:

Does anyone owe you any money over \$400.00: Yes No

Are you expecting a tax refund this year? Yes No

How much tax refund do you expect to receive? \$ _____

INCOME

Where are you employed? Please state the employer's name, address, your job title and length of employment. _____

Where is your spouse employed? Please state the employer's address, your job title and length of employment. _____

Do you anticipate any substantial change in your income within the next six months? Please explain:

Briefly state what caused your financial problems which led to this bankruptcy. _____

List all dependents living with you whose expenses are included in your monthly budget:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Please list your gross income for this year, last year and the previous year:

Husband

Wife

This year 20 _____
Name of Employer: _____
Amount: \$ _____

This year 20 _____
Name of Employer: _____
Amount: \$ _____

Last year 20 _____
Name of Employer: _____
Amount: \$ _____

Last year 20 _____
Name of Employer: _____
Amount: \$ _____

Previous year 20 _____
Name of Employer: _____
Amount: \$ _____

Previous year 20 _____
Name of Employer: _____
Amount: \$ _____

ATTORNEY NOTES

How often are you paid? (Attach a copy of pay stub if you have it.)

Husband: Monthly Semi-monthly Bi-weekly Weekly
Wife: Monthly Semi-monthly Bi-weekly Weekly

What is your gross pay per period (before taxes)?

Husband \$ _____ Wife \$ _____

Please list all deductions per pay period:

	Husband	Wife
Payroll taxes and Social Security:	\$ _____	\$ _____
Insurance deduction:	\$ _____	\$ _____
Union dues:	\$ _____	\$ _____
Other deductions:	\$ _____	\$ _____

NET AMOUNT PER PAY PERIOD: \$ _____ \$ _____

MONTHLY TAKE HOME PAY: \$ _____ \$ _____

ADDITIONAL INCOME:

Pension or retirement:	\$ _____	\$ _____
Spousal support received:	\$ _____	\$ _____
Child support/AFDC received:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Government assistance/food stamps:	\$ _____	\$ _____
Part-time job (roommate's income, etc...)	\$ _____	\$ _____

TOTAL MONTHLY INCOME: \$ _____ \$ _____

EXPENSES

Rent/Mortgage Payment	\$ _____
Second Mortgage Payment	\$ _____
Are real estate taxes included: Yes No Is property insurance included: Yes No	
Car Payment #1	\$ _____
Car Payment #2	\$ _____
Home Repairs	\$ _____
Electricity/Gas	\$ _____
Water & Sewage	\$ _____
Telephone	\$ _____
Garbage	\$ _____
Security	\$ _____
Cable	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry and Dry Cleaning	\$ _____
Medical and Dental Expenses	\$ _____
Transportation (such as bus fare, cab fare, gas)	\$ _____
Insurance:	
Homeowner's or Renter's Insurance	\$ _____
Life Insurance (not deducted from paycheck)	\$ _____
Health (not deducted from paycheck)	\$ _____
Auto Insurance	\$ _____
Taxes (such as property taxes)	\$ _____
Car Tags	\$ _____
Other installment payments (such as furniture)	\$ _____
Payments for support of additional dependents not living in your home	\$ _____
Alimony payments (not deducted from paycheck)	\$ _____
Child Support Payments (not deducted from paycheck)	\$ _____
Charitable Contributions (Church, American Cancer Society, etc...).....	\$ _____
Day Care/Baby-sitting	\$ _____
Recreation/Entertainment	\$ _____
IRS Payments	\$ _____
Probation Fees	\$ _____
Student Loans	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____
TOTAL MONTHLY INCOME:	\$ _____
EXCESS:	\$ _____

