

LAW OFFICE OF
JAMES N. STANLEY, JR.

JAMES N. STANLEY, JR. *^

*ADMITTED IN GA AND FL

^Board Certified-Consumer Bankruptcy
American Board of Certification

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CLIENT INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Are you here for a potential bankruptcy for: (check all that apply)

_____ Yourself _____ Spouse _____ Friend or relative _____ Business

How were you referred to our office? _____

Please describe the circumstances leading to you considering for filing bankruptcy: _____

Have you ever filed bankruptcy in the past? _____ No _____ Yes, When?: _____

Marital Status: Single _____ Married: _____ Divorced: _____ Widowed: _____

If married are your debts joint? _____ NO _____ YES

Do you have any children or dependents living at home with you: _____ NO _____ YES

If yes, How many? _____ How old? _____

The purpose of the first consultation with our office is to determine whether or not the filing of the Bankruptcy is a viable option for you, and to discuss whether you have alternative options. Should the bankruptcy be a possible option, we will quote you a price for your case, and we may make payment arrangements with you. The consultation will provide you with general information; no specific advice will be given upon which you may rely on unless and until you retain our services. The duration of the free consultation will be a maximum of twenty (20) minutes.

Please answer fully and truthfully. All information will remain confidential.

I (we) have read and understand the above.

Client

Client

Date: _____

Date: _____

Check all of the following for which you OWE money and estimate the total dollar value owed for each debt:

____ Credit Cards/Store Cards/Gas Cards/Jewelry Stores \$ _____
____ Medical Bills/Doctor bills/Hospital Bills/Dental Bills \$ _____
____ Signature Loans/Personal Loans/Finance Companies \$ _____
____ Judgments/Lawsuits \$ _____

Has any property been garnished, attached, foreclosed or repossessed within the past year?
Yes _____ No _____

____ Guarantee for someone else's debts (co-signer) \$ _____
____ Broken Contract/Broken Lease \$ _____

Did you file your tax returns for the last four (4) years: _____ Did you get a refund? _____ Did you Owe? _____

____ Taxes Owed (Type: _____) Amount \$ _____

____ Student Loans \$ _____

____ Vehicle Loans Make: _____ Model _____ Year: _____
Lease: \$ _____ Purchase \$ _____

Make: _____ Model _____ Year: _____
Lease: \$ _____ Purchase \$ _____

____ Other vehicles, boats, motorcycles or trailers: _____

____ Mortgage-Home: Market Value \$ _____ Payoff: \$ _____ Months behind: _____

____ Alimony or Child Support

Other debts (furniture, jewelry, electronics, Rent to Own): _____

Check all that apply and their value:

401(k) or other retirement plan \$ _____ Do you have loans against this plan? _____ How much? _____

Checking/Savings Accounts \$ _____

Do you now or have you in the last six (6) years owned or had an interest in any business?
____ YES ____ NO

Name of business: _____

Are you suing anybody? _____ If so, when? _____

Has anyone passed away from whom you can inherit? _____

Monthly Income:

Gross monthly income \$ _____ Net (take home) \$ _____

Spouse gross income \$ _____ Net (take home) \$ _____

Second Job \$ _____

Social Security/Disability \$ _____

Child Support \$ _____

Retirement/Pension \$ _____

Other: \$ _____

Monthly Expenses:

Mortgage/Rent \$ _____

Electricity \$ _____

Water/Gas \$ _____

Telephone/Cellular \$ _____

Children School Expense \$ _____

Entertainment \$ _____

Car Payment \$ _____

Car Insurance \$ _____

Medical/Prescriptions \$ _____

Health Insurance Dental \$ _____

Cable TV \$ _____

Child Care \$ _____

Food \$ _____

Hair Cuts/Toiletries \$ _____

Pet Expenses \$ _____

Gas/Car Maintenance \$ _____