

BRIAN R. CAHN & ASSOCIATES, LLC

ATTORNEYS AT LAW

DALTON OFFICE
319 SELVIDGE STREET
DALTON, GA 30721
(706) 275-6022
FAX (706) 275-6076

WOODSTOCK OFFICE
345 CREEKSTONE RIDGE
WOODSTOCK, GA 30188
(678) 247-1408
FAX (770) 386-1170

BRIAN R. CAHN
OF COUNSEL:
BRADLEY STEPHENS

Main Office

PERROTTA | CAHN Law Offices

5 South Public Square
Cartersville, Georgia 30120
Telephone (770) 382-8900
Toll Free (866) 382-8900
Facsimile (770) 386-1170

www.NorthGaBankruptcy.com

CALHOUN OFFICE
102 COURT STREET
CALHOUN, GA 30701
(706) 629-9699
FAX (706) 629-0869

DALLAS OFFICE
206 EAST MEMORIAL DR.
DALLAS, GA 30132
(770) 445-1723
FAX (706) 445-1942

BANKRUPTCY QUESTIONNAIRE

Indicate the type of petition being filed:

- Unmarried individual.
 Married and joint.
 Married but individual petition. Name of individual _____
 Check here if married but separated or if separate households are maintained.

Name and Residence Information:

- A. Your Full Name: _____
Your Social Security Number: _____ Date of Birth: _____
- B. Your Spouse's Full Name: _____
Your Spouse's Social Security Number: _____ Date of Birth: _____
- C. List any other names used by you or your spouse (including maiden name), or other ways you have signed your names to papers and checks during the last six years:

- D. Current Address: _____
(Street)

(City) (State) (County) (Zip Code)

Mailing Address (if different): _____

If **not** GEORGIA, indicate your State of residence exactly 2 YEARS ago? _____

Contact Information:

Home Phone: _____

Cell Phone: _____

Husband's Work Phone: _____

Wife's Work Phone: _____

E-Mail Address: _____

Emergency Contact:

How did you find our firm?:

Referral from friend or family.

Phone Book or Yellow Pages.

Our Website or Internet.

Other: _____

Prior Bankruptcies: Were you ever involved in a prior bankruptcy case or Chapter 13 case (Wage Earner Plan)?

Yes _____ No _____.

Case number(s): _____ Chapter: [Circle one] 7 or 13

Date(s) filed: _____

Location of Court: _____

Disposition of each case: Dismissed; Discharged; Date: _____

Is your spouse involved in any bankruptcy case or chapter 13 case that is still going on?

Case number(s): _____

Date(s) filed: _____

Location of Court: _____

Asset Listing:

A. REAL ESTATE OR LAND

(1) Do you own, or are you purchasing, real estate or land? YES _____ NO _____ .

If YES, Describe and give the location of all real property (lot, house, land, burial plot, etc.) in which you hold an interest:

(2) How is this Property Titled?

Husband's name only; Wife's name only; Jointly owned between husband and wife; or

Jointly owned by _____ with _____

(3) Name of First Mortgage Company: _____

Address: _____

(4) Name of Second Mortgage Company: _____

Address: _____

(5) First Mortgage Payoff: \$ _____ Monthly Payments: \$ _____
Is this account current? _____. If no, what is the amount of arrears? \$ _____

Second Mortgage Payoff: \$ _____ Monthly Payments: \$ _____
Is this account current? _____. If no, what is the amount of arrears? \$ _____

(6) Original Purchase Price: \$ _____ Year Purchased: _____

(7) Present minimum market value of your property: \$ _____

(8) **IS A FORECLOSURE SCHEDULED?** _____ **DATE OF FORECLOSURE:** _____

B. PERSONAL PROPERTY:

We are required to provide the Court with a list (and dollar value) of your personal property, such as furniture, clothing, automobiles, etc. Please provide an approximate dollar value for the categories that apply to your personal property. Use *"Yard Sale" or "Craigslist" Values . . . (not "new" or "replacement") values.*

Household Furniture: \$ _____

Rental Security Deposits: \$ _____

Misc. Electronics: \$ _____

If you have a *Whole-Life* Insurance Policy, what is the *Cash Surrender* Value: \$ _____

Wearing apparel: \$ _____

Estimated Value of Jewelry \$ _____
____ Check if you have a special insurance endorsement covering theft or loss of any valuables, like jewelry.

401(k), IRA or Pension: \$ _____
____ Check here if you have *inherited* a 401(k)/IRA

Firearms and sports equipment: \$ _____

Stock or securities: \$ _____

Cash on hand: \$ _____

LLC's or Sub-S Corporations you own:
% or Shares: _____ Name of Entity: _____

Checking Acct Balance (Avg.) \$ _____

Bank Name: _____

Savings Account Balance (Avg.) \$ _____

Bank Name: _____

Inheritance expected due to a recent death? \$ _____
____ Check here if you will inherit from anyone who is critically ill, or likely to pass soon.

NOTE: PLEASE NOTIFY US IF YOU OWE MONEY TO ANY BANK WHERE YOU KEEP A CHECKING OR SAVINGS ACCOUNT:

Are you owed money? If so, describe:

Check this box if your name is on any account at WELLS FARGO with \$5,000 or more in it.

Projected Tax Refund this Year \$ _____

Animals / Pets. Number of: Dogs ____ Cats ____
Other Pets/Livestock: _____

IMPORTANT NOTE ABOUT LAWSUITS:
If you have a possible lawsuit against a person or company, whether you have filed it yet or not, you **MUST DISCLOSE** it here as a possible asset. If you fail to disclose it, you'll be forever barred from asserting the claim under the doctrine of *judicial estoppel*. (See next page) -

Do you have cause to sue someone for any reason, including damage to your property, for injuries to yourself or other members of your family? YES _____ NO _____

If YES, please provide the following information:

| Existing or Potential Lawsuit(s) | |
|---|--|
| Who Could You Sue (or Who Have You Sued)? | |
| How Much Money is Involved? | |
| Please Explain what happened, whether a lawsuit has been filed, and the name and contact information for your attorney. | |

Other than Vehicles, do you have any valuable assets, not described above, worth \$500 or more? Describe:

VEHICLES (Cars, trucks, motor homes, motorcycles, ATV's etc.):

1. PAID-FOR VEHICLES: List all Vehicles that you own Free-and Clear::

| Year & Type: | Approx. Mileage: | Approx. Blue-Book Value: |
|--------------|------------------|--------------------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

2. LOANS WITH VEHICLES AS COLLATERAL:

Vehicle # 1: _____
 (Year & Type of Vehicle) (Approx. Mileage)

Approximate Month and Year of Purchase: _____

Terms of vehicle loan: Monthly Payment of \$_____ for _____ months at _____ % APR.

Name & Address of Lien holder or Bank: _____ Approx. Value (Blue Book): \$_____

_____ Approx. Balance Owed: \$_____

_____ How far behind are payments? _____ months.

_____ Do you want to keep this vehicle? _____

Vehicle # 2: _____
(Year & Type of Vehicle) (Approx. Mileage)
Approximate Month and Year of Purchase: _____
Terms of vehicle loan: Monthly Payment of \$ _____ for _____ months at _____ % APR.
Name & Address of Lien holder or Bank: _____ Approx. Value (Blue Book): \$ _____
_____ Approx. Balance Owed: \$ _____
_____ How far behind are payments? _____ months.
_____ Do you want to keep this vehicle? _____

Vehicle # 3: _____
(Year & Type of Vehicle) (Approx. Mileage)
Approximate Month and Year of Purchase: _____
Terms of vehicle loan: Monthly Payment of \$ _____ for _____ months at _____ % APR.
Name & Address of Lien holder or Bank: _____ Approx. Value (Blue Book): \$ _____
_____ Approx. Balance Owed: \$ _____
_____ How far behind are payments? _____ months.
_____ Do you want to keep this vehicle? _____

Vehicle # 4: _____
(Year & Type of Vehicle) (Approx. Mileage)
Approximate Month and Year of Purchase: _____
Terms of vehicle loan: Monthly Payment of \$ _____ for _____ months at _____ % APR.
Name & Address of Lien holder or Bank: _____ Approx. Value (Blue Book): \$ _____
_____ Approx. Balance Owed: \$ _____
_____ How far behind are payments? _____ months.
_____ Do you want to keep this vehicle? _____

2. FURNITURE, JEWELRY OR OTHER SECURED LOANS :

Complete the following for your other secured loan. A secured loan has something for collateral, such as furniture, a 4-wheeler, or jewelry. Include local finance companies who took a list of your household items.

| Creditor's Name and Address NOTE: Your paperwork can not be properly completed without all of your creditors' addresses! | Who is Liable for Debt? H - Husband W - Wife J - Joint | Approx. Balance Owed | Describe the Collateral for the Debt (example, furniture) and write down your estimate for the current minimum yard-sale value. |
|--|---|----------------------|---|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

LIST ANY CREDITORS THAT HAVE FILED A LAWSUIT OR OBTAINED A JUDGMENT:

| Name and address of creditor or attorney: | H, W or J | Approx. Judgment Amt. | County & Approx Date: |
|---|-----------|-----------------------|-----------------------|
| | | \$ | |
| | | \$ | |

5. CHILD SUPPORT OR ALIMONY PAYMENTS:

Name and address of recipient of support:

Amount of Arrears Owed, if Any:

\$ _____

6. STUDENT LOANS:

| (Name & Address of Creditor) | Person Liable | Monthly Payment | Balance Owed |
|------------------------------|---------------|-----------------|--------------|
| | | \$ | \$ |
| | | \$ | \$ |

7. UNSECURED DEBTS

Examples are credit cards, medical bills, deficiencies on repossessions, etc. Please provide us with all addresses available to you, even the address of bill collectors or attorneys hired by the creditor.

| Creditor's Name and Address NOTE: Your paperwork can not be properly completed without all of your creditors' addresses! | Who is Liable for Debt? H - Husband W - Wife J - Joint | Approximate Amount Currently Owed. |
|--|---|------------------------------------|
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6. LEASES OR PENDING CONTRACTS

→ **If you rent your home or apartment please indicate:**

Name & Address of Landlord: _____

Do you wish to assume this lease & keep paying? [] Yes. [] No.

→ **If you have leased furniture or electronics, like Aarons or Rent-A-Center, please indicate:**

Name & Address of Lessor: _____

What are you Leasing? _____

Terms of Lease: \$_____ per _____ until _____

Do you wish to assume this lease & keep paying? [] Yes. [] No.

7. CO-SIGNED DEBTS:

Please indicate whether you have co-signed for someone, or if someone has co-signed for you. If so:

Which Debts? (Include address if not already above):

Important!

Name & Address of the Co-Debtor: _____

8. BUDGET: FAMILY SIZE, INCOME AND EXPENSES

NOTE: Please complete the following information for you and your spouse, even if your spouse is not filing with you.

| | Husband | Wife |
|---------------------------|---------|-------|
| Age: | _____ | _____ |
| Occupation: | _____ | _____ |
| Employer Name: | _____ | _____ |
| How Long Employed There?: | _____ | _____ |
| Employer Address: | _____ | _____ |
| | _____ | _____ |

Dependents: (For each dependent, please state the name, age and relationship):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

IMPORTANT!

YOUR GROSS INCOME OVER THE PAST 6 MONTHS:

| | | |
|--|-------------------------|-----------------------|
| EXACT Gross (Before Deductions) Income <i>Last Month</i> : | Husband \$ _____ | Wife: \$ _____ |
| EXACT total Gross Income (all sources) <i>2 Months Ago</i> : | Husband \$ _____ | Wife: \$ _____ |
| EXACT total Gross Income (all sources) <i>3 Months Ago</i> : | Husband \$ _____ | Wife: \$ _____ |
| EXACT total Gross Income (all sources) <i>4 Months Ago</i> : | Husband \$ _____ | Wife: \$ _____ |
| EXACT total Gross Income (all sources) <i>5 Months Ago</i> : | Husband \$ _____ | Wife: \$ _____ |
| EXACT total Gross Income (all sources) <i>6 Months Ago</i> : | Husband \$ _____ | Wife: \$ _____ |

**YOUR ANTICIPATED INCOME AND PAYROLL DEDUCTIONS
USE THIS CHART AS A PROJECTION FOR A TYPICAL MONTH NOW**

| | Debtor | Joint Debtor Non-Filing Spouse <i>or</i> |
|---|-----------------------|---|
| Current <i>monthly</i> gross wages (before deductions for taxes, etc.), salary or commissions (Pro-rate if not paid monthly.) | \$ | \$ |
| Estimated <i>Monthly</i> Overtime. | \$ | \$ |
| Amount Deducted <i>Monthly</i> for Taxes and Social Security. | (\$) | (\$) |
| Amounts (if Deducted from Pay) for: | | |
| Health Insurance (per month): | (\$) | (\$) |
| Life Insurance (per month): | (\$) | (\$) |
| Dental Insurance (per month): | (\$) | (\$) |
| Disability Insurance (per month): | (\$) | (\$) |
| 401(k) Deduction (per month): | (\$) | (\$) |
| 401(k) LOAN Deductions (per month) | (\$) | (\$) |
| | Approx Balance Owed? | Approx Balance Owed? |
| | \$ _____ | \$ _____ |
| | Approx Date Paid-Off? | Approx Date Paid-Off? |
| | _____ | _____ |
| Monthly Gross Income from Operation of a Business (Describe). | \$ | \$ |
| Monthly Income from Rental Property. | \$ | \$ |
| Monthly Dividends or Interest. | \$ | \$ |
| Amount Received Monthly for Alimony or Child Support. | \$ | \$ |
| Social Security or Govt. Assistance. | \$ | \$ |
| Pension or Retirement. | \$ | \$ |
| Other Monthly Income (Specify). | \$ | \$ |
| <i>HOW MUCH IS YOUR AVG TAX REFUND PER YEAR?:</i> \$ _____ | | |

YOUR MONTHLY LIVING EXPENSES

Rent or home mortgage payment: \$ _____
If not included in mortgage payment:
Property taxes: \$ _____/year (divide by 12) = \$ _____
Homeowner's insurance: \$ _____/year (divide by 12) = \$ _____
Homeowners Association Dues \$ _____/year (divide by 12) = \$ _____
Second Mortgage monthly payment (If Applicable): \$ _____
Electricity: \$ _____
Water and sewer: \$ _____
Telephone (average monthly): \$ _____
Cable Television: \$ _____
Heating Gas: \$ _____
Garbage Service: \$ _____
Home Maintenance (repairs and upkeep): \$ _____
Food: \$ _____
Clothing: \$ _____
Laundry and Dry Cleaning: \$ _____
Medical and dental expenses (including prescriptions): \$ _____
Gasoline for vehicle(s): \$ _____
Life Insurance (not deducted from paycheck): \$ _____
Health Insurance (not deducted from paycheck): \$ _____
Auto Insurance: \$ _____
Other Insurance (Specify): \$ _____
Income Taxes (monthly) IF NOT deducted from a paycheck: \$ _____
Furniture Leases or Rent-to-Own Contracts: \$ _____
Alimony or Child Support: \$ _____
Daycare Expense (Monthly): \$ _____
Pet Food / Vet Bills: \$ _____
Automobile Maintenance & Tags: \$ _____
Church Donations / Tithes: \$ _____
Other Living Expenses not Described Above:

IF YOUR SPOUSE IS NOT FILING A CHAPTER 13 OR CHAPTER 7 JOINTLY WITH YOU, PLEASE COMPLETE THE FOLLOWING FOR HIS OR HER SEPARATE BILLS (IF ANY): Examples are car payments, furniture payments, credit card payments, etc.

| Creditor: | Monthly Payment: | Mo. and Yr. when Account will be PAID-OFF: |
|-----------|------------------|--|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

IF YOU ARE SELF-EMPLOYED, PLEASE DETAIL YOUR AVERAGE MONTHLY CASH FLOW:

Gross Revenue (Monthly): \$ _____

Business Expenditures (Monthly):

Salaries or Sub-Contract Labor: \$ _____

Cost of Materials or Inventory: \$ _____

Advertising: \$ _____

Automobile Expenses: \$ _____

Dues, Permits & Licenses: \$ _____

Employee Health Insurance & Benefits: \$ _____

Income Taxes: \$ _____

Insurance: \$ _____

Legal Services: \$ _____

Office Expense: \$ _____

Office Rent: \$ _____

Payroll Taxes: \$ _____

Postage & Freight: \$ _____

Office Property Taxes: \$ _____

Repairs / Maintenance: \$ _____

Sales Taxes: \$ _____

Travel: \$ _____

Utilities: \$ _____

Other (specify): \$ _____

Net Monthly Income: \$ _____

STATEMENT OF FINANCIAL AFFAIRS

→ **IMPORTANT: Please state your income for this year (to the current date), as well as your income for the past two years. The Court may seek to dismiss your petition if we do not provide this information.**

A. YEAR-TO-DATE INCOME (This is your income from Jan. 1st to the present date).

Husband's Year-to-Date Income: \$ _____ [] Actual or [] Estimated

Wife's Year-to-Date Income: \$ _____ [] Actual or [] Estimated

B. LAST YEAR'S INCOME (This figure can be ascertained from your tax returns).

Husband's Income Last Year: \$ _____ [] Actual or [] Estimated

Wife's Income Last Year: \$ _____ [] Actual or [] Estimated

C. PREVIOUS YEAR'S INCOME (This figure can be ascertained from your tax returns).

Husband's Income: \$ _____ [] Actual or [] Estimated

Wife's Income: \$ _____ [] Actual or [] Estimated

→ Describe the source, date amount of income that you have derived from a source other than employment or operation of a business in the past two years. (For example, the sale of property, dividends from stocks, etc.)

→ List any *single payment over \$600* you have made to any unsecured creditors in the last 90 days:

| Creditor | Date of Payment | Amount Paid | Account Balance |
|----------|-----------------|-------------|-----------------|
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |

→ List any payments you have made to a family member or business partner during the last year:

| Creditor | Date of Payment | Amount Paid | Account Balance |
|----------|-----------------|-------------|-----------------|
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |

→ Have you been sued or garnished in the last year (12 months)? _____

If yes, it is ***URGENT*** that you provide our office with either:

- (1) **Copies of all court papers;** *or*
- (2) The following information for each suit or garnishment:

Caption of the Suit [Plaintiff's name and Defendant(s) name(s)]:

Which Court and County was the suit filed in? (Example: Superior Court of Bartow County):

What was the CASE NUMBER: _____ Has a JUDGMENT been entered? _____ Yes. _____ No.

Check if additional lawsuit information is contained on the back of this sheet: _____.

→ List any property garnished, attached or seized during the last year by a creditor:

| Creditor | Date of Seizure | Description/Value of Property |
|----------|-----------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

→ List any repossessions, foreclosures and voluntary returns during the last year:

| Creditor | Date of Repossession or Foreclosure | Description/Value of Property |
|----------|-------------------------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

→ List all gifts or charitable contributions made during the last year except ordinary and usual gifts to family members totaling less than \$600 per family member and \$600 per charitable recipient:

| Recipient: | Relationship (if any): | Date of Gift: | Description/Value of Gift: |
|------------|------------------------|---------------|----------------------------|
|------------|------------------------|---------------|----------------------------|

→ List all losses from fire, theft, other casualty or gambling during the past year.

_____ (Check if Applicable): On the back of this sheet is a list of the description and value of property, circumstances of loss, if loss was covered by insurance (give particulars) and date of loss.

→ List all payments made or property transferred by or on behalf of you to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy in the past year.

→ List any and all other property that you have transferred out of your name or to another person, whether as a gift or collateral for a loan, during the past year:

| Transferee & Relationship (Name and Address): | Date: | Describe Property Transferred & the Value Received: |
|--|-------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

→ List all of your financial accounts and instruments which were closed, sold, or otherwise transferred in the past year. Include checking, savings, or other financial accounts, CDs, shares and share accounts held in banks, credit unions, pension funds, brokerage houses, etc.

| Institution (Name & Address) | Account Number | Amount & Date of Sale or Closing |
|------------------------------|----------------|----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

→ List each safe deposit box in which you had valuables in the past year.

Institution (Name & Address):

Who had Access?

Description of Contents:

→ List all setoffs (money taken from your account to repay a loan at the same bank as where your money has been deposited) made by any creditor, including a bank, against a debt or deposit within the past 90 days:

| Creditor (Name & Address) | Date of Setoff | Amount of Setoff |
|---------------------------|----------------|------------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

→ List all property OWNED by another person that you (or you and your spouse) hold or control.

| Owner (Name & Address) | Description & Value of Property | Location of Property |
|------------------------|------------------------------------|----------------------|
| _____ | _____ | _____ |

→ If you have moved within the last TWO years, list all premises occupied during that period.

| Address: | Dates of Occupancy: |
|----------|---------------------|
| _____ | _____ |
| _____ | _____ |

If you own shares of a business that is INCORPORATED (or an LLC), Answer the following questions related to that business:

Nature, location and name of business

List the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

BEGIN

| DATE | | | | |
|------------------|---------------|---------------------|--------------------|------------|
| NAME OF BUSINESS | TAX ID NUMBER | ADDRESS OF BUSINESS | NATURE OF BUSINESS | & END DATE |

Books, records and financial statements

List all bookkeepers and accountants who within the past **two years** kept or supervised the keeping of books of account and records of the business.

| NAME | ADDRESS | DATES SERVICES RENDERED |
|------|---------|-------------------------|
|------|---------|-------------------------|

List all firms or individuals who within the past **two years** have audited the books of account and records, or prepared a financial statement of the business.

| NAME | ADDRESS | DATES SERVICES RENDERED |
|------|---------|-------------------------|
|------|---------|-------------------------|

List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the business. If any of the books of account and records are not available, explain.

| NAME | ADDRESS |
|------|---------|
|------|---------|

List all financial institutions, creditors and other parties, to whom a financial statement was issued by the business within the past **two years**.

| NAME | ADDRESS | DATE ISSUED |
|------|---------|-------------|
|------|---------|-------------|