

THE WELLS THOMAS LAW FIRM

CONSULTATION FORM

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Need to file your case TODAY? Here is what you will need:

1. Pay stubs for the last 90 days
2. Certificate of pre-bankruptcy credit counseling
3. This completed form

APPLICANT INFORMATION

Last Name		First	Middle	Da
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Maiden Name:		Social Security No.	Date of Birth:	
How did you hear about us? FRIEND LETTER INTERNET OTHER ATTORNEY FAMILY MEMBER CCCS				
Have you live in GA for the last 6 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, where?	
Have you lived in GA for the last 2 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, where?	
Emergency Contact Person and Phone:				

CO-APPLICANT INFORMATION (IF YOU ARE FILING TOGETHER WITH YOUR SPOUSE)

Last Name		First	M.I.
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Maiden Name:		Social Security No.	Date of Birth:

HAVE YOU EVER FILED BANKRUPTCY BEFORE? YES NO If yes, when and what state?

REASON FOR CONSULTING OUR FIRM:

Please circle all that apply:

Foreclosure Credit Cards Repossession Debt Consolidation Debt Negotiation Creditor Harassment Tax Problems

GROSS INCOME INFORMATION FOR THE PAST THREE YEARS (INCLUDING THIS YEAR TO DATE)

Company	2016:	2015:	2014:
YOU:			
Address			
YOUR SPOUSE:	2016:	2015:	2014:
Full Name			
			Relationship
Have you owned a business in the last 6 years? If yes, please list the name(s) :			
Company			Phone ()
From	To	Do you have any employees, contractors or both? (Please circle one)	
Address			
Does your business have any equipment? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list equipment:			
Full Name			Relationship

ATTORNEY NOTES:

Office:

Chapter:

Please note that this form does not create an attorney client relationship.

REAL PROPERTY INFORMATION: PLEASE LIST ALL PROPERTY THAT YOUR NAME IS ON TITLE AND/OR MORTGAGE

PROPERTY ADDRESS #1: Current value: \$

First mortgage name:	Amount owed: \$	Amount Behind: \$
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Second mortgage name:	Amount owed: \$	Amount Behind: \$
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ALL NAMES LISTED ON THE TITLE:

PROPERTY ADDRESS #2: Current value: \$

First mortgage name:	Amount owed: \$	Amount Behind: \$
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Second mortgage name:	Amount owed: \$	Amount Behind: \$
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ALL NAMES LISTED ON THE TITLE:

- If you have more than 2 pieces of property please attached a separate list with the above information.
- If you have SOLD or had property foreclosed in the last 2 years please attached a separate list with the above information.

TRANSERS/PURCHASES

Have you transferred or given away ANY cars, property or items of value in the last 4 years? YES NO

If yes, please describe the transaction:

Have you made any major purchases or transfers on your credit cards in the past 90 days? YES NO

If yes, please describe the transaction:

PERSONAL PROPERTY

<u>Type of Property</u>	<u>Garage sale value (if you sold these items at a garage sale)</u>
Cash	
Bank Accounts (which bank)	
Books, CD's, Photos	
Furniture and home items	
Clothing	
Furs and jewelry	
IRAs, 401K, Pensions, Stocks, Bonds	
Cameras/Firearms	
Boats, ATVs, Trailers	

AUTOMOBILES

Year/Make/Model	Interest Rate	Balance owed	Date purchased	Monthly payment	Name & Address of Car Company
	%	\$		\$	
	%	\$		\$	
	%	\$		\$	

PLEASE CIRCLE AND COMPLETE ALL THAT APPLY

Receive child support on a REGULAR basis	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how much per month? \$
Pay child support	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how much per month? \$
Receive alimony on a REGULAR basis	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how much per month? \$
Pay alimony on a REGULAR basis	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how much per month? \$
Have been sued	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, by whom and when? Outcome of lawsuit?
Sued or suing someone?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, who and when? Outcome of lawsuit?
401K loans?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how much per month? \$ What is the balance left? \$
Repossession in last year?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when and by whom?
Do you have a Homeowner's Assoc?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list name and address:
Are you currently in divorce proceedings	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what is the status?
If you are divorced, what is the name of your ex(s)?		Name:
Do you have an attorney for any other matter? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, please list their name and address

STUDENT LOANS AND DIRECT TAX PAYMENTS

Do you have any student loans? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, status is: DEFERED DEFAULT REPAYING AT \$_____ monthly
Are you on a tax repayment plan with the IRS? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what is your monthly payment? \$

HOUSEHOLD INCOME (NEEDED FROM ALL SOURCES EVEN IF INDIVIDUAL FILING)

YOUR EMPLOYER'S NAME AND ADDRESS:	SPOUSE'S EMPLOYER NAME AND ADDRESS:
Position:	Position:
How long have you been at this job?	How long have you been at this job?
Gross Monthly Income: \$	Gross Monthly Income: \$
Monthly Taxes/FICA deducted: \$	Monthly Taxes/FICA deducted: \$
Monthly Insurance deducted: \$	Monthly Insurance deducted: \$
Income from business: \$	Spouse's income from business: \$
Income from real estate: \$	Spouse's income from real estate: \$
Alimony/child support income: \$	Spouse's alimony/child support income: \$
Social security income: \$	Spouse's social security income: \$
Disability income: \$	Spouse's disability income: \$
Food stamps: \$	
Retirement/Pension income: \$	Spouse's retirement/pension income: \$
DO YOU HAVE ANY DEPENDENTS? Yes _____ No _____	IF YES, RELATIONSHIP: _____ AGE: _____

DEBTS OWED: PLEASE ATTACH ANY ADDITIONAL CREDITORS OR JUDGMENTS

Creditor Name:	Creditor Name:
Address:	Address:
Amount owed:	Amount owed:
Creditor Name:	Creditor Name:
Address:	Address:
Amount owed:	Amount owed:
Creditor Name:	Creditor Name:
Address:	Address:
Amount owed:	Amount owed:
Creditor Name:	Creditor Name:
Address:	Address:
Amount owed:	Amount owed:
Creditor Name:	Creditor Name:
Address:	Address:
Amount owed:	Amount owed:
Creditor Name:	Creditor Name:
Address:	Address:
Amount owed:	Amount owed:

HOUSEHOLD BUDGET EXPENSES

Rent/First Mortgage payment: \$ (taxes/Insurance included) ____ Yes ____ NO	Food: \$
Second Mortgage payment: \$	Clothing: \$
Utilities (Electric and Gas): \$	Laundry/Dry cleaning: \$
Water/Sewer: \$	Medical: \$
Home phone: \$	Gasoline: \$
Cell phone: \$	Charity/Church: \$
Alarm: \$	Homeowners (if not in mortgage)/renters insurance: \$
Cable:/Internet \$	Life insurance: \$
Garbage collection:	Auto insurance: \$
Pest control: \$	Alimony/Child: \$
Home maintenance (lawn, gutters, ect.): \$	Child care: \$
Rental Furniture Payment (Aaron's/Rent A Center): \$	Care for elderly/disabled family: \$

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If I become aware that any of this information has changed or is no longer true I will contact The Wells Thomas Law Firm immediately.

Signature		Date	
Signature		Date	