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IMPORTANT NOTICE

OCCASIONALLY PEOPLE COME TO THE OFFICE WITHOUT FILLING OUT THE ATTACHED DOCUMENTS AND SAY "I JUST HAVE A FEW QUESTIONS". PLEASE DO NOT DO THIS. REMEMBER, THE MORE ACCURATE THE INFORMATION YOU PROVIDE THIS OFFICE THE BETTER WE CAN EVALUATE YOUR'S OR THE COMPANY'S FINANCIAL POSITION. PLEASE DO NOT COME TO YOUR MEETING WITHOUT THIS INFORMATION!

IN ORDER FOR US TO EVALUATE YOUR FINANCIAL SITUATION, WE MUST HAVE DETAILED INFORMATION CONCERNING YOUR FINANCES; THEREFORE, IT IS MANDATORY THAT YOU FILL OUT THE ACCOMPANYING FORMS COMPLETELY.

THE FORMS ARE GENERIC AND APPLY TO ALL BANKRUPTCY SITUATIONS. IF YOU ARE THINKING ABOUT FILING BANKRUPTCY FOR A BUSINESS, INCLUDING, A PARTNERSHIPS, A LIMITED LIABILITY COMPANIES OR A CORPORATION, YOU MUST FILL OUT THE INFORMATION FOR THAT BUSINESS. THE LAST PAGE PROVIDES SPACE TO FURTHER EXPLAIN ANY OF THE ANSWERS PROVIDED ON THE PREVIOUS PAGES.

IF YOU ARE THINKING ABOUT FILING BANKRUPTCY PERSONALLY AND A BUSINESS, YOU NEED TO FILL OUT ONE SET OF FORMS FOR YOU AND ONE SET OF FORMS FOR THE BUSINESS.

YOUR INFORMATION			DATE ____/____/____	
How did you find D & T? Yellow pages, Internet, Attorney, Friend, Relative, Co-worker, Other _____				
Are you self employed? YES NO		Social Security No.: — —		
First Name		Middle Name		Last Name
Other Names you have been known by in the past 6 years				
First Name		Middle Name		Last name
Address Street		City	County	State Zip
Home Number ()	Cell Number ()	Employer's Number ()	Email	
Employer Address:		City	County	State Zip
Job Title	Employer	How Long Employed	Monthly Earnings \$	
SPOUSE'S INFORMATION				
Do you plan on divorcing or have you been divorced in the past 8 years? Pending Yes No				
Is your spouse self employed? YES NO		Social Security No.: — —		
Spouses First Name		Spouses Middle Name		Spouses Last Name
Other Names your spouse has been known by in the past 6 years				
First Name		Middle Name		Last name
Spouse's Street Address		City	County	State Zip
Home Number ()	Cell Number ()	Employer Number ()	Email	
Employer Address:		City	County	State Zip
Job Title	Employer:	How Long Employed	Monthly Earnings \$	
CHILDREN/DEPENDENTS				
Male/Female Age	Male/Female Age	Male/Female Age	Male/Female Age	
Male/Female Age	Male/Female Age	Male/Female Age	Male/Female Age	
Does an elderly parent/grandparent live with you?		YES	NO	

INCOME INFORMATION (take information from last pay stub):

CLIENT IS PAID	Monthly	Twice a month	Every Two Weeks	Weekly	Commission
SPOUSE IS PAID	Monthly	Twice a month	Every Two Weeks	Weekly	Commission

	CLIENT		SPOUSE	
	First Job	Second Job	First Job	Second Job
Gross wages				
Average Overtime				
A. SUBTOTAL				
Payroll Tax & SS				
Retirement 401K, KEOGH				
Health Insurance				
Union Dues				
Other _____				
B. SUBTOTAL				
C. NET PAY (A-B)				
Income from Business				
Rental Property				
Interest & Dividends				
Alimony & Child Support				
Social Security				
Other Government Assistance				
Pension & Retirement				
Other				
TOTAL				

COMBINED TOTAL	\$
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INCOME SOURCE	YOUR INCOME		SPOUSE'S INCOME	
	FIRST JOB	OTHER INCOME	FIRST JOB	OTHER INCOME
YTD				
LAST YEAR				
2 YRS AGO				

EXPENSES Complete this information for the *whole* household even if not filing jointly. Estimate average monthly expenses.

Rent or first home mortgage					
Second mortgage					
Other mortgage					
Land lease (trailer park, hunting property, etc.)					
Monthly home expenses					
Electricity/Gas/Home fuel					
Water/Sewer					
Land Line Telephone	\$		Cell Phone	\$	Total \$
Garbage					
Alarm					
Internet					
Cable					
Property services (Lawn/Pool)					
Home Maintenance, Repairs and Upkeep: Provide a Monthly Amount					
Food (Groceries, Out-of-home lunches and dinners, cleaning supplies, etc)					
Clothing purchases					
Dry Cleaning					
Medical/Dental/Vision not covered by insurance (co-pays, prescriptions, braces, glasses)					
Transportation expense (gas, oil changes, auto repair and maintenance)					
Recreation, clubs, entertainment, subscriptions (magazines, fitness membership, scouts, etc.)					
Charitable contribution (please provide church printout)					
Homeowners Insurance not included in mortgage payment or Renters insurance					
Life Insurance not taken out of paycheck					
Disability Insurance not taken out of paycheck					
Health Insurance not taken out of paycheck					
Automobile Insurance not taken out of paycheck					
Other Insurance not taken out of paycheck					
TOTAL THIS PAGE					\$

Taxes				
Federal taxes not taken out of paycheck				
Federal past due (Total Amount Due: \$ _____ for _____ year(s))				
State taxes not taken out of paycheck or past due (Total Amount Due: \$ _____)				
State past due (Total Amount Due: \$ _____ for _____ year(s))				
Property taxes not escrowed (Total Yearly Amount Due: \$ _____)				
Other taxes due (business tax, sales tax, etc.)				
Regular Monthly Installment Payments				
Student loans				
Homeowner/Condo Fee				
Vehicle (1) Yr.	Make	Model	Balance	
Vehicle (2) Yr.	Make	Model	Balance	
Vehicle (3) Yr.	Make	Model	Balance	
Boat, RV, ATV, etc. Yr.	Make	Model	Balance	
Recreational (Boat, RV, ATV, etc.) Yr.		Make	Model	
Loan secured by personal property: Company _____				
Loan secured by personal property: Company _____				
Alimony paid to another				
Child support paid to another				
Payments made for the support of other dependents not living in your home				
Regular expenses from business or profession: attach a detailed monthly statement				
Other Expenses				
Child Care				
Personal Care (Grooming)				
School lunches and supplies				
Monthly Expenses of non-filing spouse				
Miscellaneous unexpected expenses other Expenses				
TOTAL THIS PAGE				\$
TOTAL BOTH PAGES				\$

PERSONAL PROPERTY Calculate the value of these at actual cash value, pawn shop or garage sale prices.

1	Cash on Hand	
2	Bank Accounts: (a) Checking: _____ (b) Savings: _____	(a) (b)
3	Security Deposits with public utilities, landlords, etc.: _____	
4	Household furnishings: TVs, living room, dining room, stove, refrigerator, dishwasher, computer, bedroom suites, lawn equipment and hand tools, and other household items.	
5	Collectibles/Collections: books, art, antiques, stamps, coin, sportsl cards, CDs, etc.	
6	Personal clothing	
7	Furs and Jewelry	
8	Firearms, sporting, photographic, and other hobby equipment	
9	Insurance policy which can be borrowed against: Cash value	
10	Annuities. List each issuer	
11	Interest in an education IRA US 451(b)(5)	
12	Interest in IRA, ERISA, Keogh, 401K, other pension or profit sharing plans. Itemize.	
13	Stock and interest in businesses. Itemize each	
14	Interest in partnerships or joint ventures. Itemize.	
15	Government and corporate bonds and other negotiable and non-negotiable instruments	
16	Accounts receivable: Does anyone owe you any money for any reason. Itemize _____	
17	Alimony, maintenance, support and property settlements (Insert details at end of forms)	
18	Other debts owed to you, including tax refunds. (Give particulars at end of forms)	
19	Equitable or future interests, life estates and rights or powers for the benefits of the debtor	
20	Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust	
21	Other contingent and unliquidated claims of every nature, including tax refunds, setoff claims, personal injury and/or worker's compensation claims, and counterclaims, etc.	
22	Patents, copyrights or other intellectual property. (Give particulars at end of forms)	
23	Licenses, franchises and other general intangibles. (Give particulars at end of forms)	
24	Customer list or other compilations other identifiable info.	

25	Value of automobiles, Trucks, or other motorized vehicles (ATVs, Rvs, Jetskis)				
	(1) Yr.	Make	Model	Mileage	_____
	(2) Yr.	Make	Model	Mileage	_____
	(3) Yr.	Make	Model	Mileage	_____
26	Boats, motors, accessories.	Yr.	Make	Model	
27	Aircraft and accessories.	Yr.	Make	Model	
28	Office equipment, furnishings, and supplies - related to operation of a business				
29	Machinery, fixtures, equipment, and supplies used in business				
30	Business inventory				
31	Animals: family pets, horses, cattle, other farm animals				
32	Crops - growing or harvested. Give particulars				
33	Farming equipment and implements				
34	Farm supplies, chemicals and feed				
35	Other personal property of any kind not already listed such as tools of the trade. Itemize.				

Other Debts

Total unsecured debts (credit card, charge cards, gas cards,)	\$
Balance of car/truck loan #1	\$
Balance of car/truck loan #2	\$
Total Unsecured loan with bank or other loan company	\$
Total owed to Pawn Shops	\$
Money you owe to a friend or family member	\$
Court ordered payments	\$
Repayment of loans from retirement accounts	\$
Other Money you owe not listed above	\$
Other debts not listed above	\$
TOTAL	\$

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REAL PROPERTY List all real property including time shares and grave plots.

PRIMARY RESIDENCE (Where you live)

N/A

Street Address	
Type of ownership and date purchased	
Names on deed	
Names on note or debt	
1. Fair value of property	\$
2. Balance of 1st mortgage and mortgage co.	\$
3. Balance 2nd mortgage and mortgage co.	\$
Equity	\$
Exemption	\$
Arrears	\$
Attorney Notes _____ _____	

SECOND PROPERTY

Address	
Type of ownership	
Names on deed	
Names on note or debt	
1. Fair value of property	\$
2. Balance of 1st mortgage and mortgage co.	\$
3. Balance 2nd mortgage and mortgage co.	\$
Equity	\$
Exemption	\$
Arrears	\$
Attorney Notes _____ _____	

CONTRACTS AND LEASES

Give particulars of any contracts or leases of any nature which you are a party

N/A

What is the contract for?	
Who did you contract or sign the lease with? Name Address	
How much money have you paid?	\$
Attach a copy of the contract	

OTHER FINANCIAL INFORMATION NEEDED:

1. List all Lawsuits, Administrative Proceedings, Executions, Garnishments, and Attachments which you have been a party within one year of the filing of this case.

N/A

Plaintiff's name	
Defendant's name	
Case No.:	
Attach a copy of the law suite	

2. List all property that has been attached, garnished or seized under any legal or equitable process within the past year.

N/A

Describe the property.	
Why was it seized?	
Who seized it?	
When was it seized?	
Was it a garnishment? Provide pay stubs	
Attorney Notes	

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

N/A

Date of Foreclosure or repossession	
Property foreclosed on or repossessed	
Provide all documents regarding the foreclosure	

4. Describe any assignment of property for the benefit of creditors made within 20 days. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year.

N/A

Name and address of person in possession	

5. List all gifts or charitable contributions made within one year over \$200 in value.

N/A

NAME OF CHARITY/CHURCH	ADDRESS	AMOUNT OF CONTRIBUTION
		\$

6. List all losses from fire, theft or other casualty or gambling within one year.

N/A

DATE OF LOSS	DESCRIPTION OF PROPERTY	VALUE OF PROP.	WAS IT COVERED BY INSURANCE?
___/___/___			
___/___/___			

7. List all payments made or property transferred to anyone for debt consolidation or consultation for debt consolidation within one year.

N/A

Description of property	
Property transferred to.	
Amount of payment or value of property	
Date of transfer	

8. List any other property transferred, other than in the ordinary course of business, within the past year.

N/A

Description of property	
Name and address of person to whom the property was transferred	
Amount of payment or value	\$

Description of property	
Name and address of person to whom the property was transferred	
Amount of payment or value	\$

9. List all closed financial accounts closed in the past year whether or not you or the bank or other financial institution closed the account. Such accounts include but are not limited to checking, savings, retirement accounts such as 401K's and other pre-tax retirement accounts, brokerage accounts, and etc..

N/A

Type of account	
Names on account	
Account number	
Bank or institution Name Address	
Date closed	
Amount in account when closed	

10. Do you have a safe deposit box or have you had one in the past year? If yes provide the following information.

N/A

Names who have access.	
Account number	
Name & address of Bank	
Date closed	
Contents of box	

11. If in the past 90 days you owed anyone any money and they owed you money and you decided to call it even or one of you reduced the amount owed, provide the following information

N/A

How much did you owe the other person?	
How much did they owe you?	

12. List all property owned by another person that you use and have in your possession.

N/A

Name of owner	
Describe property	

13. List your home address for the prior three (3) years and dates of occupation.

N/A

Present address State City Zip		From _____/_____/____
		To _____/_____/____
Name used		
Previous address State City Zip		From _____/_____/____
		To _____/_____/____
Name used		

14. Have you ever been cited for any environmental violation by any government agency. Provide details.

N/A

NAME OF AGENCY	ADDRESS	PURPOSE OF CITATION(ATTACH DETAILS)

15. Do you own, are a partner, or are you or have you been an officer in any business in the past 6 years?
YES NO

ADDITIONAL INFORMATION AS NEEDED. IF THE INFORMATION RELATES TO ONE OF THE NUMBERED BOXES, PLEASE IDENTIFY THE NUMBERED BOX
