

LAW OFFICES

**WARD AND SPIRES**

A Professional Service L.L.C.

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WARDSPIRES.COM

Reply to:

PO Box 1493

Augusta, Georgia 30903

D. Clay Ward  
Joseph E. Spires

Date \_\_\_\_\_ Social Security No: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list all other names you have used in the last 6 years: \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Alternative # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How long have you resided at the above address: \_\_\_\_\_

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

\_\_\_\_\_  
Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated

Spouse's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Spouse's Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Street

City/State

Zip

County of Residence: \_\_\_\_\_

**FOR ATTORNEY USE ONLY**

Chapter 7 \_\_\_\_\_ Chapter 13 \_\_\_\_\_ Joint Petition: Yes No

Attorney Fee \$ \_\_\_\_\_ + Filing Fee \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Deposits: \_\_\_\_\_ Start \$ \_\_\_\_\_ Installment Payments:

Sign \$ \_\_\_\_\_ \$ \_\_\_\_\_ due \_\_\_\_\_

**Total Down:** \$ \_\_\_\_\_ \$ \_\_\_\_\_ due \_\_\_\_\_

\$ \_\_\_\_\_ due \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you or your spouse **filed bankruptcy before**? YES \_\_\_\_ NO \_\_\_\_ If Yes Answer Following:

Date(s) of Previous Bankruptcy: \_\_\_\_\_

Where was the case(s) filed: \_\_\_\_\_ Discharged: Yes \_\_\_ No \_\_\_

Have you ever been or are you presently involved in a lawsuit? (example: garnishment, foreclosure, repossession, personal injury) Case Name (parties): \_\_\_\_\_

Case No: \_\_\_\_\_ Court and County of Case Filing: \_\_\_\_\_

Status (pending, judgment, dismissed): \_\_\_\_\_ Garnishment: Yes \_\_\_ No \_\_\_

Has any of your property been returned, repossessed or foreclosed upon? Please give details as to the property and date of foreclosure, repossession and return. (You may attach copies of the paperwork if you have it.)

\_\_\_\_\_

Has your income or bank account been garnished? Please provide case number, county, court, garnishor and any other details. (You may attach copies of the paperwork if you have it.) \_\_\_\_\_

\_\_\_\_\_

Have you made any executory contracts, unexpired leases or timeshares? If yes, please provide the name, address, telephone number and the nature of the interest for each contract or lease. \_\_\_\_\_

\_\_\_\_\_

Please give any additional information below regarding any significant gifts or contributions you have 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 filed and paid your Income Tax Returns for all previous years? If not, please indicate which years tax returns have not been filed or paid.

Federal: Years not filed: \_\_\_\_\_ Yrs. Owing: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

\_\_\_\_\_

State: Years not filed: \_\_\_\_\_ Yrs. Owing: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Do you have any outstanding student loans? Yes \_\_\_ No \_\_\_ If yes:

Who do you owe: \_\_\_\_\_ Date of Loans: \_\_\_\_\_

How Much: \_\_\_\_\_ Deferred: Yes \_\_\_ No \_\_\_

Are you expected to inherit any property (personalty or real estate) within the next year? Yes \_\_\_ No \_\_\_

Have your ever inherited any property in your lifetime. Yes \_\_\_ No \_\_\_

If Yes to either, describe property: \_\_\_\_\_

**ASSETS**

**Please list your estimate of the values of the following items and indicate if there is more than one of each item. The values should reflect what you would purchase the item for at a yard sale.**

**Household goods:**

Television	\$ _____	Living Room Furniture	\$ _____
Refrigerator	\$ _____	Bedroom Suite	\$ _____
Dishwasher	\$ _____	Kitchen Furniture	\$ _____
Stove	\$ _____	Den Furniture	\$ _____
Dryer	\$ _____	Air Conditioner	\$ _____
Washer	\$ _____	Heater	\$ _____
Stereo	\$ _____	VCR or DVD	\$ _____

**Finance Companies:**

Name: \_\_\_\_\_ Amount owing: \_\_\_\_\_ Date of Last Loan: \_\_\_\_\_

Collateral: \_\_\_\_\_

Name: \_\_\_\_\_ Amount owing: \_\_\_\_\_ Date of Last Loan: \_\_\_\_\_

Collateral: \_\_\_\_\_

Name: \_\_\_\_\_ Amount owing: \_\_\_\_\_ Date of Last Loan: \_\_\_\_\_

Collateral: \_\_\_\_\_

Name: \_\_\_\_\_ Amount owing: \_\_\_\_\_ Date of Last Loan: \_\_\_\_\_

Collateral: \_\_\_\_\_

**Automobile and Mobile Homes:**

Year & Make \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

Bank or Finance Company holding Title: \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Co-Debtors (Joint account): \_\_\_\_\_ Arrearage Y( ) N( ) \_\_\_\_\_

Vehicle Condition: Excellent ( ), Good ( ), Fair ( ), Poor ( ), Not running ( )

Year & Make \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

Bank or Finance Company holding Title: \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Co-Debtors (Joint account): \_\_\_\_\_ Arrearage Y( ) N( ) \_\_\_\_\_

Vehicle Condition: Excellent ( ), Good ( ), Fair ( ), Poor ( ), Not running ( )

Year & Make \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

Bank or Finance Company holding Title: \_\_\_\_\_ Amount Owning \$ \_\_\_\_\_

Co-Debtors (Joint account): \_\_\_\_\_ Arrearage Y( ) N( ) \_\_\_\_\_

Vehicle Condition: Excellent ( ), Good ( ), Fair ( ), Poor ( ), Not running ( )

**Real Estate:**

Property location and acreage: \_\_\_\_\_

Tax Value \$ \_\_\_\_\_ Joint ownership Y( ) N( ), If Y list name: \_\_\_\_\_

	<u>Company</u>	<u>Amount Owed</u>	<u>Arrearage</u>
1st Mortgage	_____	_____	_____
2nd Mortgage	_____	_____	_____
3rd Mortgage	_____	_____	_____

Property location and acreage: \_\_\_\_\_

Tax Value \$ \_\_\_\_\_ Joint ownership Y( ) N( ), If Y list name: \_\_\_\_\_

	<u>Company</u>	<u>Amount Owed</u>	<u>Arrearage</u>
1st Mortgage	_____	_____	_____
2nd Mortgage	_____	_____	_____
3rd Mortgage	_____	_____	_____

Property location and acreage: \_\_\_\_\_

Tax Value \$ \_\_\_\_\_ Joint ownership Y( ) N( ), If Y list name: \_\_\_\_\_

	<u>Company</u>	<u>Amount Owed</u>	<u>Arrearage</u>
1st Mortgage	_____	_____	_____
2nd Mortgage	_____	_____	_____
3rd Mortgage	_____	_____	_____

**CASH ON HAND/CHECKING & SAVINGS ACCOUNT INFORMATION:**

Cash on hand \$ \_\_\_\_\_

Checking and Savings Accounts:

<u>BANK</u>	<u>TYPE</u>	<u>BALANCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Security Deposits with Utility Companies, Landlords, etc.: \_\_\_\_\_

\_\_\_\_\_

Estimated value of computers, jewelry, video, photo or stereo equipment, valuable guns, and collections:

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Retirement plans, IRA's, stocks, bonds, annuities or cash value in insurance policies:

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Boats, horse trailers, aircraft, etc. \_\_\_\_\_

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Machines such as farm or office equipment:

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Does anyone owe you any money over \$400.00:                      Yes      No

Are you expecting a tax refund this year?                      Yes      No

How much tax refund do you expect to receive? \$ \_\_\_\_\_

**INCOME**

Where are you employed? Please state the employer's name, address, your job title and length of employment. \_\_\_\_\_

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Where is your spouse employed? Please state the employer's address, your job title and length of employment. \_\_\_\_\_

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Do you anticipate any substantial change in your income within the next six months? Please explain:

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Briefly state what caused your financial problems which led to this bankruptcy. \_\_\_\_\_

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List all dependents living with you whose expenses are included in your monthly budget:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please list your gross income for this year, last year and the previous year:**

**Husband**

**Wife**

This year 20 \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

This year 20 \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

Last year 20 \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

Last year 20 \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

Previous year 20 \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

Previous year 20 \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

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**ATTORNEY NOTES**

**How often are you paid?** (Attach a copy of pay stub if you have it.)

Husband:             Monthly    Semi-monthly    Bi-weekly    Weekly  
Wife:                 Monthly    Semi-monthly    Bi-weekly    Weekly

**What is your gross pay per period (before taxes)?**

Husband \$ \_\_\_\_\_                      Wife \$ \_\_\_\_\_

**Please list all deductions per pay period:**

	<b>Husband</b>	<b>Wife</b>
Payroll taxes and Social Security:	\$ _____	\$ _____
Insurance deduction:	\$ _____	\$ _____
Union dues:	\$ _____	\$ _____
Other deductions:	\$ _____	\$ _____

**NET AMOUNT PER PAY PERIOD:**            \$ \_\_\_\_\_                      \$ \_\_\_\_\_

**MONTHLY TAKE HOME PAY:**                 \$ \_\_\_\_\_                      \$ \_\_\_\_\_

**ADDITIONAL INCOME:**

Pension or retirement:	\$ _____	\$ _____
Spousal support received:	\$ _____	\$ _____
Child support/AFDC received:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Government assistance/food stamps:	\$ _____	\$ _____
Part-time job (roommate's income, etc...)	\$ _____	\$ _____

**TOTAL MONTHLY INCOME:**                 \$ \_\_\_\_\_                      \$ \_\_\_\_\_

**EXPENSES**

Rent/Mortgage Payment .....	\$ _____
Second Mortgage Payment .....	\$ _____
Are real estate taxes included:   Yes   No   Is property insurance included:   Yes   No	
Car Payment #1 .....	\$ _____
Car Payment #2 .....	\$ _____
Home Repairs .....	\$ _____
Electricity/Gas .....	\$ _____
Water & Sewage .....	\$ _____
Telephone .....	\$ _____
Garbage .....	\$ _____
Security .....	\$ _____
Cable .....	\$ _____
Food .....	\$ _____
Clothing .....	\$ _____
Laundry and Dry Cleaning .....	\$ _____
Medical and Dental Expenses .....	\$ _____
Transportation (such as bus fare, cab fare, gas) .....	\$ _____
<b>Insurance:</b>	
<b>Homeowner's or Renter's Insurance</b> .....	\$ _____
<b>Life Insurance</b> (not deducted from paycheck) .....	\$ _____
<b>Health</b> (not deducted from paycheck) .....	\$ _____
<b>Auto Insurance</b> .....	\$ _____
Taxes (such as property taxes) .....	\$ _____
Car Tags .....	\$ _____
Other installment payments (such as furniture) .....	\$ _____
Payments for support of additional dependents not living in your home .....	\$ _____
Alimony payments (not deducted from paycheck) .....	\$ _____
Child Support Payments (not deducted from paycheck) .....	\$ _____
Charitable Contributions (Church, American Cancer Society, etc...).....	\$ _____
Day Care/Baby-sitting .....	\$ _____
Recreation/Entertainment .....	\$ _____
IRS Payments .....	\$ _____
Probation Fees .....	\$ _____
Student Loans .....	\$ _____
<b>TOTAL MONTHLY EXPENSES:</b> .....	<b>\$ _____</b>
<b>TOTAL MONTHLY INCOME:</b> .....	<b>\$ _____</b>
<b>EXCESS:</b> .....	<b>\$ _____</b>



