

WRIGHT | JAMES, P.C.
Attorneys at Law

Bankruptcy Client Intake Form

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, retirement loans, etc.

TODAY'S DATE: _____

FULL NAME: _____

First

Middle

Last

**OTHER NAMES USED
IN PAST 8 YEARS:** _____

HOW DID YOU HEAR ABOUT US?

Mail Advertisement Yellow Pages Sign Former Client
 Referral Website CCCS Other

SOC. SEC. # _____ **DATE OF BIRTH:** _____

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

STREET ADDRESS: _____

**COUNTY OF
RESIDENCE:** _____

**MAILING ADDRESS
IF DIFFERENT:** _____

DID YOU MOVE 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: _____

DO YOU REGULARLY RECEIVE PAYSTUBS OR OTHER EVIDENCE OF YOUR WAGES FROM YOUR EMPLOYER? ___ Yes; ___ No; ___ N/A

PAY

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

Are you paid Hourly? _____ Or Salary Paid? _____

GROSS INCOME (BEFORE DEDUCTIONS) PER PAY PERIOD: _____

TAKE HOME (AFTER DEDUCTIONS) PER PAY PERIOD: _____

PAYROLL DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY:

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

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

OTHER REGULAR INCOME (MONTHLY AVERAGE): _____

SOURCE(S) OF OTHER INCOME: _____

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 THIS YEAR</u>	<u>TOTAL INCOME LAST YEAR</u>	<u>TOTAL INCOME 2 YEARS AGO</u>
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SELF:	_____	_____	_____
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SPOUSE:	_____	_____	_____
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THE LAST YEAR YOU WERE REQUIRED TO FILE A RETURN? _____

DO YOU REGULARLY RECEIVE PAYSTUBS OR OTHER EVIDENCE OF YOUR WAGES FROM YOUR EMPLOYER? ___ Yes; ___ No; ___ N/A

PAY

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

ARE YOU PAID HOURLY? Y ___ N ___ ARE YOU A SALARY EMPLOYEE? Y ___ N ___

GROSS INCOME (BEFORE DEDUCTIONS) PER PAY PERIOD: _____

TAKE HOME (AFTER DEDUCTIONS) PER PAY PERIOD: _____

PAYROLL DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURTY:

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

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

OTHER REGULAR INCOME (MONTHLY AVERAGE): _____

SOURCE(S) OF OTHER INCOME: _____

DID YOU FILE ALL TAX RETURNS FOR THE PAST 4 YEARS? _____

DO YOU OWN THE HOUSE YOU LIVE IN? _____

HAVE YOU OWNED PROPERTY IN THE PASS TEN YEARS? _____

DO YOU HAVE THE RIGHT TO SUE ANY ONE? _____

HAS ANYONE PASSED AWAY RECENTLY THAT YOU ARE EXPECTING AN INHERITANCE FROM? _____

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

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

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

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

Any information you provide which is used in a bankruptcy filing may be subject to an audit by the United States Trustee.

CLIENT PERSONAL REFERENCES

Please provide three (3) personal references:

Name: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail: _____

Name: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail: _____

Name: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail: _____
