

LEIDEN AND LEIDEN
A Professional Corporation

Terrance Patrick Leiden (also Ohio)
Zane P. Leiden (also SC)

330 Telfair Street
Augusta, Georgia 30901-2450
(706) 724-8548
Fax (706) 724-9727

C. Christopher CoCroft, Jr.
(1941-1974)

Date _____

Your Name: _____, Sr., Jr., II, III
First Name Middle Initial Last Name

Nickname / Name You Prefer to be Called: _____

Social Security No.: _____ Date of Birth: _____

Please list all other names you have used in the last 8 years (AKA, FKA, DBA):

Marital Status: Married Single Divorced Widowed Separated

Spouse's Name: _____, Sr., Jr., II, III
(If Applicable) First Name Middle Initial Last Name

Nickname / Name You Prefer to be Called: _____

Social Security No.: _____ Date of Birth: _____

Please list all other names you have used in the last 8 years (AKA, FKA, DBA):

County of Residence: _____

Residential Address: _____
Street _____
City/State _____ Zip _____

Mailing Address: (If Different From Residential) _____
Street _____
City/State _____ Zip _____

Home # _____ Cell # _____

Work # _____ Spouse's Cell # _____

Spouse's Work # _____

E-Mail Address: _____

Spouse's Address (If Different): _____
Street City/State/Zip

How long have you resided at the above address: _____

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

How did you hear about us? (check all that apply)

TV Internet Family Member Previous Client Referral from Attorney Other _____

Briefly state what caused your financial problems. (For example: Divorce, Health Problems, Lawsuits, etc.)

(For Attorney Use Only)

Chapter 7 _____

Chapter 13 _____

Joint: Yes No

Spouse in for Intake:
Yes No

Signing Date: _____

Signing Time: _____

Attorney: _____

Special Instructions:
Yes No

Have you or your spouse filed bankruptcy before? **Yes** **No**

If yes: Location: _____ Case No.: _____

Date filed: _____ Chapter: _____

(This may affect your eligibility to file a Bankruptcy Case)

Do you anticipate any substantial change in your income within the next six months, for example, a promotion, layoff or maternity leave? Please explain.

Have you filed your state and federal tax returns for **ALL** previous years? **Yes** **No**

If not, please provide the years for which **NO** return was filed. _____

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

Are you expecting a tax refund this year? **Yes** **No**

(*Failure to disclose the right to receive a refund may result in a seizure of the refund by the Bankruptcy Court)

Do you owe any Alimony / Child Support? **Yes** **No**

If Yes, please identify the person to whom the obligation is owed _____

Do you owe past due child support? **Yes** **No**

Has anyone co-signed a loan for you or have you co-signed a loan for another person or persons? **Yes** **No**

If yes, give the name and address of the co-signer and the name and address of the creditor.

Co-signer(s): _____

Creditor(s): _____

List any payments (other than mortgage payments or automobile payments), over \$1000.00, made to individual creditors or family members within the last 3 months.

<u>Amount</u>	<u>Creditor / Family Member</u>	<u>Balance</u>
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Have you ever been or are you presently involved in a lawsuit? **Yes** **No**

(Examples: divorce, garnishment, foreclosure, repossession, personal injury, debt collection). Please provide copies of lawsuits if available.

Are your wages or bank account being garnished? **Yes** **No**

Please provide a copy of the garnishment if available.

Has any of your property, including land, mobile homes or automobiles been voluntarily returned, repossessed or foreclosed upon in the last 3 years? Please give details as to the property and date of foreclosure, repossession and voluntary return.

Please provide copies of the paperwork if available.

List any significant gifts or contributions you have **given** or **received**, any losses you have incurred, transfers, receiverships, assignments, setoffs, property held for another or any other information which may affect your bankruptcy case. (Examples: losses from fire, theft or gambling.)

Have you closed any bank accounts or credit union accounts within the last 12 months? **Yes** **No**

Name & address of financial institution: Type of Account & final balance: Amount & date closing of account:

Have you sold or transferred anything out of your name in the last 6 years? (Examples: land, mobile home, boat, motorcycle, other valuable assets) If so, please list. **(The Court requires you disclose such sales or transfers.)**

Do you have the right to file a lawsuit against anyone else? (Examples: automobile accident, personal injury, money owed, property dispute, child support). If you do not list the claim here, even if it is disputed by the other party, it is possible that a future court will prevent you from bringing the claim later.

Does anyone or any company owe you any money over \$400.00 that is collectible (including Child Support, Alimony and other Domestic Obligations): **Yes** **No**

INCOME

Employer _____
Address of Employer _____
Street City State Zip
Job title/Description _____ Length of Employment _____
Spouse's Employer _____
Address of Employer _____
Street City State Zip
Job title/Description _____ Length of Employment _____

List all dependents living with you whose expenses are included in your monthly budget. (Please list the name, age and relationship.) ***The names of minor children WILL NOT be made public, or identified in any Bankruptcy Documents for their protection.**

<u>Relationship</u>	<u>Age</u>	<u>Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSETS

Please check items that you own and list **your estimate**, we suggest that you use “yard sale” values of the following items. Please indicate if there is more than one of each item on the space provided.

Household Goods:

Television	# _____	\$ _____	*Please specify dimensions _____
Refrigerator	# _____	\$ _____	
Dishwasher	# _____	\$ _____	
Stove	# _____	\$ _____	
Washer	# _____	\$ _____	
Dryer	# _____	\$ _____	
Vacuum Cleaner	# _____	\$ _____	
Computer and Accessories	# _____	\$ _____	*Please specify what type _____
VCR	# _____	\$ _____	
DVD	# _____	\$ _____	
DVD Collection	# _____	\$ _____	
Video Stations and Games	# _____	\$ _____	
Stereo	# _____	\$ _____	
CD Player	# _____	\$ _____	
CD Collection	# _____	\$ _____	
Dining Room Suite	# _____	\$ _____	
Living Room Suite	# _____	\$ _____	
Bedroom Suite	# _____	\$ _____	
Microwave	# _____	\$ _____	

Non - Household Goods:

Sporting Goods And Fitness Equipment	# _____	\$ _____	*Please list _____
Fishing Equipment	# _____	\$ _____	*Please list _____
Original Artwork Collections or Collectibles (Coin, Stamp, Baseball Cards)	# _____	\$ _____	*Please list _____ *Please specify what type _____
Riding Lawn Mower	# _____	\$ _____	*Please specify what type _____
Push Lawn Mower	# _____	\$ _____	*Please specify what type _____
Utility Trailer(s)	# _____	\$ _____	*Please specify dimensions _____
Power Tools	# _____	\$ _____	*Please list _____
Firearms	# _____	\$ _____	*Please specify what type _____
Hobby Craft (ATVs, Jet Skis)	# _____	\$ _____	*Please specify what type _____
Wedding Rings	# _____	\$ _____	*Please Specify _____
Other Jewelry/Watches (Worth more than \$750.00)	# _____	\$ _____	*Please Specify _____

Boats, Boat Motors and Boat Trailers:

Year, Make and Size of Boat: _____ Fair Market Value \$ _____
Please specify Make and Horse Power of Motor: _____ Fair Market Value \$ _____

Business Equipment:

Please list any office equipment or farm equipment for business or commercial purposes: _____

Animals/Pets: _____

All Automobiles Registered in Your Name (even if not operable or not in your immediate possession)
(Please provide insurance cards on all automobiles, if available):

1. Year _____ Make/Model _____ Mileage _____
Condition (Please Circle) Excellent Good Fair Poor Fair Market Value \$ _____

2. Year _____ Make/Model _____ Mileage _____
Condition (Please Circle) Excellent Good Fair Poor Fair Market Value \$ _____

3. Year _____ Make/Model _____ Mileage _____
Condition (Please Circle) Excellent Good Fair Poor Fair Market Value \$ _____

Mobile Homes:

1. Year _____ Make/Model _____ Dimensions _____
Location if other than Residential Address: _____ Fair Market Value \$ _____

Residential Real Estate, Rental Property, Farm or Land:

Please identify all property owned by you including location and acreage:

1. _____

2. _____

Fair Market Value for Property #1 \$ _____

Fair Market Value for Property #2 \$ _____

For Attorney Use Only:

Purchase Price: \$ _____ **Date of Purchase:** _____

Tax Assessment: \$ _____ **Year of Assessment:** _____

Debtor Estimate: \$ _____

Private Appraisal: \$ _____ **Date of Appraisal:** _____

Who holds the mortgage on the property:

	<u>Company</u>	<u>Estimated Amount Owed</u>
1st Mortgage	_____	\$ _____
2nd Mortgage	_____	\$ _____

Time Shares:

Location: _____ Week(s) _____

Mortgage Holder: _____ Estimated Amt Owed \$ _____

(OVER)

CASH ON HAND/CHECKING, SAVINGS & CERTIFICATES OF DEPOSIT ACCOUNT INFORMATION:

Cash on hand \$ _____

Checking, Savings Accounts, and Certificates of Deposit: (Examples: Bank of America, SRP Federal Credit Union, etc.

(*If you also have loans or credit cards with any of these institutions, notify the Attorney)

<u>Bank or Credit Union</u>	<u>Type</u>	<u>Average Balance</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Safe Deposit Box:

<u>Bank or Credit Union</u>	<u>Contents</u>
_____	_____

Security Deposits with Utility Companies, Landlords, etc.:

Landlord / Apartment Complex: Name: _____ \$ _____

Utility Company: Name(s): _____ \$ _____

INSURANCE INFORMATION:

Do you have any of the following? Please check ALL that apply.

(*If you also have outstanding loans with any of these, notify the Attorney)

<u>Type of Policy</u> (Circle One):	<u>Name of Provider</u>	<u>Face Value</u>	<u>Cash Surrender Value</u>
Whole/Term Life Policy	_____	\$ _____	\$ _____
Whole/Term Life Policy	_____	\$ _____	\$ _____
Whole/Term Life Policy	_____	\$ _____	\$ _____
Whole/Term Life Policy	_____	\$ _____	\$ _____

RETIREMENT INFORMATION:

Do you have any of the following? Please check ALL that apply.

(*If you also have outstanding loans with any of these, notify the Attorney)

<u>Type of Retirement</u> (Circle One)	<u>Name of Employer / Financial Institution</u>	<u>Estimated Balance</u>
401(k) Plan/IRA	_____	\$ _____
401(k) Plan/IRA	_____	\$ _____
403(B) / VALIC	_____	\$ _____
403(B) / VALIC	_____	\$ _____
College Roth IRA	_____	\$ _____
ESOP (Employee Stock Ownership Plan)	_____	\$ _____
Profit Sharing/ Thrift Savings Plan	_____	\$ _____
Private Employer Pension	_____	\$ _____
Local/State/Federal Retirement	_____	\$ _____
Annuity	_____	\$ _____

MONTHLY EXPENSES

INSTRUCTIONS: Please ESTIMATE THE AVERAGE MONTHLY EXPENSES for you and your family. If a joint filing is anticipated and if your spouse maintains a separate household, make a separate list of expenses for your spouse to the right of your list.

Rent/Mortgage Payment.....\$ _____

Second Mortgage Payment.....\$ _____

Are real estate taxes included: Yes No

Is property insurance included: Yes No

Land Payment.....\$ _____

Electricity/Gas.....\$ _____

Water & Sewage.....\$ _____

Telephone / Cell Phone.....\$ _____

Internet.....\$ _____

Garbage.....\$ _____

Security.....\$ _____

Cable.....\$ _____

Home Repairs.....\$ _____

Food.....\$ _____

Clothing.....\$ _____

Medical and Dental Expenses.....\$ _____

Transportation.....\$ _____

INSURANCE:

Homeowner's, Renter's or Mobile Home (**not deducted from mortgage pmt.**)...\$ _____

Life Insurance.....\$ _____

Health (**not deducted from paycheck**).....\$ _____

Auto.....\$ _____

Taxes (such as property taxes, car tags, mobile home tags).....\$ _____

Car Payment # 1.....\$ _____

Car Payment #2.....\$ _____

Other installment payments (**such as furniture**).....\$ _____

Child Support and/or Alimony payments (**not deducted from paycheck**) \$ _____

Day Care/Baby-sitting.....\$ _____

IRS or Other Income Tax Payments.....\$ _____

Probation Fees.....\$ _____

Student Loans.....\$ _____

Personal Care Products.....\$ _____

Housekeeping Supplies.....\$ _____

Miscellaneous Expenses.....\$ _____

TOTAL MONTHLY EXPENSES:.....\$ _____

TOTAL MONTHLY INCOME:.....\$ _____

For Attorney Use Only

Tax Returns provided by Client

Gross income for this year, last year and the previous year:

Husband

This year (Income to date)

Name of Employer: _____

Amount: \$ _____

Last year

Name of Employer: _____

Amount: \$ _____

Previous year

Name of Employer: _____

Amount: \$ _____

Wife

This year (Income to date)

Name of Employer: _____

Amount: \$ _____

Last year

Name of Employer: _____

Amount: \$ _____

Previous year

Name of Employer: _____

Amount: \$ _____

GROSS PAY PER MONTH:

Husband \$ _____

Wife \$ _____

Deductions:

	Husband	Wife
Payroll taxes and Social Security:	\$ _____	\$ _____
Insurance deduction:	\$ _____	\$ _____
Retirement/Pension/401(k):	\$ _____	\$ _____
Retirement/Pension/401(k) Loan Repayment:	\$ _____	\$ _____
Other deductions (Specify):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

MONTHLY NET:

\$ _____

ADDITIONAL INCOME:

Pension or retirement:	\$ _____	\$ _____
Spousal support received:	\$ _____	\$ _____
Child support/AFDC received:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Disability:	\$ _____	\$ _____
Government assistance/food stamps	\$ _____	\$ _____
Other monthly income (Specify)		
_____	\$ _____	\$ _____

TOTAL MONTHLY INCOME:

\$ _____

SPOUSES' COMBINED INCOME

\$ _____

FOR ATTORNEY USE ONLY

Attorney Fee \$ _____ + Filing Fee \$ _____ = Total \$ _____

Installment Payments:

Retainer – 1st Payment \$ _____

2nd Payment \$ _____

3rd Payment \$ _____

4th Payment \$ _____

Unsecured Debt:

Credit Card \$ _____

Medical Bills \$ _____

Non-dischargeable \$ _____

Other \$ _____

Total Unsecured \$ _____

Secured Debt:

House _____

Car _____

Car _____

Other _____

Reaffirm the following: _____

Surrender the following: _____

Continue to pay on the following: _____

Redeem the following: _____