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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) Do you have an HOA (**Name and Address**): _____

Monthly Payment: _____ Are you behind, if so list the amount: _____

(9) **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 <i>Whole-Life</i>	
Wearing apparel:	\$ _____	Insurance Policy, what is	
Estimated Value of Jewelry	\$ _____	the <i>Cash Surrender Value</i> :	\$ _____
___ Check if you have a special insurance endorsement		401(k), IRA or Pension:	\$ _____
covering theft or loss of any valuables, like jewelry.		___ Check here if you have <i>inherited</i> a 401(k)/IRA	
Firearms and sports equipment:	\$ _____	Stock or securities:	\$ _____
Cash on hand:	\$ _____	LLC's or Sub-S Corporations you own:	
Checking Acct Balance (Avg.)	\$ _____	% or Shares: Name of Entity:	
Bank Name: _____		_____	_____
Savings Account Balance (Avg.)	\$ _____	Inheritance expected due	
Bank Name: _____		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:

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 _____

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) -

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:
		\$	

Name and address of Taxing authority: _____

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	Who is Liable for Debt? H - Husband W - Wife J - Joint	Approximate Amount Currently Owed.
NOTE: Your paperwork can not be properly completed without all of your creditors' addresses!		
		\$

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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 *Last Month*: **Husband \$** _____ **Wife: \$** _____

EXACT total Gross Income (all sources) *2 Months Ago*: **Husband \$** _____ **Wife: \$** _____

EXACT total Gross Income (all sources) **3 Months Ago:** **Husband \$** _____ **Wife: \$** _____

EXACT total Gross Income (all sources) **4 Months Ago:** **Husband \$** _____ **Wife: \$** _____

EXACT total Gross Income (all sources) **5 Months Ago:** **Husband \$** _____ **Wife: \$** _____

EXACT total Gross Income (all sources) **6 Months Ago:** **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 monthly gross wages (before deductions for taxes, etc.), salary or commissions (Pro-rate if not paid monthly.)	\$	\$
Estimated Monthly Overtime.	\$	\$
Amount Deducted Monthly 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