

**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, 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 Spouse Prefers 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: \_\_\_\_\_

Mailing Address: (If Different From Residential) \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

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.)  
\_\_\_\_\_  
\_\_\_\_\_

<b>(For Attorney Use Only)</b>
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.

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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(s) and the amount.

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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.

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(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.

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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).**

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Have you incurred any losses from fire, theft, gambling or accident 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.

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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 4 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.)**

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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.**

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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	# _____	\$ _____
Refrigerator	# _____	\$ _____
Dishwasher	# _____	\$ _____
Stove	# _____	\$ _____
Washer	# _____	\$ _____
Dryer	# _____	\$ _____
Vacuum Cleaner	# _____	\$ _____
Computer and Accessories	# _____	\$ _____
DVD	# _____	\$ _____
DVD Collection	# _____	\$ _____
Video Stations and Games	# _____	\$ _____
Stereo/Home theater	# _____	\$ _____
Dining Room Suite	# _____	\$ _____
Living Room Suite	# _____	\$ _____
Bedroom Suite	# _____	\$ _____
Microwave	# _____	\$ _____

\*Please specify what type \_\_\_\_\_

**Non - Household Goods:**

Sporting Goods And Fitness Equipment	# _____	\$ _____
Fishing Equipment	# _____	\$ _____
Original Artwork Collections or Collectibles (Coin, Stamp, Baseball Cards)	# _____	\$ _____
Riding Lawn Mower	# _____	\$ _____
Push Lawn Mower	# _____	\$ _____
Utility Trailer(s)	# _____	\$ _____
Power Tools	# _____	\$ _____
Firearms	# _____	\$ _____
Hobby Craft (ATVs, Jet Skis)	# _____	\$ _____
Wedding Rings	# _____	\$ _____
Other Jewelry/Watches (Worth more than \$250.00)	# _____	\$ _____

\*Please list \_\_\_\_\_

\*Please list \_\_\_\_\_

\*Please list \_\_\_\_\_

\*Please specify what type \_\_\_\_\_

\*Please specify what type \_\_\_\_\_

\*Please specify what type \_\_\_\_\_

\*Please specify dimensions \_\_\_\_\_

\*Please list \_\_\_\_\_

\*Please specify what type \_\_\_\_\_

\*Please specify what type \_\_\_\_\_

\*Please Specify \_\_\_\_\_

\*Please Specify \_\_\_\_\_

**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. This includes property that you may have inherited or do not presently live on.

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(S) 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 \$ \_\_\_\_\_

**ATTORNEY NOTES:**

**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 a Safe Deposit Box? If so, please provide the following information:

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

Security Deposits with Utility Companies, Landlords, etc.:

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

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

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	_____	\$ _____	\$ _____
HSA/FSA	_____	\$ _____	\$ _____

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ATTORNEY NOTES:**

**RETIREMENT INFORMATION:**

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

If so, please identify: \_\_\_\_\_

Do you have any of the following types of retirement accounts? 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 type of 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	_____	\$ _____
Other	_____	\$ _____

ATTORNEY NOTES:

**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

Homeowner's/Renter's Insurance (**not deducted from mortgage pmt.**).....\$ \_\_\_\_\_

Home Repairs/Maintenance (if NOT renting).....\$ \_\_\_\_\_

Land Payment (if separate from home mortgage payment) .....\$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

Charitable (not deducted from paycheck) .....\$ \_\_\_\_\_

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

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

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

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.**).....\$ \_\_\_\_\_

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

DO YOU ANTICIPATE ANY CHANGES IN EXPENSES IN THE NEXT FEW MONTHS? IF SO, PLEASE

EXPLAIN: \_\_\_\_\_

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ATTORNEY NOTES REGARDING EXPENSES:

