E. Michael Vereen, III Consultation Form

Phone 770-345-9449 Fax 770-345-9425

Email mvparalegal@vereenlaw.com vereenlaw@live.com

Need to file your case TODAY? Here is what you will need:

- 1. Paystubs for the last 6 months for ALL household income.
- 2. Certificate of pre-bankruptcy credit counseling
- 3. Copy of the last 3 years FILED tax returns.
- 4. This completed form
- 5. Copy of ALL lawsuits and/ or foreclosure letter.

First Name: State: Cell Phone: Marital Status: Date of Birth: First Name: State: Cell Phone: Marital Status: Date of Birth: OYED? YES DODE FEMPLOYED IN THE LAST SIX YEARS? Friend Letter Internet nily Member BBB Frugal Free; Cy? If yes, when and where? Please circle all that apply:	: Other Attorney reddie Other		
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If yes, when and where? Please circle all that apply:			
Please circle all that apply:	?		
	Debt Consolidation		
blems Civil Actions (list below) Ju	udgments (list below)		
. .			
<u> </u>			
Relationship to Applicant:			
۰ ¢ Chapter	Zillow:		
<u> сф.</u>			
_Amount Needed to File: \$	Eppraisal:		
-	taxes: Relationship to Applicant: Relationship to Applicant: Relationship to Applicant: Relationship to Applicant: Relationship to Applicant:		

		1.CC			-	~ -	,			
Is mailing address different than what is listed above? Yes No										
If yes, what is mailing address?										
Has anyone filed a lawsuit against you? Yes □ No □ (ALSO INCLUDE ANY GARNISHMENTS)										
If yes – please state:										
Creditor: County:			-	State/ Magistrate/ Superior			•	Case		
Creditor:	الم علم منا	Count					trate/ Superior	Case No		
			a ciaim a	against an	ıyor	ner (le	car accident,	wor	kers	
If yes – please state:				61						
	Defendant: County:				State/ Magistrate/ Superior THE PAST THREE YEAR (This year v			Case No		
	INCOIVIE III		JIN FUR	I HE PASI			AK (IIIIS year w		e year to date;	
YOU		YTD:		20				20:		
SPOUSE	OF INICON	YTD: ИЕ FOR THI	- DACT T	HDEE VEA	20):		20	:	
	OF INCOM	ı	E PASI I	TREE TEA	_			20		
YOU		YTD:			20			20:		
SPOUSE	u mada ar	YTD:	ts to sro	ditors in t	20		days that onus	20: al \$600.00 or more over		
IF YES:	Creditor:	іу рауппені	is to tre	Date Paid		iast 50	Amount Paid:	1 300	Current Balance:	
IF TES:	creditor:			Date Paid	1:		Amount Paid:		Current balance:	
IF YES:	Creditor:			Date Paid	1.		Amount Paid:		Current Balance:	
IF TES.	Creditor.			Date Paid	1.		Alliount Palu.		Current Balance.	
Have you had any repossessions, foreclosures or deed in lieu in the last 12 months?										
IF YES:							ue at date of action:			
	. Creditor.			Action:		Property:				
IF YES:	Creditor:	reditor:					Description of		Value at date of action:	
	TES. Creation.			Action: Property:		•				
Have you transferred any property in the last 10 years? YES NO										
IF YES				nship to you:				Transfer Date:		
				. ,				Value \$		
IF YES	Person tran	sferred to:	Relation	nship to you: D		Description of Property:		Transfer Date:		
					Value \$					
Have yo	u closed a	ny bank ac	counts i	n the last	12	month	s? YES NO			
IF YES:		Financial		Type of A	ccol	unt:	Date of Closing:		Amount at closing:	
Inst		Institution:	tution:							
IF YES: Finance		Financial	ncial Type		of Account: Date of Closin		Date of Closing:	: Amount at closing		
Institution:										
Do you hold property that belongs to another individual? (Car, furniture) YES NO						ES 🗆 NO 🗆				
IF YES		Owner:			De	escriptio	on of Property:	Valu	e of Property:	
IF YES Owner:		Description of Pro		on of Property:	Value of Property:					
IF YOU I	HAVE LIVE	D AT YOUR					YEARS PLEASE			
Address:			C	ity			State:	z	ip:	
Address:			C	ity			State:	Z	ip:	

REAL PROPERTY INF	ORMATIO	N: PLEASE LIST A	ALL PROPERTY TH	IAT HA	S YOUR NAME ON TITLE	
Property Address #1:				FMV: \$		
First Mortgage Name and Address:		Amount Owed:		Amount Behind:		
		\$		\$		
Second Mortgage Name and		Amount Owed:		Amou	nt Behind:	
Address:		\$		\$		
ALL NAMES LISTED (ON THE TIT	16.				
	JN THE III	LE		ED 43.4.	<u> </u>	
Property Address #2:		Г		FMV: \$		
First Mortgage Name a	na Adaress:	Amount Owed:		Amount Behind:		
		\$		\$		
Second Mortgage Name	e and	Amount Owed:		Amount Behind:		
Address:		\$		\$		
		-				
ALL NAMES LISTED (ON THE TIT	 F•				
			acc attack a concre	to list w	with the above information	
If you have more than 2 pieces of property please attach a separate list with the above information PERSONAL PROPERTY: PLEASE ANSWER ALL QUESTIONS IF IT DOES NOT APPLY WRITE N/A						
Description	Yard Sale V			JOLSIN	Yard Sale Value	
Cash	\$		Checking Account #	‡1 :	With:	
					Balance:	
Checking Account #2	With:		Savings Account		With:	
Security Deposit:	Balance:		Security Deposit		Balance: With:	
Security Deposit.	With: Balance:		Security Deposit		Balance:	
Household Goods:			Books, CD's etc			
Clothing			Furs, Jewelry Etc			
Sports Equipment	uipment		Interest in insurance Policy:			
IRA. 401k etc			Alimony owed to you			
Anticipated Tax			Boat or recreation			
Refund			vehicles			
Automobile #1:						
Year: Model:		Monthly Pmt:			Loan Balance:	
Make:	Lender:		Purchase Date:		Mileage:	
Automobile #2:						
Year:	Model:		Monthly Pmt:		Loan Balance:	
Make: Lender:			Purchase Date:		Mileage:	

Do yo	ou have any Rent- to – Owns? Y	es 🗆 No					
If yes	Creditor	Payment		Item	Final Payment D	ate:	
		Balance _					
If yes	Creditor	Payment		Item	Final Payment D	ate:	
		Balance _					
Do you	u have any Leases? Yes 🗆 No 🗆						
If yes	Creditor	Payment		Item	Date of Final		
		Balance			Payment		
If yes	Creditor	Payment		Item	Date of Final		
	Balance				Payment		
PLEAS	SE ANSWER ALL QUESTIONS:						
Receiv	e Child Support regularly: Yes □ No		If yes, how much per month? \$				
Pay Ch	ild Support regularly: Yes □ No □		If yes, how	v much per moi	nth? \$		
			LIST THIS I	RECEIPENT IN L	IST OF CREDITORS		
Receiv	e Alimony regularly: Yes 🗆 No 🗆		If yes, how	v much per moi	nth? \$		
Pay Ali	imony regularly: Yes □ No □		If yes, how	v much per moi	nth? \$		
			LIST THIS I	RECEIPENT IN L	IST OF CREDITORS		
401k L	oans? Yes □ No □		IF yes, how	w much per mo	nth?		
			When in la	ast payment? _			
Do you	have a Homeowners Association? Y	es 🗆 No 🗆	If yes – LIS	T IN THE LIST C	F CREDITORS		
Are yo	u currently in a divorce proceeding?	Yes □ No	If yes, what is status?				
	ı have an attorney for any other mat	ter? Yes 🗆	If yes, plea	ase list their na	me and address:		
	ı have an attorney for any other mat	ter? Yes 🗆	If yes, plea	ase list their na	me and address:		
Do you No 🗆	ı have an attorney for any other mat	ter? Yes 🗆	If yes, plea	ase list their na	me and address:		
Do you No 🗆 Studer						mth	
Do you No Studer Do you	nt Loans and Taxes		status is DEI			mth	
Do you No - Studer Do you Do you	nt Loans and Taxes I have any student loans? Yes No	lf yes,	status is DEI	FERRED/ DEFAU	JLT /PAYING @ \$	mth	
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HOUSEHOLD BUDGET EXPENSES					
Rent / First Mortgage: \$	Second Mortgage: \$				
Equity Line: \$	Electric/ Gas: \$				
Water/ Sewage:	Home Phone:\$				
Cable: \$	Internet: \$				
Home Security: \$	Pest Control:\$				
Cell Phone: \$	Food: \$				
Clothing: \$	Laundry/ Dry cleaning: \$				
Out of Pocket Medical/ Dental; \$	Auto Gas/ Maintenance: \$				
Charitable Contributions: \$	Homeowners / Renters Insurance: \$				
You will have to show proof for these					
Life Insurance: \$ (Not payroll deducted)	Health Insurance: \$ (Not payroll deducted)				
Car Insurance: \$	Property Taxes: \$				
Car Payment: \$	Child Support/ Alimony Payment: \$				
HOA: \$	Garbage Collection: \$				
Child Care: \$	Rent to Own Payment: \$				
Care for elderly / disabled family: \$	School Expenses: \$				
Continuing Education for job: \$	Other: \$ (Please explain)				
CREDITORS					
Creditor Name:	Collection Agency:				
Address:					
Amount Owed:					
Reason for debt:					
Creditor Name:	Collection Agency:				
Address:					
Amount Owed:					
Reason for debt:					
Creditor Name:	Collection Agency:				
Address:					
Amount Owed:					
Reason for debt:					
Creditor Name:	Collection Agency:				
Address:					
Amount Owed:					
Reason for debt:					
Creditor Name:	Collection Agency:				
Address:					
Amount Owed:					
Reason for debt:					

Creditor Na	me:	Collection Age	ncy:			
Address:						
Amount Ow	ed:					
Reason for o	debt:					
Creditor Na	me:	Collection Age	ncy:			
Address:						
Amount Ow	ed:					
Reason for o	debt:					
Creditor Na	me:	Creditor Name:				
Address:		Address:				
Amount Ow	red:	Amount Owed	l:			
Reason for o	debt:	Reason for del	ot:			
Creditor Na	me:	Creditor Name	2:			
Address:		Address:				
Amount Ow	red:	Amount Owed	l:			
Reason for o	debt:	Reason for del	ot:			
Creditor Na	me:	Creditor Name	2:			
Address:		Address:				
Amount Ow	red:	Amount Owed	l:			
Reason for o	debt:	Reason for debt:				
Creditor Na	me:	Creditor Name:				
Address:		Address:				
Amount Ow	red:	Amount Owed	l:			
Reason for o	debt:	Reason for del	ot:			
Creditor Na	me:	Creditor Name:				
Address:		Address:				
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Reason for o	debt:	Reason for debt:				
Creditor Na	me:	Creditor Name:				
Address:		Address:				
Amount Ow	red:	Amount Owed	l:			
Reason for debt:		Reason for debt:				
DISCLAIMER	AND SIGNATURE:					
I certify that my answers are true and correct to the best of my knowledge.						
If I become a	aware that any of this information has cha	nged or is no lo	nger tru	e I will contact this office.		
Signature			Date			
Signature			Date			
Signature			Date			