

HAMMOND & HAMMOND, P.C.  
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Your Full Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Full Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

*If you are a Jr./Sr./Etc. ~or~ had other names in the last 8 years, list above.  
Name(s) and address need to match with your drivers license and SS card.*

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number Where we can reach you: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever filed chapter 7 or 13 before? Yes \_\_\_\_\_, No \_\_\_\_\_

Dependents that live with you:

1. \_\_\_\_\_ Age: \_\_\_\_\_
2. \_\_\_\_\_ Age: \_\_\_\_\_
3. \_\_\_\_\_ Age: \_\_\_\_\_

**MORTGAGE INFORMATION (for address listed above):**

Do you own or are you **buying a house** or any land? \_\_\_\_\_

Are you current? \_\_\_\_\_ If not, how many months behind: \_\_\_\_\_

1<sup>st</sup> Lienholder: \_\_\_\_\_ Payoff amount: \$ \_\_\_\_\_ Monthly Pmt \$ \_\_\_\_\_

Are you up to date on payments? Yes \_\_\_\_\_ No \_\_\_\_\_

2<sup>nd</sup> Lienholder: \_\_\_\_\_ Payoff amount \$ \_\_\_\_\_ Monthly Pmts \$ \_\_\_\_\_  
Are you up to date on 2<sup>nd</sup> lien payments? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a Homeowners Association: \_\_\_\_\_

Do you own any other real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own a timeshare? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

**Your Employment information:**

Job description: \_\_\_\_\_ How long employed: \_\_\_\_\_

Name of employer: \_\_\_\_\_

How often are you paid? \_\_\_\_\_

Do you have other income besides your job? Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security Yes \_\_\_\_\_ No \_\_\_\_\_

Food Assistance Yes \_\_\_\_\_ No \_\_\_\_\_

Support/Alimony Yes \_\_\_\_\_ No \_\_\_\_\_

Unemployment Comp. Yes \_\_\_\_\_ No \_\_\_\_\_

**Spouse Employment information:**

Job description: \_\_\_\_\_ How long employed: \_\_\_\_\_

Name of employer: \_\_\_\_\_

How often are you paid? \_\_\_\_\_

Do you have other income besides your job? Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security Yes \_\_\_\_\_ No \_\_\_\_\_

Food Assistance Yes \_\_\_\_\_ No \_\_\_\_\_

Support/Alimony Yes \_\_\_\_\_ No \_\_\_\_\_

Unemployment Comp. Yes \_\_\_\_\_ No \_\_\_\_\_

**TAX DEBT:**

Do you owe any money to the IRS? \_\_\_\_\_ or State? \_\_\_\_\_  
Have you filed all returns? Yes \_\_\_\_\_ No \_\_\_\_\_

**LEASES:**

Are you leasing or renting to own anything? Yes \_\_\_\_\_ No \_\_\_\_\_ (furniture, washer/dryer, tv's, etc)

**CO-SIGNERS:**

Are you a cosigner Yes \_\_\_\_\_ No \_\_\_\_\_

Has someone co signed with you Yes \_\_\_\_\_ No \_\_\_\_\_

**MONTHLY EXPENSES:**

Mortgage/Rent \$ \_\_\_\_\_ (1<sup>st</sup>) + \_\_\_\_\_ (2<sup>nd</sup>) Homeowners Assoc \$ \_\_\_\_\_

Does your mortgage include taxes and insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, how much is your property taxes monthly: \$ \_\_\_\_\_

If not, how much is your property insurance monthly: \$ \_\_\_\_\_

|                             |          |  |          |
|-----------------------------|----------|--|----------|
| Gas & Elec.                 | \$ _____ | Medicines                                    | \$ _____ |
| Water                       | \$ _____ | Food   | \$ _____ |
| Telephone (hm)              | \$ _____ | Maint-home                                   | \$ _____ |
| Telephone (cell)            | \$ _____ | Clothing                                     | \$ _____ |
| Cable & Internet            | \$ _____ | Laundry                                      | \$ _____ |
| Garbage                     | \$ _____ | Renters Ins                                  | \$ _____ |
| Alarm                       | \$ _____ | Gas for Car                                  | \$ _____ |
| Car insurance               | \$ _____ | Daycare                                      | \$ _____ |
| Car payment                 | \$ _____ | Charitable                                   | \$ _____ |
| 2 <sup>nd</sup> Car payment | \$ _____ | (Need name/add for Charitable Contributions) |          |

\_\_\_\_\_

**LIFE INSURANCE:**

Do you have life insurance Yes \_\_\_\_\_ No \_\_\_\_\_ Monthly premium \$ \_\_\_\_\_

**STUDENT LOANS:**

Do you have a student loan Yes \_\_\_\_\_ No \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

**IF SPOUSE NOT FILING WITH YOU:**

Does your spouse have any debts that are in their name alone? Yes \_\_\_\_\_ No \_\_\_\_\_

**BANK INFORMATION:** (Checking & Saving & any Credit Unions)

Where do you bank? \_\_\_\_\_

**ASSETS:** (Please list the CURRENT DOLLAR VALUE, not a list of items)

Household furniture/appliances/TVs \_\_\_\_\_  
Jewelry/Watches \_\_\_\_\_  
Do you collect anything of value? \_\_\_\_\_  
(coins, stamps, paintings, etc)

**IRA/401k/Pension:**

Do you have any type of retirement account? Yes \_\_\_\_\_ No \_\_\_\_\_

do you have a loan against your retirement account? Yes \_\_\_\_\_ No \_\_\_\_\_

**VEHICLES:**

What year and type of motor vehicle do you own?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**IS YOUR NAME ON ANY OTHER PROPERTY ~OR~ BANK ACCOUNT:**

Is your name on any property that is owned jointly with any family member or other relative even if only for convenience? For example, is your name on your parent’s bank account or the deed to their home even though you don’t consider yourself to be one of the owners?

\_\_\_\_\_  
(If the answer is yes, the atty needs to see a copy of bk stmt & the property records from online).

**PERSONAL INJURY/ETC.**

Have you been involved in any car accident, slip and fall, medical malpractice or other personal injury action which was or is pending or had occurred in the last 2 years?

\_\_\_\_\_  
(If answer is yes, the atty needs to know the attorney’s name/address who is representing you & the retainer agrmt ~&~ any monies \$\_\_\_\_\_ you might receive.) Also if you have rec’d any monies in the last 2 years from a settlement, we need a copy of that information.

**DO YOU EXPECT TO RECEIVE ANY MONIES FROM CAR ACCIDENT/ INHERITANCE/ DEBT OWED TO YOU/ETC:**

\_\_\_\_\_  
\_\_\_\_\_

**CHILD SUPPORT OR DOMESTIC SUPPORT:**

*Do you receive Child Support?* Yes \_\_\_\_\_ No \_\_\_\_\_

*Do you pay child Support?* Yes \_\_\_\_\_ No \_\_\_\_\_

**PRIOR ADDRESSES WITHIN THE LAST 3 YEARS:**

(List full address and dates you lived there)

1. \_\_\_\_\_

2. \_\_\_\_\_

**CASH ADVANCES OR CHARGING ON CREDIT CARDS:**

Have you taken a cash advance or charged on any credit card in the last 12 months?

Yes \_\_\_\_\_ No \_\_\_\_\_

**OPERATED A BUSINESS WITHIN THE LAST 6 YEARS:**

Yes \_\_\_\_\_ No \_\_\_\_\_

**STATE OF GEORGIA:**

How long have you lived in the State of Georgia? \_\_\_\_\_

GROSS INCOME:

| (Husband)            | (Wife)   |
|----------------------|----------|
| This month \$ _____  | \$ _____ |
| Last month \$ _____  | \$ _____ |
| YTD \$ _____         | \$ _____ |
| Last Year \$ _____   | \$ _____ |
| 2 years ago \$ _____ | \$ _____ |

**Please attach all pay stubs for the last 60 days and last year's tax return**