

DORNA TAYLOR CONSULTATION FORM

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

1. Pay stubs
2. Certificate of pre-bankruptcy credit counseling
3. This completed form

APPLICANT INFORMATION

Last Name		First	M.I.	Date
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)

YOU:	YTD:	Last year:	Previous Year:
YOUR SPOUSE:	YTD:	Last Year:	Previous Year:
Have you owned a business is the last 6 years? If yes, please list the name(s):			
From	To	Do you have any employees, contractors, or both? (Please circle one)	
Does your business have any equipment? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, please list equipment:	

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 (list bank accounts)	*include name of financial institution
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 APPLYReceive child support on a REGULAR basis YES NO If yes, how much per month? \$Pay child support YES NO If yes, how much per month? \$Receive alimony on a REGULAR basis YES NO If yes, how much per month? \$Pay alimony on a REGULAR basis YES NO If yes, how much per month? \$Have been sued YES NO If yes, by whom and when?
Outcome of lawsuit?Sued or suing someone? YES NO If yes, who and when?
Outcome of lawsuit?401K loans? YES NO If yes, how much per month? \$
What is the balance left? \$Repossession in last year? YES NO If yes, when and by whom?Do you have a Homeowner's Assoc? YES NO If yes, please list name and address:Are you currently in divorce proceedings YES NO 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 NO If yes, please list their name and address**STUDENT LOANS AND DIRECT TAX PAYMENTS**Do you have any student loans? YES NO If yes, status is: DEFERED DEFAULT REPAYING AT \$_____ monthlyAre you on a tax repayment plan with the IRS? YES NO 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: \$	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: \$	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 Dorna Taylor immediately.

Signature		Date	
Signature		Date	