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CLIENT QUESTIONNAIRE

Thank you for calling THE CARR LAW GROUP for legal assistance relating to your finances. Please complete this form so we can provide you with helpful and accurate advice.

Fee required to start: \$ _____ (Attorney to Complete)

- Chapter 7
- Chapter 13
- Means test to determine (Document attached)

Do you have METLIFE LEGAL PLAN? If so, put EID # here: _____

Client Checklist:

- Fill out Client Questionnaire
- Copy of Social Security Card (or W-2/1099) for all persons filing bankruptcy
- Copy of Photo ID/Drivers License for all persons filing bankruptcy
- Copy of last 2 years filed tax returns
- Pay stubs or reports from employer, if employed:
 - Last 2 months (60) days consecutive
 - Last 6 months consecutive (Means test)
 - If self-employed, 6 months of revenue and expenses by month
- Copy of any foreclosure, lawsuit, or divorce decree in which you are a party, within the last year. (Divorce decree only needed if money is owed by agreement.)
- Write in creditors for debts or attach list including any medical debt as they do not appear on credit reports. (Do not provide credit reports or statements)
- Call the office to let us know when you expect to bring in paperwork
(706) 754- 9231
- Bring in folder with all requested and filled out documents at specified office & time

Again, thank you for choosing THE CARR LAW GROUP. We will make every effort to see to it that your experience as our client is a pleasant one. If you have any questions, you can call our office anytime!

Section 1- Basic Information

Part A. Name and Address

First Name: _____ Middle Name: _____ Last Name: _____

Have you used any other names in the past eight years? Yes No

If yes, please list other names used: _____

Telephone Numbers/Email address:

Home: _____ Work: _____

Cell: _____ Your email: _____

Social Security Number: ____ - ____ - _____

Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____ County: _____

Have you lived in your current county for at least 6 months? Yes No

Have you lived in Georgia for at least 2 years? Yes No

If you answered "NO" to either of the questions above, please list your previous address:

Address: _____

City: _____ State: _____ Zip: _____ County: _____

If you have a different **mailing address**, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Part B. Name and Address of Spouse

****If you are filing jointly with your spouse, fill in the following information about your spouse:**

First Name: _____ Middle Name: _____ Last Name: _____

Has your spouse used any other names in the past eight years? Yes No

If yes, please list all other names used: _____

Telephone Numbers/Email address:

Home: _____ Work: _____

Cell: _____ Spouse email: _____

Social Security Number: ____ - ____ - _____

Date of Birth: _____

Address: (enter only if different address) _____

City: _____ State: _____ Zip: _____ Country: _____

Part C. Prior and/or Pending Bankruptcy Cases

Have you filed a bankruptcy case in the last 8 years? Yes No

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

Case Number: _____

Date Filed: _____

Are there currently any bankruptcy cases pending involving you, your business, your spouse, or you spouse's business? Yes No

If **yes**, name of debtor: _____

Relationship to you: _____

Case Number: _____

Part D. Debtors who reside as Tenants of Residential Property

If you rent your place of residence, does a landlord hold a judgment against you? Yes No

If **yes**, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Part E. Dependents/Marital Status

List any dependents that live with you and/or that you provide over 50% of their life expenses in the box below. Also, circle your marital status.

Marital Status:	Name of dependents:	Age	Relationship (son/daughter/parent, etc)
Married Single Divorced Widowed			

Section 2- Property

Part A. Real Estate

List all real estate which you individually or jointly own, even if only a partial interest. This could include your primary residence, 2nd home, rental property, burial plot, undeveloped land, farm land, and time shares.

Address & Description of Property	List all mortgages, home equity loans, and other liens against the property	Estimated Value of Property	Owned by husband, wife, or joint? (H/W/J?)
<p>Street Address: _____ _____</p> <p>Description: (Exp: Primary residence; 2 acres) _____ _____ _____</p>	<p>1. Mortgage Company?</p> <p>2. Total Current Balance?</p> <p>3. Who is liable on loan?</p> <p>4. Current interest rate?</p> <p>5. What is your monthly payment?</p> <p>6. Does payment include taxes and/or insurance (escrow)? Y/N (circle one)</p>		
<p>Street Address: _____ _____</p> <p>Description: (Exp: 2nd home; 2 acres) _____ _____ _____</p>	<p>1. Mortgage Company?</p> <p>2. Total Current Balance?</p> <p>3. Who is liable?</p> <p>4. Current interest rate?</p> <p>5. What is your monthly payment?</p> <p>6. Does payment include taxes and/or insurance? Y/N (circle one)</p>		

***If you own additional property, please list the same information on a separate sheet of paper and attach it to this questionnaire.**

Part B. Personal Property

For each type of property listed below, list any property of that category you own, and fill in the remaining information. The value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property (For instance, a used utility trailer might only be worth \$500, even though you paid \$1,000.00 for it). If someone else is in possession of the property, please let us know that in this form. If you leave it blank, we will assume you do not own this type of property. If you wish, you may write “none” in any column that does not apply.

Type of Property	Description and Location of Property (if not in your possession)	Value of Property
1. Cash on hand		
2. Checking/Savings Account: (List All)	<i>Ex: Checking: Regions Bank</i>	
3. Security deposits held by utility companies or landlord		
4. Household goods, furniture, audio, video, and computer equipment		
5. Books, pictures, art, records, collectibles		
6. Clothing		
7. Furs and jewelry		
8. Sports, photographic, or hobby equipment, firearms		
9. Interest in insurance policies (specify refund or cancellation value)		
10. Annuities/Retirement Accounts (401(k), etc.)	<i>Ex: 401K (Schwab)</i>	
11. Interests in an education IRA		
12. Interests in pension or profit sharing plans		

Type of Property	Description and Location of Property (if not in your possession)	Value of Property
13. Stock and interests in incorporated/unincorporated business		
14. Interests in partnerships/joint ventures		
15. Bonds		
16. Accounts receivable		
17. Alimony/family support that you are entitled to		
18. Liquidated debts owed to you, including tax refunds		
19. Equitable or future interests or life estates		
20. Interests in estate of decedent of life insurance plan		
21. Other unliquidated claims (including tax refunds, counter claims)		
22. Patents, copyrights, other intellectual property		
23. Licenses, franchises		
24. Customer list or other complications		
25. Autos, trucks, trailers, and accessories (and who is on title)	<i>Ex: 2019 Ford Explorer (Joint)</i>	
26. Boats, ATVs, Mowers, etc. (and who is on title)		

Type of Property	Description and Location of Property (if not in your possession)	Value of Property
27. Aircraft and accessories		
28. Office equipment, supplies		
29. Machinery and fixtures for business		
30. Inventory		
31. Animals/Livestock (if any value)		
32. Crops: growing or harvested		
33. Farming equipment and implements		
34. Farm supplies, chemicals, feed		
35. Any other personal property not listed, including any pending or possible legal claims (i.e. personal injury, workers comp, disability, medical malpractice, etc):		

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Section 3- Debts

Part A. Debts Secured by Property

Please list below all debts that you owe OR that creditors claim you owe that are secured by property (Example: House loans and Car loans).

Type of Debt	Creditor Information	Property Information	Co-signer, if any	Who owes the money (circle one or list)?
Home loan and/or Mortgage	1. Total Balance: \$ _____ 2. Arrears: \$ _____ 3. Creditor Name: _____	1. Address: _____ 2. Monthly Payment: \$ _____		H/W/Joint
2 nd Mortgage, if any	1. Total Balance: \$ _____ 2. Arrears: \$ _____ 3. Creditor Name: _____	1. Address: _____ 2. Monthly Payment: \$ _____		H/W/Joint
Car loan #1	1. Current Amount owed: \$ _____ 2. Creditor Name: _____	1. Describe property: _____ 2. Monthly Payment: \$ _____		H/W/Joint
Car loan #2	1. Current Amount owed: \$ _____ 2. Creditor Name: _____	1. Describe property: _____ 2. Monthly Payment: \$ _____		H/W/Joint
Other loans with collateral	1. Current Amount owed: \$ _____ 2. Creditor Name: _____	1. Describe property: _____ 2. Monthly Payment: \$ _____		H/W/Joint

Other loans with collateral	1. Current Amount owed: \$ _____ 2. Creditor Name:	1. Describe property: 2. Monthly Payment:\$ _____		H/W/Joint

Part B. Credit Card Debts

Please list below all credit card debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Co-signer, if any	Who owes the money (circle one or list)?
Credit card debts	1. Current Amount owed: \$ _____ 2. Creditor Name:		H/W/Joint
Credit card debts	1. Current Amount owed: \$ _____ 2. Creditor Name:		H/W/Joint
Credit card debts	1. Current Amount owed: \$ _____ 2. Creditor Name:		H/W/Joint
Credit card debts	1. Current Amount owed: \$ _____ 2. Creditor Name:		H/W/Joint

If you have additional credit cards, please list the same information on the back of this page, or attach an additional page.

Have you taken a cash advance against any of your credit cards in the last 6 months? Y/N (Circle one)

Part C. Medical Debts

Please list below all medical bill debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Co-signer, if any	Who owes the money (circle one or list)?
Unpaid medical bills	1. Current Amount owed: \$ _____ 2. Creditor Name:		H/W/Joint
Unpaid medical bills	1. Current Amount owed: \$ _____ 2. Creditor Name:		H/W/Joint

Part D. Tax Debts

Please list below all unpaid tax debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Co-signer, if any	Who owes the money (circle one or list)?
Unpaid taxes (IRS)	1. Current Amount owed:\$ _____ 2. Creditor Name: 3. Tax Year Debt is owed:		H/W/Joint
Unpaid taxes (State Taxes)	1. Current Amount owed: \$ _____ 2. Creditor Name: 3. Tax Year Debt is owed:		H/W/Joint

Part E. Homeowners or Property Owners Association, if any:

<u>Name of HOA/POA</u>	<u>Address</u>	<u>Past Due Amount</u>	<u>Payment Amount and Cycle (Monthly/Qtrly/Annually)</u>

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Part E. Child Support and/or Student Loan Debts

Please list below all Student Loan debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Co-signer, if any	Who owes the money (circle one or list)?
Child Support	1. Current Monthly Amount owed: \$ _____ 2. Past Due Amount: \$ _____ 3. Child Support Holder Name & Address: _____ _____ _____		H/W/Joint
Student loan	1. Current Amount owed: \$ _____ 2. Creditor Name:		H/W/Joint

Please list any other debts that you may have on a separate sheet of blank paper. Some examples of other debts are: 1) past due rent; 2) alimony or child support; 3) other bank loans; 4) business debts; 5) personal/family loans; 6) loans you have co-signed; 7) any other obligations you may have.

Section 4- Unexpired Leases and Contracts

List below any leases or contracts that are that you are a party to, such as furniture, storage shed, or appliance leases (rent-to-own). Include residential, car and business leases, and service or business contracts.

Nature & Description of Contract	Name & Address of Other Party/Parties	Date the Contract Expires and who is liable.

Section 5- Income

Part A. Debtor's Income (Please provide paystubs for the last 60 days, or a report that shows all of your deductions)

1. What is your occupation? _____
2. Employer's Name:

3. How long employed there? _____
4. What is the average gross amount of your check, 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/ or other _____

Do you receive any other income?

- a.) Business Income? If so, amount per month on average: _____
- b.) Rental Income? If so,
how much per month? \$ _____
- c.) Investments: Interest or dividends? If so, how much per month? \$ _____
- d.) Alimony or child support? If so, how much per month?
\$ _____
- e.) Social Security or other forms of monetary government assistance? \$ _____
- f.) Retirement or pension money? \$ _____

Part B. Spouse's Income (Please provide paystubs for the last 60 days, or a report that shows all of your deductions)

1. What is your spouse's occupation? _____
2. Employer's Name:

3. How long employed there? _____
4. What is the average gross amount of your spouse's paycheck, before taxes/other deductions?
\$ _____
5. How often does your spouse get paid?
once a week/ every two weeks/ twice a month/
once a month/ or other _____

Does your spouse receive any other income?

- a.) Business Income? If so, amount per month on average: _____
- b.) Rental Income? If so,
how much per month? \$ _____
- c.) Investments: Interest or dividends? If so, how much per month? \$ _____
- d.) Alimony or child support? If so, how much per month?
\$ _____
- e.) Social Security or other forms of monetary government assistance? \$ _____
- f.) Retirement or pension money? \$ _____

Do you or your spouse have any other income not listed?

Do you expect your income to change in the next 6 months? If so, please explain:

Debtor's Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months. (ONLY COMPLETE THIS IF YOU HAVE MULTIPLE SOURCES OF INCOME AND/OR YOUR INCOME VARIED GREATLY OVER THE LAST 6 MONTHS)

<u>Type of Income</u>	<u>Month 1</u> <u>(last month)</u>	<u>Month 2</u> <u>(2 months ago)</u>	<u>Month 3</u>	<u>Month 4</u>	<u>Month 5</u>	<u>Month 6</u>
Gross wages, salary, tips, bonuses, overtime, commissions						
Income from operation of business: a. Gross income - b. Expenses = c. Net Income						
Rent and other real property income: a. Gross income - b. Expenses = c. Net Income						
Interest, dividends, and royalties						
Pension and retirement income (not Social Security)						
Regular contributions from others to household expenses, including child support						
Unemployment compensation						
Social Security income						
Other sources not already mentioned Describe:						

Section 6- Current Expenses

1. Will you be filing bankruptcy jointly with your spouse? Yes No
If yes, does your spouse live in a separate household? Yes No

Indicate how much you pay for each item each month:

2. Primary Rent or Home Mortgage: \$ _____
Does that amount include real estate taxes?
 Yes No If no, how much do you pay directly for taxes each year? \$ _____
Does that amount include any homeowner's insurance?
 Yes No If no, how much do you pay directly for insurance per year? \$ _____

3. Are there additional mortgage payments?
 Yes No If yes, how much do you pay? \$ _____

4. Utilities:
a. Electricity and heating fuel: _____ \$ _____
b. Water and sewer: _____ \$ _____
c. Telephone service/long distance/internet: _____ \$ _____
d. Do you have any other utility bills? If yes, describe and enter monthly amount below:
_____ \$ _____
_____ \$ _____
_____ \$ _____

5. Food and housekeeping supplies.....\$ _____
6. Childcare and children education costs.....\$ _____
7. Clothing, laundry, and dry cleaning.....\$ _____
8. Personal care products and services.....\$ _____
9. Medical and dental expenses.....\$ _____
10. Transportation (do NOT include car payments).....\$ _____
11. Recreation, entertainment, newspapers, magazines, and books.....\$ _____
12. Charitable contributions and religious donations.....\$ _____

13. Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: **(Do not include amounts entered in Line 4 or Line 20.)**
a. Life Insurance.....\$ _____
b. Health Insurance.....\$ _____
c. Auto Insurance.....\$ _____
d. Other Insurance (describe and list monthly amount):

14. Payments to IRS/State for back taxes:
_____ \$ _____

15. Installment payments for car, furniture, etc. (Describe):
- | | |
|--|----------|
| | \$ _____ |
| | \$ _____ |
16. Alimony, maintenance, support, or court ordered payments paid to others.....\$ _____
17. Payments for support of additional dependents not living at your home\$ _____
18. Other Real Estate Property expenses NOT included with Rent or Home Mortgage Property (**Do not include amounts entered in Line 4 Or Line 5.**)
- | | |
|--|----------|
| Mortgage Property (Do not include amounts entered in Line 4 Or Line 5.) | \$ _____ |
| a. Mortgage payments on other Real Estate Property | \$ _____ |
| b. Taxes on other Real Estate Property | \$ _____ |
| c. Other Real Property, Homeowner's, or Renter's Insurance | \$ _____ |
| d. Home maintenance (including repairs and upkeeps) | \$ _____ |

Describe any increase or decrease in expenses you expect to occur within the next year:

Section 7 – Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. Please answer every question as accurately as possible.

1. **What is your current marital status?** (Please circle one): Married or Unmarried.

2. **During the last 3 years, have you lived anywhere other than where you live now?**
If yes, list all locations you have lived in the past 3 years. Do not include your current address.

Previous Addresses

Dates From-To (Ex: Sept 2016-Sept. 2017)

3. **Within the last 8 years, have you been married AND lived outside Georgia?**
If yes, please list the state you lived in and the name of the spouse that lived there with you.

State (where you lived)

Name of Spouse

4. **List the total amount of income that you have earned from all businesses and jobs, including part-time activities, during this year and the two previous years.**

Debtor (You)

	<u>Amount Earned</u>	<u>Source</u>
This Year (Since January 1 st):	\$ _____	_____
Last Year (Jan 1 st – Dec. 31 st):	\$ _____	_____
Year Before Last (Jan 1 – Dec 31):	\$ _____	_____

Spouse (if applicable)

	<u>Amount Earned</u>	<u>Source</u>
This Year (Since January 1 st):	\$ _____	_____
Last Year (Jan 1 st – Dec. 31 st):	\$ _____	_____
Year Before Last (Jan 1 – Dec 31):	\$ _____	_____

- 5. List any other income that you have received from sources other than from businesses and jobs, if any (Examples: Soc. Security; Disability; inheritance, 401K withdrawal, unemployment, food stamps, child support).**

Debtor (You)

	<u>Amount Earned</u>	<u>Source</u>
This Year (Since January 1 st):	\$ _____	_____
Last Year (Jan 1 st – Dec. 31 st):	\$ _____	_____
Year Before Last (Jan 1 – Dec 31):	\$ _____	_____

Spouse (if applicable)

	<u>Amount Earned</u>	<u>Source</u>
This Year (Since January 1 st):	\$ _____	_____
Last Year (Jan 1 st – Dec. 31 st):	\$ _____	_____
Year Before Last (Jan 1 – Dec 31):	\$ _____	_____

- 6. Have you paid anyone \$600 or more within the past 90 days? (Please circle one): Yes or No.**

<u>Name and Address of Person Paid</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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- 7. Have you made any payments to a family member or friend that you owed money to within the past year? (Please circle one): Yes or No.**

<u>Name and Address of Person/ Relationship</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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- 8. Have you made any payments or transferred property that would BENEFIT a family member or friend within the past year? (Please circle one): Yes or No.**

<u>Name and Address of Person/ Relationship</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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9. Have you been involved in any lawsuit, administrative proceeding, or court action within the last year?

(Please circle one): Yes or No.

Case Title and Number Civil or Criminal? Name and Address of Court Status

10. Has any of your property been repossessed, foreclosed, seized or taken from you in any way, within the last year? (Please circle one): Yes or No.

If so, please list who, when, what was taken and value of property:

11. Within the last 90 days, has your bank taken money that was owed to them out of your bank account?

(Please circle one): Yes or No.

Name & Address of Bank who took the money Date Action was Taken Amount Taken

12. Within the last year, has any court assigned someone to take possession of any of your property?

(Please circle one): Yes or No.

13. In the past 2 years, have you gifted anything of value over \$600 to another person?

(Please circle one): Yes or No.

Name & Address of Person Receiving Gift Description of Gift Date Gift was Given Amount

14. In the past 2 years, have you given over \$600 to a charity? Yes or No.

Name & Address of Charity Description of Gift Date Gift was Given Amount

15. In the last year, have you lost anything due to gambling, theft, fire, or other disaster? Yes or No?

Description of Property Description of any Insurance Value of
and Coverage Property Lost
How Loss Occurred (include amount insurance has Date of Loss
paid)

16. Within the last year, have you paid anyone (other than our firm) to help you file bankruptcy? Yes or No?

Name & Address of Person Paid Date Payment was Made
Amount Paid

17. In the last year, have you paid anyone who promised to help you settle, consolidate, or get rid of debts? Yes or No. If yes, please list all below:

Name & Address of Person Paid Date Payment was Made
Amount Paid

18. In the last 2 years, have you sold, traded, or transferred real estate or personal property to anyone? Yes or No. If yes, please list all below:

Person who Received Description and Value of Property Date Transfer was Made
and Relationship

19. In the past 10 years, have you transferred any property into a trust? Yes or No?

Name of Trust Description/Value of Property Date Transfer was Made

20. In the last year, have any bank accounts held in your name been moved, closed, sold, or transferred? Yes/No? If yes, please list all below:

Name & Type of Date of Action Last
Address Account remaining
of Bank Balance of
 Account

21. In the past year, have you been an owner of any safe deposit boxes? Yes or No.

If yes, please list all below:

Name & Address of Bank Who else had access to it? Contents Do you still have it?

22. In the past year, have you stored any property in a storage unit or other location?

Yes or No? If yes, please list all below:

Name & Address of Storage Facility Who else has access to it? Contents Do you still have it?

