

**JOSEPH E. MITCHELL, III, P.C.**

A Professional Corporation  
Attorney At Law  
440 Greene Street  
Augusta, Georgia 30901  
(706) 826-1808

**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	\$ _____
----------------	----------	--------------	----------

**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					_____	_____
<b>LESS PAYROLL DEDUCTIONS PER PAY PERIOD</b>						
Payroll taxes and social security					_____	_____
Insurance					_____	_____
Union dues					_____	_____
Mandatory/Voluntary Contribution to Retirement Plan					_____	_____
Repayment for Retirement Loans					_____	_____
Other (specify _____)					_____	_____
<b>SUBTOTAL OF PAYROLL DEDUCTIONS</b>					_____	_____
<b>TOTAL TAKE HOME PAY PER PAY PERIOD</b>					_____	_____
<b>TOTAL TAKE HOME PAY PER MONTH</b>					_____	_____
Social security or other government assistance (Describe _____)					_____	_____
Pension or retirement income					_____	_____
Child Support or Alimony RECEIVED					_____	_____
Any Other Source of income (Describe _____)					_____	_____
<b>TOTAL MONTHLY INCOME.</b>					_____	_____
<b>TOTAL OF YOUR INCOME AND SPOUSE'S INCOME COMBINED</b>					_____	_____

**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		Your Spouse's Income	
This year (year to date)		This year (year to date)	
Source _____		Source _____	
Amount _____		Amount _____	
Last year		Last year	
Source _____		Source _____	
Amount _____		Amount _____	
Previous year		Previous year	
Source _____		Source _____	
Amount _____		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? \_\_\_\_\_