

CLARK & WASHINGTON, P.C.

(404) 522-2222

(770) 220-0685 - (770) 508-0107(Telefax)

www.cw13.com

CLIENT INFORMATION WORKSHEET

WE ARE HAPPY TO OFFER YOU A **FREE CONSULTATION** REGARDING DEBT RELIEF. IN ORDER TO SERVE YOU BETTER, WE NEED YOU TO LIST **ALL** OF YOUR CREDITORS. YOU MUST LIST ANY AND **ALL** DEBTS INCLUDING **AUTO LOANS, MORTGAGES, TAXES, CHILD SUPPORT, COSIGNED DEBTS, ETC.** ONCE WE KNOW ABOUT **ALL** OF YOUR DEBTS; WE THEN CAN EXPLAIN TO YOU HOW THEY CAN BE TREATED.

NOTE: IF YOU ARE MARRIED, PLEASE FILL OUT ALL OF THE INFORMATION FOR BOTH SPOUSES (EVEN IF SPOUSE IS NOT FILING)

TODAY'S DATE: _____

FULL NAME (S): _____
First Middle Last Name

ARE YOU KNOWN BY ANY OTHER NAMES? _____

SOCIAL SECURITY # _____ **DATE OF BIRTH:** _____

MARITAL STATUS: Married Single Divorced Widow Separated

COMPLETE STREET ADDRESS: _____
Street Address

_____ **COUNTY:** _____
City State Zip Code COUNTY OF RESIDENCE

MAILING ADDRESS: _____

HOME PHONE #: () _____ **CELL/PAGER#:** () _____

WORK PHONE #: () _____ **E-MAIL ADDRESS:** _____

EMPLOYER'S NAME: _____

PAYROLL ADDRESS: _____
Street Address

_____ _____ _____
City State Zip Code

LENGTH OF EMPLOYMENT: _____ **JOB TITLE:** _____

DEPENDENTS RELATIONSHIPS AND AGES:

1. Relation: _____ Age: ____; 2. Relation: _____ Age: _____
3. Relation: _____ Age: ____; 4. Relation: _____ Age: _____
5. Relation: _____ Age: ____; 6. Relation: _____ Age: _____

HOW OFTEN DO YOU GET PAID? WEEKLY BI-WEEKLY SEMI MONTHLY MONTHLY

INCOME PER PAY CHECK BEFORE DEDUCTIONS (INCLUDING OVER TIME PAY): \$ _____

AMOUNT OF TAKE HOME PAY PER PAY CHECK: \$ _____

OTHER INCOME (PLEASE SPECIFY FROM WHERE & HOW MUCH MONTHLY): \$ _____

CHECK ANY DEDUCTIONS FROM YOUR PAY(PLEASE SPECIFY BELOW):

401(K); RETIREMENT PLAN; CHILD SUPPORT; UNION DUES; UNIFORMS

**IF YOU ARE MARRIED (EVEN IF YOUR SPOUSE IS NOT FILING),
PLEASE COMPLETE THE SPOUSE'S INFORMATION BELOW:**

FULL NAME (S): _____
First Middle Last Name

ARE YOU KNOWN BY ANY OTHER NAMES? _____;

SOCIAL SECURITY # _____ DATE OF BIRTH: _____

COMPLETE STREET ADDRESS: _____
Street Address

City State Zip Code COUNTY: _____
COUNTY OF RESIDENCE

MAILING ADDRESS: _____

HOME PHONE #: () _____ CELL/PAGER#: () _____

WORK PHONE #: () _____ E-MAIL ADDRESS: _____

EMPLOYER'S NAME: _____

PAYROLL ADDRESS _____
Street Address

City State Zip Code

LENGTH OF EMPLOYMENT: _____ JOB TITLE: _____

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INCOME PER PAY CHECK BEFORE DEDUCTIONS (INCLUDING OVER TIME PAY): \$ _____

AMOUNT OF TAKE HOME PAY PER PAY CHECK: \$ _____

OTHER INCOME: (PLEASE SPECIFY FROM WHERE & HOW MUCH MONTHLY): \$ _____

CHECK ANY DEDUCTIONS FROM YOUR PAY:

401(K); RETIREMENT PLAN; CHILD SUPPORT; UNION DUES; UNIFORMS

	<u>ESTIMATED TOTAL INCOME SO FAR THIS YEAR</u>	<u>TOTAL INCOME LAST YEAR</u>	<u>TOTAL INCOME YR. BEFOR LAST</u>
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(SELF/HUSBAND) _____

(SPOUSE/WIFE) _____

HAVE YOU RECENTLY MOVED TO GEORGIA? Yes No, If Yes, When? _____

HAVE YOU FILED BANKRUPTCY BEFORE? Yes No

If Yes, When? _____ Where? _____

Case No(s). _____; _____. Chapter 7 Chapter 13

Has your Spouse filed Bankruptcy before? Yes No

If Yes, When? _____ Where? _____

Case No(s). _____; _____. Chapter 7 Chapter 13

Are any of the cases listed above still open? Yes No

HOW DID YOU HEAR ABOUT US?

Mail advertisement; Yellow Pages; TV/Radio;

News paper; Web Site; Personal referral, WHO?: _____

Other, Please Specify _____; Previous client

Again, please list all of your debts. If your list is partially complete, then the information received in your consultation will be partially correct! Thank you for choosing Clark & Washington, P.C. Please return this form to our receptionist when completed and an attorney will be with you shortly.

Please complete the following list of creditors in full. Any missing information may result additional cost in the future.

Creditor's Name & address _____ _____	Collateral	Balance Owed
Phone #: _____ Acct. #: _____	Mthly. Pymt. _____ # Mths. Behind: _____ Collateral value: _____	Schedule: D, E, F (For office use only)

Creditor's Name & address _____ _____	Collateral	Balance Owed
Phone #: _____ Acct. #: _____	Mthly. Pymt. _____ # Mths. Behind: _____ Collateral value: _____	Schedule: D, E, F (For office use only)

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