

LEIDEN AND LEIDEN

A Professional Corporation

Terrance Patrick Leiden (also Ohio)
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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, including maiden, business and trade names (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, including maiden, business and trade names (AKA, FKA, DBA):

County of Residence: _____

Residential Address:

Street _____
 City/State _____ Zip _____

Mailing Address: (If Different From Residential)

Street _____
 City/State _____ Zip _____

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

Home # _____ Cell # _____

Work # _____ Spouse's Cell # _____

Spouse's Work # _____

E-Mail Address: _____ 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, even if the payments are current)

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

Do you have any Rent to Own Furniture and/or Appliances **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), totaling over \$600.00, 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.

(OVER)

List any significant gifts or contributions you have given in the last year, and identify the recipient. This can include gifts to family members as well as charitable donations.

Are you expecting to receive insurance, an inheritance, or other property as a result of somebody's death? **Yes** **No**
If yes, please identify the individual or their estate, and the date of death if known. **(Failure to inform the Bankruptcy Court about your right to receive an inheritance could result in the loss of all or a portion of the inheritance).**

Have you incurred any losses from fire, theft or gambling in the last year? **Yes** **No**
If yes, please identify the money or property that was lost, and whether or not any insurance proceeds were received as a result.

Have you closed any bank accounts or credit union accounts within the last 12 months? **Yes** **No**
If the answer is yes, please provide the following information:

Name 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 with a value greater than \$1000? **Yes** **No**
(Examples: land, mobile home, boat, motorcycle, other valuable assets) If so, please list. **(The Court requires you to disclose such sales or transfers.)**

Do you have the right to file a lawsuit against anyone else? **Yes** **No** (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.**

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: _____

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 \$ _____

4. 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, such as your residence, 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/Vacation Memberships:

Location/Resort _____ Week(s) _____
 Mortgage Holder: _____ Estimated Amt Owed \$ _____

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

If so, please identify: _____

Do you have a Safe Deposit Box? If so, please provide the following information:

Bank or Credit Union

Contents

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	_____	\$ _____	\$ _____
Whole/Term Life Policy	_____	\$ _____	\$ _____

Please provide the name and relationship of the beneficiary for any insurance policies identified above:

Name: _____ Relationship: _____

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. (Additional information must be provided to the Bankruptcy Court if you have borrowed against a 401(k) or other pension plan.)

<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/529 plan	_____	\$ _____
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 (if separate from home mortgage 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, rent to own, etc.).....\$ _____
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:.....\$ _____