

WRIGHT | JAMES | BOSTON, P.C.

Attorneys at Law

ATTORNEYS AT LAW

Jermane L. Wright ****
Nichole R. James *
Katherine L. Wright**
Marcus B. Boston***

+ Admitted in Florida Only
*Admitted in Georgia Only
**Admitted in Georgia & Florida
***Admitted in Georgia & Maryland
****Admitted in Georgia, Florida & Alabama

OF COUNSEL

Gerald McKenzie +

We are happy to offer you a free consultation regarding debt relief. In order to serve you better, you need to provide a complete list of ALL of your creditors. Please list any and all debts, including but not limited to auto loans, mortgages, taxes, child support and alimony, property settlement, cosigned debts, student loans, credit cards, medical bills, retirement loans, etc.

TODAY'S DATE: _____

FULL NAME: _____

First

Middle

Last

**OTHER NAMES USED
IN PAST 8 YEARS:** _____

HOW DID YOU HEAR ABOUT US?

Mail Advertisement Yellow Pages Sign Former Client
 Referral Website CCCS Other

SOC. SEC. # _____ **DATE OF BIRTH:** _____

MARITAL STATUS: single; married; divorced; widow; separated

STREET ADDRESS: _____

**COUNTY OF
RESIDENCE:** _____

**MAILING ADDRESS
IF DIFFERENT:** _____

DID YOU MOVE TO GEORGIA IN THE LAST 2 YEARS? YES; NO

HAVE YOU EVER FILED FOR BANKRUPTCY? ___ YES; ___ NO.

HOME PHONE: () _____; CELL PHONE: () _____

WORK PHONE: () _____; E-MAIL: _____

EMPLOYER'S NAME: _____

PAYROLL ADDRESS: _____

HOW LONG AT THIS JOB? _____ JOB TITLE: _____

DO YOU REGULARLY RECEIVE PAYSTUBS OR OTHER EVIDENCE OF YOUR WAGES FROM YOUR EMPLOYER? ___ Yes; ___ No; ___ N/A

PAY

PERIOD: ___ WEEKLY; ___ BI-WEEKLY; ___ SEMI-MONTHLY; ___ MONTHLY

Hourly or Salary? _____

GROSS INCOME (BEFORE DEDUCTIONS) PER PAY PERIOD: _____

TAKE HOME (AFTER DEDUCTIONS) PER PAY PERIOD: _____

PAYROLL DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY:

___ RETIREMENT; ___ RETIREMENT LOANS; ___ INSURANCE; ___ UNIFORMS

___ CHILD SUPPORT; ___ UNION DUES; ___ TOOLS; ___ MEALS; ___ LOANS

OTHER REGULAR INCOME (MONTHLY AVERAGE): _____

SOURCE(S) OF OTHER INCOME: _____

WHAT WAS YOUR TOTAL GROSS INCOME FROM ALL SOURCES DURING THE PAST SIX (6) MONTHS? _____

WHAT WAS YOUR SPOUSE'S TOTAL GROSS INCOME FROM ALL SOURCES DURING THE PAST SIX (6) MONTHS? _____

	<u>TOTAL INCOME THIS YEAR</u>	<u>TOTAL INCOME LAST YEAR</u>	<u>TOTAL INCOME 2 YEARS AGO</u>
--	--	--	--

SELF: _____

SPOUSE: _____

THE LAST YEAR YOU WERE REQUIRED TO FILE A RETURN? _____

DID YOU FILE ALL TAX RETURNS FOR THE PAST 4 YEARS? ___ Yes; ___ No.

DO YOU OWN ANY INTEREST IN AN EDUCATION INDIVIDUAL RETIREMENT ACCOUNT OR A QUALIFIED STATE TUITION PROGRAM? ___ YES; ___ NO

DO YOU HAVE ANY DEPENDENTS:

RELATIONSHIP: _____ AGE: _____
RELATIONSHIP: _____ AGE: _____
RELATIONSHIP: _____ AGE: _____

OTHER THAN ABOVE, DOES ANYONE ELSE LIVE WITH YOU? _____

DO YOU CONTRIBUTE TO THE SUPPORT OF ANYONE ELSE? ___ YES, ___ NO
IF SO, EXPLAIN: _____

SPOUSE'S INFORMATION: IF YOU ARE MARRIED, PLEASE PROVIDE YOUR SPOUSE'S INFORMATION BELOW (EVEN IF YOUR SPOUSE IS NOT FILING):

FULL NAME: _____

First

Middle

Last

OTHER NAMES USED

IN PAST 8 YEARS: _____

SOC. SEC. # _____ **DATE OF BIRTH:** _____

ADDRESS

IF DIFFERENT: _____

DID YOU MOVE TO GEORGIA IN THE LAST 2 YEARS? ___ YES; ___ NO

HAVE YOU EVER FILED FOR BANKRUPTCY? ___ YES; ___ NO

HOME PHONE: () _____; **CELL PHONE:** () _____

WORK PHONE: () _____; **E-MAIL:** _____

EMPLOYER'S NAME: _____

PAYROLL ADDRESS: _____

HOW LONG AT THIS JOB? _____ **JOB TITLE:** _____

DO YOU REGULARLY RECEIVE PAYSTUBS OR OTHER EVIDENCE OF YOUR WAGES FROM YOUR EMPLOYER? ___ Yes; ___ No; ___ N/A

PAY

PERIOD: ___ WEEKLY; ___ BI-WEEKLY; ___ SEMI-MONTHLY; ___ MONTHLY

Hourly or Salary? _____

GROSS INCOME (BEFORE DEDUCTIONS) PER PAY PERIOD: _____

TAKE HOME (AFTER DEDUCTIONS) PER PAY PERIOD: _____

PAYROLL DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY:

___ RETIREMENT; ___ RETIREMENT LOANS; ___ INSURANCE; ___ UNIFORMS

___ CHILD SUPPORT; ___ UNION DUES; ___ TOOLS; ___ MEALS; ___ LOANS

OTHER REGULAR INCOME (MONTHLY AVERAGE): _____

SOURCE(S) OF OTHER INCOME: _____

DID YOU FILE ALL TAX RETURNS FOR THE PAST 4 YEARS? ___ Yes; ___ No.

PLEASE COMPLETE THE FOLLOWING LIST OF CREDITORS IN FULL. ANY MISSING INFORMATION MAY RESULT IN ADDITIONAL COST IN THE FUTURE.

Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	
Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	
Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	
Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	

Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	
Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	
Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	
Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	
Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	

Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	
Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	
Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	
Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	
Name & address & Address _____ _____ _____	Collateral/Type of debt	Balance Owed _____
	Mthly. Pymt.: \$ _____ # Mths. Behind: \$ _____ Collateral Value: \$ _____ Date incurred: _____	Cosigned Y or N Schedule: D,E,F (for office use only)
Phone #: _____	Acct. #: _____	

Any information you provide which is used in a bankruptcy filing may be subject to an audit by the United States

Trustee