

E. Michael Vereen, III**Consultation Form**

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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.

APPLICANT INFORMATION		DATE: _____
Last Name:	First Name:	Middle Name:
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
County:	Marital Status:	Email:
Maiden Name:	Date of Birth:	SSN:

CO-APPLICANT INFORMATION		
Last Name:	First Name:	Middle Name:
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
County:	Marital Status:	Email:
Maiden Name:	Date of Birth:	SSN:

ARE EITHER APPLICANTS SELF EMPLOYED? YES NO HAVE EITHER APPLICANTES BEEN SELF EMPLOYED IN THE LAST SIX YEARS? YES NO

How did you hear about us?	Friend Family Member	Letter BBB	Internet Frugal Freddie	Other Attorney Other
Have you EVER Filed Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where?			
Reason for consulting this firm: Please circle all that apply:				
Foreclosure	Credit Cards	Repossession	Debt Consolidation	
Creditor Harassment	Tax Problems	Civil Actions (list below)	Judgments (list below)	

List all lawsuits and/or all judgments:

Dependants as claimed on filed taxes:		
Sex:	Age:	Relationship to Applicant:
Sex:	Age:	Relationship to Applicant:
Sex:	Age:	Relationship to Applicant:
Sex:	Age:	Relationship to Applicant:

Attorney Notes:	
Attorney Fee: \$ _____ Filing Fee: \$ _____ Chapter _____	Zillow: _____
CC and Credit Report: \$ _____ Amount Needed to File: \$ _____	Eppraisal: _____
PLEASE NOTE THIS DOES NOT CREATE AN ATTORNEY CLIENT RELATIONSHIP	

Is mailing address different than what is listed above? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, what is mailing address?				
Has anyone filed a lawsuit against you? Yes <input type="checkbox"/> No <input type="checkbox"/> (ALSO INCLUDE ANY GARNISHMENTS)				
If yes – please state:				
Creditor:	County:	State/ Magistrate/ Superior	Case No	
Creditor:	County:	State/ Magistrate/ Superior	Case No	
Do you have the right to file a claim against anyone? (ie – car accident, workers				
If yes – please state:				
Defendant:	County:	State/ Magistrate/ Superior	Case No	
GROSS INCOME INFORMATION FOR THE PAST THREE YEAR (This year will be year to date)				
YOU	YTD:	20___:	20___:	
SPOUSE	YTD:	20___:	20___:	
SOURCE OF INCOME FOR THE PAST THREE YEARS				
YOU	YTD:	20___:	20___:	
SPOUSE	YTD:	20___:	20___:	
Have you made any payments to creditors in the last 90 days that equal \$600.00 or more over				
IF YES:	Creditor:	Date Paid:	Amount Paid:	Current Balance:
IF YES:	Creditor:	Date Paid:	Amount Paid:	Current Balance:
Have you had any repossessions, foreclosures or deed in lieu in the last 12 months?				
IF YES:	Creditor:	Date of Action:	Description of Property:	Value at date of action:
IF YES:	Creditor:	Date of Action:	Description of Property:	Value at date of action:
Have you transferred any property in the last 10 years? YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF YES	Person transferred to:	Relationship to you:	Description of Property:	Transfer Date: _____ Value \$ _____
IF YES	Person transferred to:	Relationship to you:	Description of Property:	Transfer Date: _____ Value \$ _____
Have you closed any bank accounts in the last 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF YES:	Financial Institution:	Type of Account:	Date of Closing:	Amount at closing:
IF YES:	Financial Institution:	Type of Account:	Date of Closing:	Amount at closing:
Do you hold property that belongs to another individual? (Car, furniture) YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF YES	Owner:	Description of Property:	Value of Property:	
IF YES	Owner:	Description of Property:	Value of Property:	
IF YOU HAVE LIVED AT YOUR ADDRESS FOR LESS THAN 3 YEARS PLEASE LIST PREVIOUS				
Address: _____ City _____ State: _____ Zip: _____				
Address: _____ City _____ State: _____ Zip: _____				

REAL PROPERTY INFORMATION: PLEASE LIST ALL PROPERTY THAT HAS YOUR NAME ON TITLE			
Property Address #1:		FMV: \$ _____	
First Mortgage Name and Address:	Amount Owed: \$ _____	Amount Behind: \$ _____	
Second Mortgage Name and Address:	Amount Owed: \$ _____	Amount Behind: \$ _____	
ALL NAMES LISTED ON THE TITLE: _____			
Property Address #2:		FMV: \$ _____	
First Mortgage Name and Address:	Amount Owed: \$ _____	Amount Behind: \$ _____	
Second Mortgage Name and Address:	Amount Owed: \$ _____	Amount Behind: \$ _____	
ALL NAMES LISTED ON THE TITLE: _____			
<ul style="list-style-type: none"> • 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 Value	Description	Yard Sale Value
Cash	\$ _____	Checking Account #1:	With: Balance:
Checking Account #2	With: Balance:	Savings Account	With: Balance:
Security Deposit:	With : Balance:	Security Deposit	With: Balance:
Household Goods:		Books, CD's etc	
Clothing		Furs, Jewelry Etc	
Sports Equipment		Interest in insurance Policy:	
IRA. 401k etc		Alimony owed to you	
Anticipated Tax Refund		Boat or recreation 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 you have any Rent- to – Owns? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes	Creditor	Payment _____ Balance _____	Item	Final Payment Date:
If yes	Creditor	Payment _____ Balance _____	Item	Final Payment Date:
Do you have any Leases? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes	Creditor	Payment _____ Balance _____	Item	Date of Final Payment
If yes	Creditor	Payment _____ Balance _____	Item	Date of Final Payment
PLEASE ANSWER ALL QUESTIONS:				
Receive Child Support regularly: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, how much per month? \$ _____		
Pay Child Support regularly: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, how much per month? \$ _____ LIST THIS RECEIPT IN LIST OF CREDITORS		
Receive Alimony regularly: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, how much per month? \$ _____		
Pay Alimony regularly: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, how much per month? \$ _____ LIST THIS RECEIPT IN LIST OF CREDITORS		
401k Loans? Yes <input type="checkbox"/> No <input type="checkbox"/>		IF yes, how much per month? _____ When in last payment? _____		
Do you have a Homeowners Association? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes – LIST IN THE LIST OF CREDITORS		
Are you currently in a divorce proceeding? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what is status?		
Do you have an attorney for any other matter? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please list their name and address:		
Student Loans and Taxes				
Do you have any student loans? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, status is DEFERRED/ DEFAULT /PAYING @ \$ _____ mth		
Do you owe the IRS Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, Amount owed \$ _____		
Are you on a payment plan with the IRS? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, how much each month? \$ _____		
Do you owe any State taxes? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, Amount owed \$ _____		
Are you on a payment plan for state taxes Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, how much each month? \$ _____		
HOUSEHOLD INCOME (NEEDED FROM ALL SOURCES EVEN IF NOT FILING)				
Your Employer Name and Address:		Position:	How long at this job?	
		Gross Income:	Monthly Insurance: _____	
		Monthly Taxes and FICA: \$		
Spouse Employer Name and Address:		Position:	How long at this job?	
		Gross Income:	Monthly Insurance: _____	
		Monthly Taxes and FICA: \$		
DEBTOR Income from Business: \$		SPOUSE Income from Business: \$		
DEBTOR Income from Real Estate? \$		SPOUSE Income from Real Estate? \$		
DEBTOR Alimony/ Child Support: \$		SPOUSE Alimony/ Child Support: \$		
DEBTOR Social Security: \$		SPOUSE Social Security: \$		
DEBTOR Disability:\$		SPOUSE Disability:\$		
DEBTOR Retirement/ Pension: \$		SPOUSE Retirement/ Pension: \$		
DEBTOR Food Stamps		Food Stamps		

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: \$ You will have to show proof for these	Homeowners / Renters Insurance: \$
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: Address: Amount Owed: Reason for debt:	Collection Agency:
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Creditor Name: Address: Amount Owed: Reason for debt:	Creditor Name: Address: Amount Owed: Reason for debt:		
DISCLAIMER AND SIGNATURE:			
I certify that my answers are true and correct to the best of my knowledge. If I become aware that any of this information has changed or is no longer true I will contact this office.			
Signature		Date	
Signature		Date	