

CLIENT INFORMATION WORKSHEET

Welcome to *Chris Carouthers & Associates, LLC.*, and thank you for choosing us to assist you today. 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 can then explain to you how they can be treated.

DATE: _____

HOW DID YOU HEAR ABOUT US?

☐ Mail Advertisement; ☐ Yellow Pages; ☐ Web Site; ☐ Personal Referral, WHO? _____
☐ Newspaper; Other, Please Specify _____

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

YOUR FULL NAME: _____

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

SPOUSE'S FULL NAME: _____

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

OTHER NAMES USED IN LAST 6 YEARS? (YOU) _____

(SPOUSE) _____

MARITAL STATUS: ☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Separated

COMPLETE STREET ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

COUNTY _____

MAILING ADDRESS: _____

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

SPOUSE CELL () _____

WORK PHONE#: () _____ **EMAIL ADDRESS:** _____

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

HOW LONG HAVE YOU LIVED IN GEORGIA? _____ /Atty. Notes: _____

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

Do You Have Any JUDGMENTS Against You? Please List:

Creditor	Attorney Name & #	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

EMPLOYMENT INFORMATION

YOUR EMPLOYER'S NAME: _____

PAYROLL ADDRESS: _____
Street Address

City State Zip Code

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

HOW OFTEN DO YOU GET PAID? ☐ Weekly ☐ Bi-Weekly ☐ Semi Monthly ☐ Monthly

INCOME PER PAY CHECK BEFORE DEDUCTIONS ((Including over time pay): \$ _____

NET TAKE HOME PAY PER PAY CHECK: \$ _____

OTHER INCOME OR GOVERNMENT ASSISTANCE: (please specify from where & how much monthly):

\$ _____; (circle one) SSI Food Stamps, VA, Military, Pension, Unemployment, other: _____
(How much monthly) (PLEASE PROVIDE PROOF OF INCOME)

FAMILY/OTHER CONTRIBUTIONS \$ _____ **Name** _____

LIST ANY DEDUCTIONS FROM YOUR PAY AND HOW OFTEN (Weekly, Bi-Weekly, etc.)

Child Support: _____	Retirement: _____	Credit Union: _____
401(K) Loans: _____	Insurance: _____	Savings: _____
401(K) Ded.: _____	Union Dues: _____	Other: _____

SPOUSE EMPLOYER'S NAME: _____

PAYROLL ADDRESS: _____

Street Address

City

State

Zip Code

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

HOW OFTEN DO YOU GET PAID? ☐ Weekly ☐ Bi-Weekly ☐ Semi Monthly ☐ Monthly

INCOME PER PAY CHECK BEFORE DEDUCTIONS (including over-time pay): \$ _____

NET TAKE HOME PAY PER PAY CHECK: \$ _____

OTHER INCOME (please specify from where and how much monthly): \$ _____

LIST ANY DEDUCTIONS FROM YOUR PAY AND HOW OFTEN (Weekly, Bi-Weekly, etc.)

Child Support: _____	Retirement: _____	Credit Union: _____
401(K) Loans: _____	Insurance: _____	Savings: _____
401(K) Ded.: _____	Union Dues: _____	Other: _____

DEPENDENTS AGES & RELATIONSHIP:

- | | |
|------------------------------------|------------------------------------|
| 1. Age: _____; Relationship: _____ | 2. Age: _____; Relationship: _____ |
| 3. Age: _____; Relationship: _____ | 4. Age: _____; Relationship: _____ |
| 5. Age: _____; Relationship: _____ | 6. Age: _____; Relationship: _____ |

HOW MANY DEPENDENTS DO YOU CLAIM ON YOUR TAXES (including yourself)?: _____

DO YOU RECEIVE CHILD SUPPORT? _____ **IF YES, HOW MUCH MONTHLY?** _____

DO YOU PAY CHILD SUPPORT? _____ **IF YES, TO WHOM (NAME, ADDRESS & PHONE #):**

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

DESCRIPTION OF DEBT

Do You Have Any Co-signors on any debt? If so, who and which Creditor? _____

NOTE: If you do not OWN any REAL ESTATE (i.e. land, dirt, house, building, etc), skip to Section B.

A. REAL ESTATE / MORTGAGE Type: Joint _____ Husb _____ Wife _____ Other _____

HAVE YOU RECEIVED A FORECLOSURE NOTICE? Yes/ NO If so, what date? _____

Mortgage Company	Balance	Value	Amount Behind
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Monthly Mortgage Payments on PRIMARY RESIDENCE "OWNED" BY YOU:

1st Mortgage _____ 2nd Mortgage _____ 3rd Mortgage _____

Office Use: Equity In Property _____

"OWNED" RENTAL PROPERTY ADDRESSES

(1) _____
(2) _____
(3) _____

Monthly Mortgage Payments on Rental Property "Owned" By You:

1st. Rental _____ 2nd Rental _____ 3rd Rental _____

HOMEOWNERS ASSOCIATION

<u>Name and Address</u>	<u>Fee</u>	<u>Amount Behind</u>
_____	\$ _____ monthly/yearly	\$ _____
_____	(circle one)	

(Start Here If You Do Not Own Any Real Estate)

B. Credit Card Debt Only

Please state the **TOTAL** amount of **credit card** debt for:

You only _____; Your spouse only _____; Joint _____

C. Total Medical Debt: _____

D. Automobiles That You Have & Are Making Payments On (NOT REPOSESSIONS)
(Including co-signed autos or autos paid directly by others that are in your name)

Year, Make & Model	Pay-Off Amount	Finance Company	Purchase Date	Mthly. Pymt.	Interest Rate
1. _____	\$ _____	_____	_____	_____	_____
2. _____	\$ _____	_____	_____	_____	_____
3. _____	\$ _____	_____	_____	_____	_____
4. _____	\$ _____	_____	_____	_____	_____

If any of the vehicles are leases, please list: _____

Office Use Only, Please Skip:

Crdown	1	Value _____	Or _____	Look Up NADA	Surrender	1	2	3	4
	2	Value _____	Or _____	Look Up NADA	Pay Direct	1	2	3	4
	3	Value _____	Or _____	Look Up NADA	Vehicles driven, but owned by another _____				
	4	Value _____	Or _____	Look Up NADA	_____				

E. Repossessions (Involuntary or Voluntary)

Name of Company: _____	Amount Still Owed: \$ _____
Name of Company: _____	Amount Still Owed: \$ _____
Name of Company: _____	Amount Still Owed: \$ _____
Name of Company: _____	Amount Still Owed: \$ _____

F. Finance Companies (including personal loans, furniture companies, jewelry & electronics).

Name of Company	Amount	Collateral	Date Purch.	C/D Value
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

G. Tax Debt

IRS, State or Property	Amount	Tax Period	Date Return Filed
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Office Use Only: Total Amount of Secured/Priority Taxes _____
 Total Amount of Unsecured Taxes _____

H. Total Student Loan Amount Owed: _____ In Default ____ In Deferment ____

I. Back Child Support: \$ _____

J. Rent To Own Property:

Rental Company	Property Rented	Monthly Pymt.	Date Ends
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

K. Other Debt: Such as Old Bellsouth Bills, Old Utility Bills, Apartment Complexes, Old Cell Phone Bills, Unpaid Accounts, or Any Other Debts

Creditor	Type	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

OFFICE USE ONLY: CH. 13: PYMT _____ Atty. Fee _____ TT _____ % _____

CH. 7 FEE _____ Amount Needed to File _____

TOTAL SECURED _____ UNSECURED _____ PRIORITY _____

STUDENT LOANS _____

522 _____

GARN. _____

REPO _____

FORECLOSURE _____

Additional Notes _____
