

COLE, CLARK & GORE, P.C.
ATTORNEYS AT LAW

DATE: _____

PART A: NAME AND ADDRESS

Name: _____ (Spouse, if any) _____

Social Security #: _____ Social Security #: _____

DOB: _____ DOB: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Have you lived at this address for at least 2 years? ___ No ___ Yes

If no, then please list your previous address:

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Married: ___ Divorced: ___ Separated: ___ Single: ___ Widowed: ___

Do you have any children? ___ No ___ Yes

If yes, please provide gender and age: _____

Do your children live with you: ___ Full-time ___ Part-time ___ Not in your home

Home #: _____ Work #: _____

Cell #: _____ Spouse Work #: _____

Other #: _____

Email: _____

Do you owe or have a loan with United Community Bank? Yes ___ No ___

Do you owe or have a loan with the Bank of the Ozarks? Yes ___ No ___

If you answered yes, please see the receptionist immediately!

NATURE OF THE PROBLEM: _____

How did you learn of our services? _____

***** FOR OFFICE USE ONLY *****

() OPEN FILE	Fee \$ _____
() HOLD	Filing Fee \$ _____
1 st PMT: _____	Publ. Fee \$ _____
2 nd PMT: _____	Misc. Fee \$ _____
3 rd PMT: _____	Total \$ _____
PARALEGAL: _____	Retainer \$ _____
Chapter 7 () 13 ()	Balance \$ _____

PART B: EMPLOYMENT INFORMATION

Your Employer:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Spouse Employer:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

PART C: PRIOR/PENDING BANKRUPTCY CASES

1. Have you ever filed a bankruptcy case? _____ No _____ Yes

If yes, in which state was the case filed? _____

Case Number: _____ Date Filed: _____

2. Are there currently any bankruptcy cases pending against you? _____ No _____ Yes

If yes, name of debtor: _____ Relationship to you: _____

Case number: _____ Date filed: _____ Judge: _____

State case was filed: _____

PART D: CHILD SUPPORT/ALIMONY

Are you required to make any child support or alimony payments? _____ No _____ Yes

If yes, who do you make payments to? _____ Amount paid: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Are support payments deducted from you paycheck? _____ No _____ Yes

PART E: REPOSSESSIONS/ FORECLOSURES

1. Are you currently dealing with a pending repossession or foreclosure? _____ No _____ Yes

If yes, please list the property under foreclosure:

Property Address: _____

City: _____ State: _____ Zip Code: _____

Vehicle Year: _____ Make: _____ Model: _____

2. Other Property: _____

3. List any property that has been repossessed by a creditor, sold at foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within the past year.

PART F: LAWSUITS/ GARNISHMENTS

1. Do you have a pending garnishment? _____ No _____ Yes

2. Are you currently being garnished? _____ No _____ Yes

If yes, please provide information: _____

3. Are there any pending Lawsuits against you? _____ No _____ Yes Case # _____

If yes, please provide information: _____

PART G: PERSONAL INJURY/OTHER LAWSUITS

1. Do you have an outstanding personal injury case? _____ No _____ Yes

If yes, please provide information: _____

2. Have you filed a lawsuit against someone in which you could receive compensation?

_____ No _____ Yes

HOUSE / REAL PROPERTY

LOCATION: _____

DESCRIPTION: _____

TAX VALUE: _____

CLIENT'S VALUE: _____

DATE PURCHASED: _____

PURCHASE PRICE: _____

Has the property been appraised within the last 5 years? ____ No ____ Yes

If so, list appraised amount: _____

LEINHOLDER: _____ AMOUNT OWED: _____

SECOND MORTGAGE? ____ No ____ Yes LEINHOLDER: _____

AMOUNT OWED: _____ CONDITION: Good / Fair / Poor

DAMAGE: Yes / No If so list damages: _____

OTHER INFORMATION: _____

SECOND LOCATION: _____

DESCRIPTION: _____

TAX VALUE: _____

CLIENT'S VALUE: _____

DATE PURCHASED: _____

PURCHASE PRICE: _____

Has the property been appraised within the last 5 years? ____ No ____ Yes

If so, list appraised amount: _____

LEINHOLDER: _____ AMOUNT OWED: _____

SECOND MORTGAGE? ____ No ____ Yes LEINHOLDER: _____

AMOUNT OWED: _____ CONDITION: Good / Fair / Poor

DAMAGE: Yes / No If so list damages: _____

OTHER INFORMATION: _____

VEHICLE

YEAR _____ MAKE _____ MODEL _____

Circle One: 2 door / 4 door 4 cyl / 6 cyl / 8 cyl

VEHICLE IDENTIFICATION # _____ MILEAGE: _____

DATE PURCHASED: _____ AMOUNT PAID: _____

NUMBER OF PAYMENTS MADE: _____

LEINHOLDER: _____ AMOUNT OWED: _____

VALUE: _____

CONDITION: Good / Fair / Poor

BODY DAMAGE: Yes / No If so list damage: _____

MECHANICAL PROBLEMS: Yes / No If so list problems: _____

SPECIAL OPTIONS: _____

VEHICLE

YEAR _____ MAKE _____ MODEL _____

Circle One: 2 door / 4 door 4 cyl / 6 cyl / 8 cyl

VEHICLE IDENTIFICATION # _____ MILEAGE: _____

DATE PURCHASED: _____ AMOUNT PAID: _____

NUMBER OF PAYMENTS MADE: _____

LEINHOLDER: _____ AMOUNT OWED: _____

VALUE: _____

CONDITION: Good / Fair / Poor

BODY DAMAGE: Yes / No If so list damage: _____

MECHANICAL PROBLEMS: Yes / No If so list problems: _____

SPECIAL OPTIONS: _____

VEHICLE

YEAR _____ MAKE _____ MODEL _____

Circle One: 2 door / 4 door 4 cyl / 6 cyl / 8 cyl

VEHICLE IDENTIFICATION # _____ MILEAGE: _____

DATE PURCHASED: _____ AMOUNT PAID: _____

NUMBER OF PAYMENTS MADE: _____

LEINHOLDER: _____ AMOUNT OWED: _____

VALUE: _____

CONDITION: Good / Fair / Poor

BODY DAMAGE: Yes / No If so list damage: _____

MECHANICAL PROBLEMS: Yes / No If so list problems: _____

SPECIAL OPTIONS: _____

VEHICLE

YEAR _____ MAKE _____ MODEL _____

Circle One: 2 door / 4 door 4 cyl / 6 cyl / 8 cyl

VEHICLE IDENTIFICATION # _____ MILEAGE: _____

DATE PURCHASED: _____ AMOUNT PAID: _____

NUMBER OF PAYMENTS MADE: _____

LEINHOLDER: _____ AMOUNT OWED: _____

VALUE: _____

CONDITION: Good / Fair / Poor

BODY DAMAGE: Yes / No If so list damage: _____

MECHANICAL PROBLEMS: Yes / No If so list problems: _____

SPECIAL OPTIONS: _____

**PERSONAL PROPERTY
(Schedule B)**

1. PLEASE LIST CASH ON HAND (Bk 1): _____

2. PLEASE LIST CHECKING/SAVINGS ACCOUNTS (Bk 2) : _____

3. PLEASE LIST DEPOSITS HELD BY UTILITY COMPANIES, LANDLORD (Bk3): _____

4. BELOW YOU WILL LIST YOUR HOUSEHOLD GOODS SUCH AS FURNITURE, AUDIO, VIDEO AND COMPUTER EQUIPMENT, TO HELP YOU PLEASE LIST THESE ITEMS BY THE ROOM NAMED BELOW. WHEN YOU VALUE THESE ITEMS CONSIDER WHAT YOU WOULD SELL THEM FOR AT A GARAGE SALE (Bk4).

LOCATION	DESCRIPTION	VALUE
LIVING ROOM		
DINING ROOM		
KITCHEN		
BEDROOMS		
GARAGE/TOOLS		

5. PLEASE LIST BOOKS, PICTURES, ART OBJECTS, RECORDS, COMPACT DISCS, COLLECTIBLES. VALUE ITEMS THE SAME AS YOU DID IN QUESTION 4. (Bk5)

DESCRIPTION	VALUE

6. PLEASE LIST VALUE OF CLOTHING FOR YOU & YOUR SPOUSE (Bk6):

7. PLEASE LIST VALUE OF FURS AND JEWELRY (Bk7): _____

8. PLEASE LIST VALUE OF SPORTS, PHOTGRAPHIC, HOBBY EQUIPMENT, FIREARMS (Bk 8):

DESCRIPTION	VALUE

9. DO YOU HAVE A RETIREMENT PLAN? (Bk11): ____ No ____ Yes

If yes, please list owner and value _____

10. PLEASE LIST BOATS, MOTORS AND ACCESSORIES (Bk26):

MAKE/MODEL	YEAR	MILEAGE	VALUE

OTHER PROPERTY

11. Do you have any insurance policies with cash value (Bk9)? No Yes

If yes, describe: _____

12. Do you own any Annuities (Bk10)? No Yes

If yes, describe: _____

13. Do you have any interests in a pension or profit sharing plan (Bk12)? No Yes

If yes, describe: _____

14. Do you own Stock and Interests in un/incorporated business (Bk13)? No Yes

15. Do you have interest in partnerships/joint ventures (Bk14)? No Yes

If yes, describe: _____

16. Do you own any Bonds (Bk15)? No Yes

If yes, describe: _____

17. Do you have any Accounts receivables (Bk16)? No Yes

If yes, describe: _____

18. Is there any Alimony/family support to which you are entitled (Bk17)? No Yes

If yes, describe: _____

19. Other liquidated debts owed to you, including tax refunds (Bk18)? No Yes

If yes, describe: _____

20. Equitable or future interests or life estates (Bk19)? No Yes

If yes, describe: _____

21. Interests in estate of decedent or life insurance plan or trust (Bk20)? No Yes

If yes, describe: _____

22. Other contingent/ unliquidated claims, including tax refunds,
counterclaims (Bk21)? No Yes

If yes, describe: _____

23. Patents, copyrights, other intellectual property (Bk22)? No Yes

If yes, describe: _____

24. Licenses or franchises (Bk23)? No Yes

If yes, describe: _____

25. Customer list or other compilation (Bk24)? No Yes

If yes, describe: _____

26. Aircraft and accessories (Bk27)? No Yes

If yes, describe: _____

27. Office equipment, supplies (Bk28)? No Yes

If yes, describe: _____

28. Machinery, Fixtures etc for business (Bk29)? No Yes

If yes, describe: _____

29. Inventory (Bk30)? No Yes

If yes, describe: _____

30. Animals (Bk31)? No Yes

If yes, describe: _____

31. Crops-growing or harvested (Bk32)? No Yes

If yes, describe: _____

32. Farming equipment and implements (Bk33)? No Yes

If yes, describe: _____

33. Farm supplies, chemicals, feed (Bk34)? No Yes

If yes, describe: _____

34. Other personal property of any kind not listed (Bk35)? No Yes

If yes, describe: _____

CURRENT INCOME

A. YOUR INCOME

1. What is your occupation? _____
2. Name and Address of your employer: _____

3. How long have you been employed there? _____
4. What is the gross amount of your paycheck, before taxes/other deductions are taken out?

5. How often do you get paid? ____ once a week ____ every two weeks
____ twice a month ____ once a month ____ other _____

Complete the below questions with your estimate of monthly averages.

6. Do you receive overtime pay outside of your salary? ____ No ____ Yes
If so, how much per month? _____
7. How much is taken out of each paycheck for taxes and social security? \$ _____
8. How much is taken out for insurance? _____
9. How much for union dues? \$ _____
10. Are there other deductions? If so, what are they and how much? _____

Do you receive:

- a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month? _____

 - b) income from real estate property? ____ No ____ Yes If so, how much per month?

 - c) interest or dividends? ____ No ____ Yes If so, how much? _____
 - d) alimony or family support payments for your use or for the care of your dependents?
____ No ____ Yes If so, how much per month? _____
 - e) social security or other forms of monetary government assistance? ____ No ____ Yes
If so, how much per month? _____
 - f) retirement of pension money? ____ No ____ Yes If so, how much? _____
- Do you have any other sources of income not listed? ____ No ____ Yes If yes, please list:

B. YOUR SPOUSE'S INCOME

1. What is your spouse's occupation? _____
2. Name and Address of your employer: _____

3. How long have you been employed there? _____
4. What is the gross amount of your paycheck, before taxes/other deductions are taken out?

5. How often do you get paid? ____ once a week ____ every two weeks
____ twice a month ____ once a month ____ other _____

Complete the below questions with your estimate of monthly averages.

6. Do you receive overtime pay outside of your salary? ____ No ____ Yes
If so, how much per month? _____
7. How much is taken out of each paycheck for taxes and social security? \$ _____
8. How much is taken out for insurance? _____
9. How much for union dues? \$ _____
10. Are there other deductions? If so, what are they and how much? _____

Do you receive:

- a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month? _____

 - b) income from real estate property? ____ No ____ Yes If so, how much per month?

 - c) interest or dividends? ____ No ____ Yes If so, how much? _____
 - d) alimony or family support payments for your use or for the care of your dependents?
____ No ____ Yes If so, how much per month? _____
 - e) social security or other forms of monetary government assistance? ____ No ____ Yes
If so, how much per month? _____
 - f) retirement of pension money? ____ No ____ Yes If so, how much? _____
- Do you have any other sources of income not listed? ____ No ____ Yes If yes, please list:

CURRENT EXPENSES

Do you and your spouse maintain separate households? ___ No ___ Yes, if so, fill out one page for your household and another for your spouse's.

The following questions ask you for your expenses each month. If you are unsure of the amount you pay each month, but you know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month . . .

- 1. your rent or your home mortgage \$ _____
Does that amount include real estate taxes? ___ No ___ Yes
Does it include property insurance? ___ No ___ Yes
- 2. electricity and heating \$ _____
- 3. water and sewage \$ _____
- 4. telephone service/long distance \$ _____
- 5. Do you have any other utility bills? If so, what, and how much per month?
_____ \$ _____
_____ \$ _____
_____ \$ _____
- 6. home maintenance, including repairs and general upkeep \$ _____
- 7. food \$ _____
- 8. clothing \$ _____
- 9. laundry and dry cleaning \$ _____
- 10. medical and dental expenses \$ _____
- 11. transportation (not including car payments) \$ _____
- 12. entertainment, recreation, newspapers, magazines \$ _____
- 13. charitable contributions \$ _____
- 14. church donations \$ _____
- 17. insurance not deducted from paycheck \$ _____
 - a) homeowner's or renter's insurance \$ _____
 - b) life insurance \$ _____
 - c) health insurance \$ _____
 - d) auto insurance \$ _____
 - e) other insurance _____ \$ _____
- 18. taxes not deducted from paycheck \$ _____

19. installment payments for car, furniture, etc. (Specify)

_____ \$ _____
_____ \$ _____
_____ \$ _____

20. alimony, maintenance, support paid to others \$ _____

21. payments for support of dependents not living at home \$ _____

22. expenses from operation of business \$ _____

Additional Expenses (707(b) Expenses)

23. mandatory payroll deductions not already listed \$ _____

_____ \$ _____
_____ \$ _____

24. court ordered payments not already listed \$ _____

_____ \$ _____
_____ \$ _____

25. education necessary to maintain employment \$ _____

26. repayment of student loans \$ _____

27. education for a physically or mentally challenged child \$ _____

28. childcare \$ _____

29. disability insurance (if not listed on line 14) \$ _____

30. health savings account \$ _____

31. care for elderly, chronically ill, or disabled family members \$ _____

32. protection from family violence \$ _____

33. education expense for your children under 18 \$ _____

34. non-mandatory contributions to retirement accounts (including loan repayment)

_____ \$ _____
_____ \$ _____

35. other expenses not listed above (i.e. haircuts,
car maintenance/tag \$ _____

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____