

CLARK & WASHINGTON, P.C.

BANKRUPTCY ATTORNEYS

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www.CW13.com

CLIENT WORKSHEET

We are happy to offer you a free consultation regarding debt relief. In order to serve you better, you need to provide a complete list of ALL of your creditors. Please list any and all debts, including but not limited to auto loans, mortgages, taxes, child support and alimony, property settlement, cosigned debts, student loans, credit cards, medical bills, etc. Once we know about all of your debts, we can give you informed advice about how to deal with them. Please answer the questions below as completely and accurately as possible – any information you provide which is used in a bankruptcy filing may be subject to an audit by the United States Trustee. If you are married, please complete the section for your spouse, as well, even though only one of you might be filing. Thank you.

TODAY'S DATE: _____

FULL NAME: _____

First

Middle

Last

OTHER NAMES USED

IN PAST 8 YEARS: _____

SOC. SEC. # _____ DATE OF BIRTH: _____

MARITAL STATUS: ___ single; ___ married; ___ divorced; ___ widow; ___ separated

STREET ADDRESS: _____

COUNTY OF

RESIDENCE: _____

MAILING ADDRESS

IF DIFFERENT: _____

HAVE YOU MOVED TO GEORGIA IN THE LAST 2 YEARS? ___ YES; ___ NO

HAVE YOU EVER FILED FOR BANKRUPTCY? ___ YES; ___ NO.

HOME PHONE: () _____; CELL PHONE: () _____

WORK PHONE: () _____; E-MAIL: _____

EMPLOYER'S NAME: _____

PAYROLL ADDRESS: _____

HOW LONG AT THIS JOB? _____ JOB TITLE: _____

PAY PERIOD: ___ WEEKLY; ___ BI-WEEKLY; ___ SEMI-MONTHLY; ___ MONTHLY

GROSS INCOME (BEFORE DEDUCTIONS) PER PAY PERIOD: _____

TAKE HOME (AFTER DEDUCTIONS) PER PAY PERIOD: _____

OTHER REGULAR INCOME (MONTHLY AVERAGE): _____

SOURCE(S) OF OTHER INCOME: _____

PAYROLL DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY:

___ RETIREMENT; ___ RETIREMENT LOANS; ___ INSURANCE; ___ UNIFORMS

___ CHILD SUPPORT; ___ UNION DUES; ___ TOOLS; ___ MEALS; ___ LOANS

WHAT WAS YOUR TOTAL GROSS INCOME FROM ALL SOURCES DURING THE PAST SIX (6) MONTHS? _____

WHAT WAS YOUR SPOUSE'S TOTAL GROSS INCOME FROM ALL SOURCES DURING THE PAST SIX (6) MONTHS? _____

	<u>TOTAL INCOME</u> <u>YEAR-TO-DATE</u>	<u>TOTAL INCOME</u> <u>LAST YEAR</u>	<u>TOTAL INCOME</u> <u>2 YEARS AGO</u>
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SELF: _____

SPOUSE: _____

DID YOU FILE ALL TAX RETURNS FOR THE PAST 4 YEARS? ___ Yes; ___ No.

DO YOU OWN ANY INTEREST IN AN EDUCATION INDIVIDUAL RETIREMENT ACCOUNT OR A QUALIFIED STATE TUITION PROGRAM? ___ YES; ___ NO

DEPENDENTS:

RELATIONSHIP: _____ AGE: _____

RELATIONSHIP: _____ AGE: _____

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PAYROLL DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITRY:

___ RETIREMENT; ___ RETIREMENT LOANS; ___ INSURANCE; ___ UNIFORMS
___ CHILD SUPPORT; ___ UNION DUES; ___ TOOLS; ___ MEALS; ___ LOANS

DID YOU FILE ALL TAX RETURNS FOR THE PAST 4 YEARS? ___ Yes; ___ No.

DO YOU OWN ANY INTEREST IN AN EDUCATION INDIVIDUAL RETIREMENT ACCOUNT OR A QUALIFIED STATE TUITION PROGRAM? ___ YES; ___ NO

DEPENDENTS (IF DIFFERENT THAN THOSE LISTED ABOVE):

RELATIONSHIP: _____ AGE: _____
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Again, it is important that you list all of your debts in the attached sheets. If your list is partially complete, then the information you will receive will be partially correct. Please return this form to our receptionist when you have completed it and an attorney will meet with you shortly thereafter. Thank you for choosing Clark & Washington, P.C.

PLEASE COMPLETE THE FOLLOWING LIST OF CREDITORS IN FULL. ANY MISSING INFORMATION MAY RESULT IN ADDITIONAL COST IN THE FUTURE.

Name & address & Address _____ _____ _____		Collateral/Type of debt	Balance Owed _____ Cosi gned Y or N
		Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Schedule: D,E,F (for office use only)
Phone #: _____		Acct. #: _____	
Name & address & Address _____ _____ _____		Collateral/Type of debt	Balance Owed _____ Cosi gned Y or N
		Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Schedule: D,E,F (for office use only)
Phone #: _____		Acct. #: _____	
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Phone #: _____		Acct. #: _____	
Name & address & Address _____ _____ _____		Collateral/Type of debt	Balance Owed _____ Cosi gned Y or N
		Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Schedule: D,E,F (for office use only)
Phone #: _____		Acct. #: _____	
Name & address & Address _____ _____ _____		Collateral/Type of debt	Balance Owed _____ Cosi gned Y or N
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Phone #: _____		Acct. #: _____	

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	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	
Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	
Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
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