

**LEIDEN AND LEIDEN**  
*A Professional Corporation*

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C. Christopher CoCroft, Jr.  
(1941-1974)

Date \_\_\_\_\_

Your Name: \_\_\_\_\_, Sr., Jr., II, III  
                    First Name           Middle Initial           Last Name

Nickname / Name You Prefer to be Called: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list all other names you have used in the last 8 years (AKA, FKA, DBA):  
\_\_\_\_\_

Marital Status:   Married    Single    Divorced    Widowed    Separated

Spouse's Name: \_\_\_\_\_, Sr., Jr., II, III  
(If Applicable)   First Name   Middle Initial           Last Name

Nickname / Name You Prefer to be Called: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list all other names you have used in the last 8 years (AKA, FKA, DBA):  
\_\_\_\_\_

County of Residence: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: (If Different From Residential) \_\_\_\_\_  
Street \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Spouse's Cell # \_\_\_\_\_

Spouse's Work # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Spouse's Address (If Different): \_\_\_\_\_  
  Street    City/State/Zip

How long have you resided at the above address: \_\_\_\_\_

If less than two years, please list previous address(es):  
\_\_\_\_\_

How did you hear about us? (check all that apply)

TV  Internet  Family Member  Previous Client  Referral from Attorney  Other  \_\_\_\_\_

Briefly state what caused your financial problems. (For example: Divorce, Health Problems, Lawsuits, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**(For Attorney Use Only)**  
Chapter 7 \_\_\_\_\_  
Chapter 13 \_\_\_\_\_  
Joint:   Yes    No  
Spouse in for Intake:  
          Yes    No  
Signing Date: \_\_\_\_\_  
Signing Time: \_\_\_\_\_  
Special Instructions:  
          Yes    No

Have you or your spouse filed bankruptcy before?      **Yes**      **No**

If yes: Location: \_\_\_\_\_ Case No.: \_\_\_\_\_  
Date filed: \_\_\_\_\_ Chapter: \_\_\_\_\_

**(This may affect your eligibility to file a Bankruptcy Case)**

Do you anticipate any substantial change in your income within the next six months, for example, a promotion, layoff or maternity leave? Please explain.

Have you filed your state and federal tax returns for **ALL** previous years?      **Yes**      **No**

If not, please provide the years for which **NO** return was filed. \_\_\_\_\_

Do you owe taxes for previous years? If so, please state the year and the amount.

Are you expecting a tax refund this year?      **Yes**      **No**

**(\*Failure to disclose the right to receive a refund may result in a seizure of the refund by the Bankruptcy Court)**

Do you **owe** any Alimony / Child Support?      **Yes**      **No**

If Yes, please identify the person to whom the obligation is owed \_\_\_\_\_

Do you **owe** past due child support?      **Yes**      **No**

**(\*The Bankruptcy Court requires disclosure of the name and address of child support recipients)**

Do you **owe** any Educational loans?      **Yes**      **No**

Has anyone co-signed a loan for you or have you co-signed a loan for another person or persons?      **Yes**      **No**

If yes, give the name and address of the co-signer and the name and address of the creditor.

Co-signer(s): \_\_\_\_\_

Creditor(s): \_\_\_\_\_

List any payments (other than mortgage payments or automobile payments), over \$1000.00, made to individual creditors or family members within the last 3 months.

<u>Amount</u>	<u>Creditor / Family Member</u>	<u>Balance</u>
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Have you ever been or are you presently involved in a lawsuit?      **Yes**      **No**

(Examples: divorce, garnishment, foreclosure, repossession, personal injury, debt collection). Please provide copies of lawsuits if available.

Are your wages or bank account being garnished?      **Yes**      **No**

Please provide a copy of the garnishment if available.

Has any of your property, including land, mobile homes or automobiles been voluntarily returned, repossessed or foreclosed upon in the last 3 years? Please give details as to the property and date of foreclosure, repossession and voluntary return.

Please provide copies of the paperwork if available.

List any significant gifts or contributions you have **given** or **received**, any losses you have incurred, transfers, receiverships, assignments, setoffs, property held for another or any other information which may affect your bankruptcy case. (Examples: losses from fire, theft or gambling.)

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Have you closed any bank accounts or credit union accounts within the last 12 months? **Yes** **No**

Name & address of financial institution:	Type of Account & final balance:	Amount & date closing of account:
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Have you sold or transferred anything out of your name in the last 6 years? (Examples: land, mobile home, boat, motorcycle, other valuable assets) If so, please list. **(The Court requires you to disclose such sales or transfers.)**

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Do you have the right to file a lawsuit against anyone else? (Examples: automobile accident, personal injury, money owed, property dispute, child support). **If you do not list the claim here, even if it is disputed by the other party, it is possible that a future court will prevent you from bringing the claim later.**

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Does anyone or any company owe you any money over \$400.00 that is collectible (including Child Support, Alimony and other Domestic Obligations): **Yes** **No**

**INCOME**

Employer	_____			
Address of Employer	_____			
	Street	City	State	Zip
Job title/Description	_____	Length of Employment_____		
Spouse's Employer	_____			
Address of Employer	_____			
	Street	City	State	Zip
Job title/Description	_____	Length of Employment_____		

List all dependents living with you whose expenses are included in your monthly budget. (Please list the name, age and relationship.) **\*The names of minor children WILL NOT be made public, or identified in any Bankruptcy Documents for their protection.**

<u>Relationship</u>	<u>Age</u>	<u>Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ASSETS**

Please check items that you own and list **your estimate**, we suggest that you use “yard sale” values of the following items. Please indicate if there is more than one of each item on the space provided.

**Household Goods:**

Television	# _____	\$ _____	*Please specify dimensions _____
Refrigerator	# _____	\$ _____	
Dishwasher	# _____	\$ _____	
Stove	# _____	\$ _____	
Washer	# _____	\$ _____	
Dryer	# _____	\$ _____	
Vacuum Cleaner	# _____	\$ _____	
Computer and Accessories	# _____	\$ _____	*Please specify what type _____
DVD	# _____	\$ _____	
DVD Collection	# _____	\$ _____	
Video Stations and Games	# _____	\$ _____	
Stereo	# _____	\$ _____	
CD Player	# _____	\$ _____	
CD Collection	# _____	\$ _____	
Dining Room Suite	# _____	\$ _____	
Living Room Suite	# _____	\$ _____	
Bedroom Suite	# _____	\$ _____	
Microwave	# _____	\$ _____	

**Non - Household Goods:**

Sporting Goods	# _____	\$ _____	*Please list _____
And Fitness Equipment			
Fishing Equipment	# _____	\$ _____	*Please list _____
Original Artwork	# _____	\$ _____	*Please list _____
Collections or Collectibles	# _____	\$ _____	*Please specify what type _____
(Coin, Stamp, Baseball Cards)			
Riding Lawn Mower	# _____	\$ _____	*Please specify what type _____
Push Lawn Mower	# _____	\$ _____	*Please specify what type _____
Utility Trailer(s)	# _____	\$ _____	*Please specify dimensions _____
Power Tools	# _____	\$ _____	*Please list _____
Firearms	# _____	\$ _____	*Please specify what type _____
Hobby Craft (ATVs, Jet Skis)	# _____	\$ _____	*Please specify what type _____
Wedding Rings	# _____	\$ _____	*Please Specify _____
Other Jewelry/Watches	# _____	\$ _____	*Please Specify _____
(Worth more than \$750.00)			

**Boats, Boat Motors and Boat Trailers:**

Year, Make and Size of Boat: \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_  
Please specify Make and Horse Power of Motor: \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

**Business Equipment:**

Please list any office equipment or farm equipment for business or commercial purposes: \_\_\_\_\_

**Animals/Pets:** \_\_\_\_\_

**All Automobiles Registered in Your Name (even if not operable or not in your immediate possession)**

1. Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Mileage \_\_\_\_\_  
Condition (Please Circle) Excellent Good Fair Poor Fair Market Value \$ \_\_\_\_\_

2. Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Mileage \_\_\_\_\_  
Condition (Please Circle) Excellent Good Fair Poor Fair Market Value \$ \_\_\_\_\_

3. Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Mileage \_\_\_\_\_  
Condition (Please Circle) Excellent Good Fair Poor Fair Market Value \$ \_\_\_\_\_

**Mobile Homes:**

1. Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Dimensions \_\_\_\_\_  
Location if other than Residential Address: \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

**Residential Real Estate, Rental Property, Farm or Land:**

Please identify all property owned by you including location and acreage:

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

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

Fair Market Value for Property #1 \$ \_\_\_\_\_

Fair Market Value for Property #2 \$ \_\_\_\_\_

**For Attorney Use Only:**

**Purchase Price:** \$ \_\_\_\_\_ **Date of Purchase:** \_\_\_\_\_

**Tax Assessment:** \$ \_\_\_\_\_ **Year of Assessment:** \_\_\_\_\_

**Debtor Estimate:** \$ \_\_\_\_\_

**Private Appraisal:** \$ \_\_\_\_\_ **Date of Appraisal:** \_\_\_\_\_

Who holds the mortgage on the property:

	<u>Company</u>	<u>Estimated Amount Owed</u>
1st Mortgage	_____	\$ _____
2nd Mortgage	_____	\$ _____

**Time Shares:**

Location: \_\_\_\_\_ Week(s) \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_ Estimated Amt Owed \$ \_\_\_\_\_

(OVER)

**CASH ON HAND/CHECKING, SAVINGS & CERTIFICATES OF DEPOSIT ACCOUNT INFORMATION:**

Cash on hand \$ \_\_\_\_\_

Checking, Savings Accounts, Certificates of Deposit and Money Market Accounts (Examples: Bank of America, SRP Credit Union, etc.)

(\*If you also have loans or credit cards with any of these institutions, notify the Attorney)

<u>Bank or Credit Union</u>	<u>Type</u>	<u>Average Balance</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Do you have any TAXABLE Investment Accounts, such as Edward Jones, Merrill-Lynch, ING, etc. YES NO

Safe Deposit Box:

<u>Bank or Credit Union</u>	<u>Contents</u>
_____	_____

Security Deposits with Utility Companies, Landlords, etc.:

Landlord / Apartment Complex: Name: \_\_\_\_\_ \$ \_\_\_\_\_

Utility Company: Name(s): \_\_\_\_\_ \$ \_\_\_\_\_

**INSURANCE INFORMATION:**

Do you have any of the following? Please check ALL that apply.

(\*If you also have outstanding loans with any of these, notify the Attorney)

<u>Type of Policy</u> (Circle One):	<u>Name of Provider</u>	<u>Face Value</u>	<u>Cash Surrender Value</u>
Whole/Term Life Policy	_____	\$ _____	\$ _____
Whole/Term Life Policy	_____	\$ _____	\$ _____
Whole/Term Life Policy	_____	\$ _____	\$ _____
Whole/Term Life Policy	_____	\$ _____	\$ _____

**RETIREMENT INFORMATION:**

Do you have any of the following? Please check ALL that apply.

(\*If you also have outstanding loans with any of these, notify the Attorney)

<u>Type of Retirement</u> (Circle One)	<u>Name of Employer / Financial Institution</u>	<u>Estimated Balance</u>
401(k) Plan/IRA	_____	\$ _____
401(k) Plan/IRA	_____	\$ _____
403(B) / VALIC	_____	\$ _____
403(B) / VALIC	_____	\$ _____
College Roth IRA	_____	\$ _____
ESOP (Employee Stock Ownership Plan)	_____	\$ _____
Profit Sharing/ Thrift Savings Plan	_____	\$ _____
Private Employer Pension	_____	\$ _____
Local/State/Federal Retirement	_____	\$ _____
Annuity	_____	\$ _____

**MONTHLY EXPENSES**

**INSTRUCTIONS: Please ESTIMATE THE AVERAGE MONTHLY EXPENSES for you and your family. If a joint filing is anticipated and if your spouse maintains a separate household, make a separate list of expenses for your spouse to the right of your list.**

Rent/Mortgage Payment ..... \$ \_\_\_\_\_

Second Mortgage Payment ..... \$ \_\_\_\_\_

Are real estate taxes included:     Yes     No

Is property insurance included:     Yes     No

Land Payment ..... \$ \_\_\_\_\_

Electricity/Gas ..... \$ \_\_\_\_\_

Water & Sewage ..... \$ \_\_\_\_\_

Telephone / Cell Phone ..... \$ \_\_\_\_\_

Internet ..... \$ \_\_\_\_\_

Garbage ..... \$ \_\_\_\_\_

Security ..... \$ \_\_\_\_\_

Cable ..... \$ \_\_\_\_\_

Home Repairs ..... \$ \_\_\_\_\_

Food ..... \$ \_\_\_\_\_

Clothing ..... \$ \_\_\_\_\_

Medical and Dental Expenses ..... \$ \_\_\_\_\_

Transportation ..... \$ \_\_\_\_\_

**INSURANCE:**

Homeowner's, Renter's or Mobile Home (**not deducted from mortgage pmt.**) .. \$ \_\_\_\_\_

Life Insurance ..... \$ \_\_\_\_\_

Health (**not deducted from paycheck**) ..... \$ \_\_\_\_\_

Auto ..... \$ \_\_\_\_\_

Taxes (such as property taxes, car tags, mobile home tags) ..... \$ \_\_\_\_\_

Car Payment # 1 ..... \$ \_\_\_\_\_

Car Payment #2 ..... \$ \_\_\_\_\_

Other installment payments (**such as furniture**) ..... \$ \_\_\_\_\_

Child Support and/or Alimony payments (**not deducted from paycheck**)    \$ \_\_\_\_\_

Day Care/Baby-sitting ..... \$ \_\_\_\_\_

IRS or Other Income Tax Payments ..... \$ \_\_\_\_\_

Probation Fees ..... \$ \_\_\_\_\_

Student Loans ..... \$ \_\_\_\_\_

Personal Care Products ..... \$ \_\_\_\_\_

Housekeeping Supplies ..... \$ \_\_\_\_\_

Miscellaneous Expenses ..... \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES: ..... \$ \_\_\_\_\_

TOTAL MONTHLY INCOME: ..... \$ \_\_\_\_\_

EXCESS: ..... \$ \_\_\_\_\_

