

KELLEY & JOHNSON, LLC

**ATTORNEYS AT LAW
207 EAST FOURTH STREET
P. O. DRAWER 7766
TIFTON, GEORGIA 31793**

TELEPHONE: (229) 382-2421

FAX: (229) 382-9782

DARROW LYNN KELLEY

dikelley@kelleylawfirm.com

NATHAN C. JOHNSON

johnson@kelleylawfirm.com

Date _____

Your Name: _____, Sr., Jr., II, III
First Name Middle Initial Last Name

Nickname / Name You Prefer to be Called : _____

Social Security No.: _____ Date of Birth: _____

Please list all other names you have used in the last 8 years (AKA, FKA, DBA):

Marital Status: Married Single Divorced Widowed Separated

Spouse's Name: _____, Sr., Jr., II, III
(If Applicable) First Name Middle Initial Last Name

Nickname / Name You Prefer to be Called : _____

Social Security No.: _____ Date of Birth: _____

Please list all other names you have used in the last 8 years (AKA, FKA, DBA):

County of Residence: _____

Residential Address:

Mailing Address: (If Different From Residential)

Street _____

Street _____

City/State _____ Zip _____

City/State _____ Zip _____

Home # _____ Cell # _____

Work # _____ Spouse's Cell # _____

Spouse's Work # _____

E-Mail Address: _____

Spouse's Address (If Different): _____
Street City/State/Zip

How long have you resided at the above address: _____

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

(For Attorney Use Only)

Chapter 7 _____

Chapter 13 _____

Joint: Yes No

Spouse in for Intake:
Yes No

Signing Date: _____

Signing Time: _____

Attorney: _____

Special Instructions:
Yes No

How did you hear about us? (check all that apply)

TV Internet Referral from Family Member Referral from Previous Client
Referral from Attorney Other _____

Have you or your spouse filed bankruptcy before? **Yes** **No**

If yes: Location: _____ Case No.: _____
Date filed: _____ Chapter: _____

(The filing of prior cases may affect your eligibility to file a Bankruptcy Case)

Have you filed your state and federal tax returns for **ALL** previous years? **Yes** **No**

If not, please provide the years for which **NO** return was filed. _____

Do you owe taxes for previous years? If so, please state the year and the amount. (Unless bills are available for review by attorney)

Do you owe any domestic support obligations (Alimony / Child Support)? **Yes** **No**

If Yes, please identify the person to whom the obligation is owed _____

Is there any past due amount owing? **Yes** **No**

Has anyone co-signed a loan for you or have you co-signed a loan for another person or persons? **Yes** **No**

If yes, give the name and address of the co-signer and the name and address of the creditor.

Co-signer(s): _____

Creditor(s): _____

List any payments (other than mortgage payments or automobile payments), in excess of \$1000.00, made to creditors or family members within the last 3 months.

<u>Amount</u>	<u>Creditor / Family Member</u>	<u>Balance</u>

Have you ever been or are you presently involved in a lawsuit? **Yes** **No**

(example: divorce, garnishment, foreclosure, repossession, personal injury, debt collection)

Are your wages or bank account currently subject to garnishment? **Yes** **No**

Please provide case number, county, court, garnishee and any other details.

(OVER)

Has any of your property, including land, mobile homes or automobiles been voluntarily returned, repossessed or foreclosed upon in the last three years? Please give details as to the property and date of foreclosure, repossession and voluntary return. **(Or you may provide copies of the paperwork if you have it.)**

Please give any additional information below regarding any significant gifts or contributions you have **given or 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 closed any bank accounts or credit union accounts within the last twelve months? **Yes** **No**

<u>Name and address of financial institution</u>	<u>Type of Account and final balance</u>	<u>Amount and date of sale or closing of account</u>
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Have you sold or transferred anything out of your name in the last six years? If so, please list. (The sale or transfer of land, mobile homes, boats, motorcycles and other valuable assets **may have to be disclosed** to the court)

Do you have the right to bring a lawsuit against anyone else? (Examples would be an automobile accident, a slip and fall, an employment claim, a suit on a contract, a property dispute). If you do not list the claim here, even if it is disputed by the other party, it is possible that a future court will prevent you from bringing the claim later.

Do you have any outstanding student loans? **Yes** **No**

(OVER)

ASSETS

Please check items that you own and list **your estimate**, we suggest that you use "yard sale" values of the following items. Please indicate if there is more than one of each item on the space provided.

Household Goods:

Television	# _____	\$ _____	*Please specify dimensions _____
Refrigerator	# _____	\$ _____	
Dishwasher	# _____	\$ _____	
Stove	# _____	\$ _____	
Washer	# _____	\$ _____	
Dryer	# _____	\$ _____	
Vacuum Cleaner	# _____	\$ _____	
Computer and Accessories	# _____	\$ _____	*Please specify what type _____
VCR	# _____	\$ _____	
DVD	# _____	\$ _____	
DVD Collection	# _____	\$ _____	
Video Stations and Games	# _____	\$ _____	
Stereo	# _____	\$ _____	
CD Player	# _____	\$ _____	
CD Collection	# _____	\$ _____	
Dining Room Suite	# _____	\$ _____	
Living Room Suite	# _____	\$ _____	
Bedroom Suite	# _____	\$ _____	
Microwave	# _____	\$ _____	

Non - Household Goods:

Sporting Goods And Fitness Equipment	# _____	\$ _____	*Please list _____
Fishing Equipment	# _____	\$ _____	*Please list _____
Original Artwork Collections or Collectibles (Coin, Stamp, Baseball Cards)	# _____	\$ _____	*Please list _____ *Please specify what type _____
Riding Lawn Mower	# _____	\$ _____	*Please specify what type _____
Push Lawn Mower	# _____	\$ _____	*Please specify what type _____
Utility Trailer(s)	# _____	\$ _____	*Please specify dimensions _____
Power Tools	# _____	\$ _____	*Please list _____
Firearms	# _____	\$ _____	*Please specify manufacturer and whether it is a handgun, rifle or shotgun _____
Hobby Craft (ATVs, Jet Skis)	# _____	\$ _____	*Please specify year, make and model _____
Wedding Rings	# _____	\$ _____	Please Specify _____
Jewelry other than wedding rings (Worth more than \$750.00)	# _____	\$ _____	

(OVER)

All Automobiles Registered in Your Name (even if not operable or not in your immediate possession)

(please provide insurance cards on all automobiles, if available):

1. Year _____ Make/Model _____ Mileage _____
Condition (Please Circle) Excellent Good Fair Poor Fair Market Value \$ _____

2. Year _____ Make/Model _____ Mileage _____
Condition (Please Circle) Excellent Good Fair Poor Fair Market Value \$ _____

3. Year _____ Make/Model _____ Mileage _____
Condition (Please Circle) Excellent Good Fair Poor Fair Market Value \$ _____

Mobile Homes:

1. Year _____ Make/Model _____ Dimensions _____
Location if other than Residential Address: _____ Fair Market Value \$ _____

Residential Real Estate, Rental Property, Farm or Land:

Please identify all property owned by you including location and acreage:

1. _____
2. _____
Fair Market Value for Property #1 \$ _____
Fair Market Value for Property #2 \$ _____

For Attorney Use Only:

Purchase Price: \$ _____ Date of Purchase: _____
Tax Assessment: \$ _____ Year of Assessment: _____
Debtor Estimate: \$ _____
Private Appraisal: \$ _____ Date of Appraisal: _____

Who holds the mortgage on the property:

	<u>Company</u>	<u>Estimated Amount Owed</u>
1st Mortgage	_____	\$ _____
2nd Mortgage	_____	\$ _____
3rd Mortgage	_____	\$ _____

Time Shares:

Location: _____ Week(s) _____
Mortgage Holder: _____ Estimated Amt Owed \$ _____

(OVER)

CASH ON HAND/CHECKING, SAVINGS & CERTIFICATES OF DEPOSIT ACCOUNT

INFORMATION:

Cash on hand \$ _____

Checking and Savings Accounts: (i.e. Wachovia, Bank of America, Regions Bank, SRP Federal Credit Union, Health Center Credit Union, etc.):

(*If you also have loans or credit cards with any of these institutions, notify the Attorney)

<u>Bank or Credit Union</u>	<u>Type</u>	<u>Average Balance</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Certificates of Deposit Accounts: (i.e. Wachovia, Bank of America, Regions Bank, SRP Federal Credit Union, Health Center Credit Union, etc.):

(*If you also have loans or credit cards with any of these institutions, notify the Attorney)

<u>Bank or Credit Union</u>	<u>Balance</u>
_____	\$ _____
_____	\$ _____

Safe Deposit Box:

<u>Bank or Credit Union</u>	<u>Contents</u>
_____	_____

Security Deposits with Utility Companies, Landlords, etc.:

Landlord / Apartment Complex: Name: _____ \$ _____

Utility Company: Name(s): _____ \$ _____

Boats, Boat Motors and Boat Trailers:

Year, Make and Size of Boat: _____ Fair Market Value \$ _____

Please specify Make and Horse Power of Motor: _____ Fair Market Value \$ _____

Please list any office equipment or farm equipment for business or commercial purposes: _____

Please list any registered and non-registered animals / pets (breed and gender): _____

(OVER)

INSURANCE INFORMATION:

Do you have any of the following? Please check ALL that apply.

(*If you also have outstanding loans with any of these, notify the Attorney)

<u>Type of Policy</u>	<u>Name of Provider</u>	<u>Face Value</u>	<u>Cash Surrender Value</u>
_____ Term Life Policy (H)	_____	\$ _____	\$ _____
_____ Term Life Policy (W)	_____	\$ _____	\$ _____
_____ Whole Life Policy (H)	_____	\$ _____	\$ _____
_____ Whole Life Policy (W)	_____	\$ _____	\$ _____

RETIREMENT INFORMATION:

Do you have any of the following? Please check ALL that apply.

(*If you also have outstanding loans with any of these, notify the Attorney)

<u>Type of Retirement</u>	<u>Name of Employer / Financial Institution</u>	<u>Estimated Balance</u>
_____ 401(k) Plan (H)	_____	\$ _____
_____ 401(k) Plan (W)	_____	\$ _____
_____ IRA (H)	_____	\$ _____
_____ IRA (W)	_____	\$ _____
_____ 403(B) / VALIC (H)	_____	\$ _____
_____ 403(B) / VALIC (W)	_____	\$ _____
_____ College Roth IRA	_____	\$ _____
_____ ESOP (Employee Stock Ownership Plan)	_____	\$ _____
_____ Profit Sharing/ Thrift Savings Plan	_____	\$ _____
_____ Private Employer Pension Plan	_____	\$ _____
_____ Local, State or Federal Retirement	_____	\$ _____

(OVER)

MONTHLY EXPENSES

INSTRUCTIONS: Complete the following by **ESTIMATING THE AVERAGE MONTHLY EXPENSES** for you and your family. Payments that are made other than monthly should be pro-rated to a monthly amount. If a joint filing is anticipated and if your spouse maintains a separate household, make a separate list of expenses for your spouse to the right of your list.

Rent/Mortgage Payment.....\$ _____

Second Mortgage Payment.....\$ _____

Are real estate taxes included: Yes No

Is property insurance included: Yes No

Land Payment.....\$ _____

Electricity/Gas.....\$ _____

Water & Sewage.....\$ _____

Telephone / Cell Phone.....\$ _____

Internet.....\$ _____

Garbage.....\$ _____

Security.....\$ _____

Cable.....\$ _____

Home Repairs.....\$ _____

Food.....\$ _____

Clothing.....\$ _____

Medical and Dental Expenses.....\$ _____

Transportation.....\$ _____

INSURANCE:

Homeowner's, Renter's or Mobile Home (not deducted from mortgage pmt.)...\$ _____

Life Insurance.....\$ _____

Health (not deducted from paycheck).....\$ _____

Auto.....\$ _____

Taxes (such as property taxes, car tags, mobile home tags).....\$ _____

Car Payment # 1.....\$ _____

Car Payment #2.....\$ _____

Other installment payments (such as furniture).....\$ _____

Child Support and/or Alimony payments (not deducted from paycheck).....\$ _____

Day Care/Baby-sitting.....\$ _____

IRS or Other Income Tax Payments.....\$ _____

Probation Fees.....\$ _____

Student Loans.....\$ _____

Personal Care Products.....\$ _____

Housekeeping Supplies.....\$ _____

Miscellaneous Expenses.....\$ _____

TOTAL MONTHLY EXPENSES:.....\$ _____

TOTAL MONTHLY INCOME:.....\$ _____

EXCESS:.....\$ _____

For Attorney Use Only

Tax Returns provided by Client

Gross income for this year, last year and the previous year:

Husband

This year (Income to date)
Name of Employer: _____
Amount: \$ _____

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

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

Wife

This year (Income to date)
Name of Employer: _____
Amount: \$ _____

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

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

GROSS PAY PER MONTH:

Husband \$ _____ Wife \$ _____

Deductions:

	Husband	Wife
Payroll taxes and Social Security:	\$ _____	\$ _____
Insurance deduction:	\$ _____	\$ _____
Retirement/Pension/401(k):	\$ _____	\$ _____
Retirement/Pension/401(k) Loan Repayment:	\$ _____	\$ _____
Other deductions (Specify): _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
MONTHLY NET:	\$ _____	\$ _____

ADDITIONAL INCOME:

Pension or retirement:	\$ _____	\$ _____
Spousal support received:	\$ _____	\$ _____
Child support/AFDC received:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Disability:	\$ _____	\$ _____
Government assistance/food stamps	\$ _____	\$ _____
Other monthly income (Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL MONTHLY INCOME:	\$ _____	\$ _____
TOTAL OF YOUR INCOME AND SPOUSE'S INCOME COMBINED		\$ _____