

**DEBT RELIEF
CLIENT INFORMATION WORKSHEET**

Chapter 7 Attorneys.Com, P.C. TM
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PRINT FULL NAME:

Single Joint Case (Husband & Wife) Husband Only Wife Only
 Individual Case

Mr. _____

Ms./ Mrs. _____

What do you expect from bankruptcy protection?

(Please Note – There is no protection through the Bankruptcy Court until the Bankruptcy Petition is completed, signed by the Client and filed with the Court and the Court issues a Case Number).

- Wipe out all debts
- Pay back some debts through a payment plan
- Stop a pending foreclosure – Sale Date: _____
- Stop a Lawsuit – Served Date(s): _____
- Stop a Garnishment
- Stop Repossession Other: _____

COMPLETE BOTH PAGES.

FILL IN ALL BLANKS (use “none” or “n/a” as needed)

Please return this form along with a complete list of ALL your creditors.

(PLEASE NOTE THAT YOU MUST INCLUDE ALL OF YOUR CREDITORS, EVEN IF YOU ARE CURRENT ON YOUR PAYMENTS) to our office upon completion and an attorney will be with you shortly. All of this information is necessary for accurate and proper representation of your case. In order to help you get the relief to which you are entitled, you must make full disclosure of all your financial affairs.

All information will be held in strict confidence. Intentional failure to disclose assets in a bankruptcy case is grounds for the denial or revocation of your chapter discharge and is a federal criminal offense (concealment of assets) punishable by 5 years imprisonment and a \$250,000 fine. See 18 USC § 152 and 3571.

BASIC CLIENT INFORMATION

PLEASE PRINT Single Married **
*** (If you're married, you must list Spouse information even if your Spouse is not filing with you.)*

SELF (*Husband if joint case*) _____

Address: _____

County of Residence: _____

Home #: _____ Cell #: _____

Email: _____

(Providing your e-mail acknowledges your consent to receive information about your case via e-mail)

EMPLOYER: _____

Payroll Address: _____

Job Title: _____ Work #: _____

Length of Employment: _____ Are you known by other names? _____

SPOUSE (*Wife if joint case*) _____

Address: _____

County of Residence: _____

Home #: _____ Cell #: _____

Email: _____

(Providing your e-mail acknowledges your consent to receive information about your case via e-mail)

EMPLOYER: _____

Payroll Address: _____

Job Title: _____ Work #: _____

Length of Employment: _____ Are you known by other names? _____

Have you recently moved to GA.?

NO YES Been here all my life. If so, date: _____

Have you filed any previous bankruptcies?

NO YES **(If Yes – provide info. below and copies of all documents)*

Chapter: _____ Date Filed: _____ Dismissed: _____ Completed Date: _____

Estimated Secured Debt: _____

Estimated Unsecured Debt: _____

Total Debt: _____