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FINANCIAL WORKSHEET

This form is designed to assist gathering the necessary information concerning your finances. Filling out this form does not constitute filing a bankruptcy case. In order to file a bankruptcy case, the documents must be prepared, a representation agreement must be signed and the filing fee must be paid.

Today's Date _____ Our File No. _____

Name _____ Soc. Sec. # _____
FIRST MIDDLE LAST

Home Phone # _____ email _____
Work Phone # _____
Cell Phone # _____ Birth Date _____

Please List All Other Names You Have Used: (Include business or trade names)

Residence Address: _____ Mailing Address: (if different) _____

Street _____

City State Zip _____ City State Zip _____

County: _____

How long have you resided at the above address: _____

Marital Status: _____ Single _____ Married _____ Divorced
_____ Widowed _____ Separated

Spouse Name _____ Soc. Sec. # _____
FIRST MIDDLE LAST

Please List All Other Names You Have Used: (Include business or trade names)

Birth Date _____ Work Phone # _____

Address (if different): _____ Cell # _____
email _____

Rev 01/15

FOR ATTORNEY USE ONLY

SC GA 7 13 Individual Joint Consumer Business

Attorney Fee \$ _____ + Filing Fee \$ 310 / 335 = \$ _____

To Sign \$ 310 / 335 Installments
\$ _____ due at Court
Total Before Filing \$ _____ \$ _____ through plan (Ch 13)

How did you hear about us? _____

Have you or your spouse filed Bankruptcy before? _____

If yes: Location _____ Case No. _____

Date Filed _____ Chapter _____

Have you filed your **State** and **Federal** tax returns for all previous years? _____

If not, please provide the years for which no tax return was filed.

(failure to have all tax returns filed before bankruptcy will result in dismissal of a bankruptcy case)

Do you owe taxes for previous years? If so, please state the year and the amount.

Briefly state what caused your financial problems.

Are any of your debts less than one year old? (including refinancing of debts) _____

Have you used any credit cards in the last 90 days? _____

Do you have any joint debts with any other person? _____

Do you have any obligations under a divorce decree or separation agreement? _____

Have you ever entered into a forbearance agreement with a mortgage company? _____

ASSETS

Real Estate

Please provide the address of land you own or are buying:

(1.) _____

Current Market Value _____

Purchase Date _____

Purchase Price _____

First Mortgage To _____

Balance owed _____

Second Mortgage To _____

Balance owed _____

(2.) _____

Current Market Value _____

Purchase Date _____

Purchase Price _____

First Mortgage To _____

Balanced owed _____

Second Mortgage To _____

Balanced owed _____

Mobile Homes

Year, Make & Size _____

Fair Market Value _____

Purchase Date _____

Purchase Price _____

ATTORNEY NOTES

Household Goods

Please list your estimate of the values of each item (i.e. replacement value taking into account the age and condition of the item) and indicate if more than one item is owned.

Television	\$ _____	Dining Room Furniture	\$ _____
Refrigerator	\$ _____	Living Room Furniture	\$ _____
Dishwasher	\$ _____	Bedroom Furniture	\$ _____
Stove	\$ _____	Den Furniture	\$ _____
Dryer	\$ _____	Air Conditioner	\$ _____
Washer	\$ _____	Portable Heater	\$ _____
Stereo	\$ _____	VCR/DVD	\$ _____
Computer	\$ _____	Jewelry	\$ _____

Please indicate which of the above items are collateral for loans.

Clothing value	\$ _____	Cash On Hand	\$ _____
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Bank Accounts

Bank Name & Last 4 digits of acct #	Type of Account (Checking/Savings)	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you owe any money to any of the banks listed above? _____ (if so, you should open an account at another bank because your bank may take the funds in your account to pay the debt)

*****IF YOU BANK AT WELLS FARGO OR WACHOVIA THE BANK WILL HOLD ALL OF YOUR FUNDS UNTIL THE BANKRUPTCY COURT GRANTS A RELEASE EVEN IF YOU DO NOT OWE THEM MONEY *****

Security Deposits with landlords, utility companies, etc. (Please be specific)

Estimated value of guns, collections, video, photo or stereo equipment. (Please Specify)

Estimated value of Retirement Plans, 401(k) plans, IRAs, stocks, bonds, annuities, pension or profit-sharing plans. (Please list the source of funds: regular payroll deduction, rollover, inheritance, etc)

Please list all life insurance policies (including any provided through your employer or health insurance). Please list the company providing coverage, the death benefit amount and the cash value amount.

Boats, horse trailers, farm machinery or aircraft. (Please specify)

Equipment or tools. (Please describe)

Have you ever owned a business or been self employed? _____ If yes please list name(s) of business:

Does anyone owe you any money? _____

Are you expecting a tax refund this year? _____ Amount \$ _____
(If you owe taxes for a prior year the Government could apply your tax refund to your debt)
How much of a refund did you receive last year? \$ _____

Vehicles (including motorcycles, all terrain vehicles and any motorized vehicle, even if it does not run)

- (1) Year _____ Make & Model _____
Purchase Date _____ Mileage _____ Fair Market Value _____
Lender Name _____ Debt _____ Payments Current? _____
- (2) Year _____ Make & Model _____
Purchase Date _____ Mileage _____ Fair Market Value _____
Lender Name _____ Debt _____ Payments Current? _____
- (3) Year _____ Make & Model _____
Purchase Date _____ Mileage _____ Fair Market Value _____
Lender Name _____ Debt _____ Payments Current? _____

Do you have the right to bring a lawsuit against anyone else? (Examples would include an automobile accident, a slip and fall, an employment claim, a suit on a contract, a property dispute, a malpractice claim, etc.) If you do not list the claim here, it is possible that a future Court will prevent you from bringing the claim later.

EMPLOYMENT INFORMATION

Your Employer (Name & Address):

Your Spouse's Employer (Name & Address):

Job Title _____
How long employed? _____

Job Title _____
How long employed? _____

Do you anticipate a substantial change in income in the next 12 months? If so, please explain.

Please list all dependents living with you whose expenses are included in your budget.

PLEASE DO NOT LIST NAMES OF CHILDREN - ONLY AGE

INCOME

How often are you paid?						
Your pay	{ } Weekly	{ } Every 2 weeks	{ } 2 Times each month	{ } Monthly		
Your Spouse's pay	{ } Weekly	{ } Every 2 weeks	{ } 2 Times each month	{ } Monthly		
					Your Income	Your Spouse's Income
Current before tax wages per pay period.					_____	_____
Estimated overtime					_____	_____
Subtotal					_____	_____
LESS PAYROLL DEDUCTIONS PER PAY PERIOD						
Payroll taxes and social security					_____	_____
Insurance					_____	_____
Union dues					_____	_____
Mandatory/Voluntary Contribution to Retirement Plan					_____	_____
Repayment for Retirement Loans					_____	_____
Other (specify _____)					_____	_____
SUBTOTAL OF PAYROLL DEDUCTIONS					_____	_____
TOTAL TAKE HOME PAY PER PAY PERIOD					_____	_____
TOTAL TAKE HOME PAY PER MONTH					_____	_____
Social security or other government assistance (Describe _____)					_____	_____
Pension or retirement income					_____	_____
Child Support or Alimony RECEIVED					_____	_____
Any Other Source of income (Describe _____)					_____	_____
TOTAL MONTHLY INCOME.					_____	_____
TOTAL OF YOUR INCOME AND SPOUSE'S INCOME COMBINED					_____	_____

LIVING EXPENSES

INSTRUCTIONS: Complete the following by providing your monthly expenses for you and your family. Payments that are made other than monthly should be converted to a monthly amount. If a joint filing is anticipated and if your spouse maintains a separate household, make a separate list of expenses to the right of your list.

Household Expenses

Rent or home mortgage payment (indicate lot rent for mobile home)	\$ _____
Is your primary residence rented ___ purchased _____	
Are real estate taxes included? _____	
Is property insurance included? _____	
Utilities: Electricity and Heating fuel	\$ _____
Water and Sewer	\$ _____
Telephone/Cable/Internet	\$ _____
Other: _____	\$ _____
Home Maintenance (repairs and upkeep)	\$ _____
Home Owners/Assoc Dues	\$ _____
Home Equity Loans	\$ _____
Food (including necessary meals outside of the home)	\$ _____
Child Care & Child Education Cost	\$ _____
Clothing	\$ _____
Personal Care Products	\$ _____
Laundry and Dry Cleaning	\$ _____
Medical and Dental Expenses	\$ _____
Transportation (gasoline, tires; not including car payment)	\$ _____
Recreation, Clubs, and Entertainment	\$ _____
Charitable Contributions	\$ _____
Insurance (not deducted from wages or included in mortgage payments)	
Homeowners or Renters insurance	\$ _____
Life Insurance	\$ _____
Health Insurance	\$ _____
Automobile Insurance	\$ _____
Other Insurance	\$ _____
Taxes for land, home, or vehicle (total for year \$ _____)	\$ _____

PAYMENTS ON DEBTS:

Vehicle 1 monthly payment amount (lender name: _____)	\$ _____
Vehicle 2 monthly payment amount (lender name: _____)	\$ _____
Alimony, Maintenance and Support paid to Others	\$ _____
Other Expenses not listed above (furniture, etc.)	
Specify _____	\$ _____
Specify _____	\$ _____
IRS payments	\$ _____
Probation fees	\$ _____
Student loans	\$ _____
 TOTAL MONTHLY EXPENSES	 \$ _____
 INCOME	 \$ _____
EXCESS	\$ _____

Please list your income (before deductions) for this year, last year and the previous year, including Social Security, unemployment compensation or any other income. This information is on your W2 or 1099 form.

Your Income
This year (year to date)
Source _____
Amount _____

Your Spouse's Income
This year (year to date)
Source _____
Amount _____

Last year
Source _____
Amount _____

Last year
Source _____
Amount _____

Previous year
Source _____
Amount _____

Previous year
Source _____
Amount _____

The following questions apply to you and your spouse (or former spouse). Please answer yes or no.

Have you paid \$600.00 or more to any one creditor in the last 90 days? _____ If yes, name the creditor and the amount paid.

Have you been a party to a lawsuit within the last 12 months? _____ Please provide details.

Has any of your property that been attached, garnished, or seized within the last 12 months? _____ If yes, name the creditor with address and list the description of the property.

Has any of your property been repossessed by a creditor or foreclosed on within the last 12 months? _____

Has any of your property been assigned or transferred to a creditor within the last 120 days? _____

Have you made any gifts or charitable contributions of \$200.00 or more within the last 12 months? _____ If yes, name the recipient, address, relationship to you, description and value of gift.

Have you had any losses from fire, theft or gambling within the last 12 months? _____

Have you transferred anything out of your name in the last six years? _____ If yes, to whom, their address and their relationship to you.

Have any of your bank accounts been closed within the last 12 months? _____ If yes, name the financial institution that the account was opened.

Have you owned or used a safe deposit box within the last 12 months? _____

Has a creditor deducted money from your bank account to pay a past due debt within the last 90 days? _____ If yes, name the creditor and the amount deducted.

Do you currently hold or use any property that is owned by someone else? _____

Have you moved within the last 3 years? _____ If yes, list the address and dates at that address.

Have you been self employed or owned a business within the last six years? _____

Are you the beneficiary under any wills or trusts? _____ If yes, please provide name and value.

Have you ever created a trust account? _____ If yes, please provide the name of trust and value.

Do you have any financial transactions or assets that have not been disclosed on this worksheet? _____