

THE MARTIN LAW GROUP, LLC

Initial Consultation Form

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Please remember to include:

- Last 2 recent tax returns
- Last 90 days of paystubs if employed
- Copies of any lawsuits or judgments

E-mail: client@TheMartinLawGroup.com

APPLICANT INFORMATION

Name: _____ Middle: _____ Last: _____

SSN: _____ Birth Date: _____

Address: _____ APT #: _____ Zip: _____ County: _____

City: _____ State: _____

Cell #: _____ House #: _____ Email: _____

JOINT APPLICANT INFORMATION: ONLY IF FILING JOINT

Name: _____ Middle: _____ Last: _____

SSN: _____ Birth Date: _____

Cell #: _____ Email: _____

HOW DID YOU HEAR ABOUT US?

Letter

Referral

Internet

TV

Office Sign

PRIOR BANKRUPTCY CASES IN THE LAST 8 YEARS:

Date Filed: _____ Location Filed: _____ Case No. _____ Chapter Filed: _____

PRIOR ADDRESSES WITHIN THE LAST 3 YEARS: Please list from when to when that you resided

GROSS ANNUAL INCOME

2020 YTD _____ (You)

2019 _____ (You)

2018 _____ (You)

2020 YTD _____ (Spouse)

2019 _____ (Spouse)

2018 _____ (Spouse)

We MUST have this information even if your spouse is NOT filing with you.

SUITS AND GARNISHMENTS

Within 1 year before filing:

Plaintiff: _____

Case No. _____

Nature: _____

Status: DISM JUDGT PENDG SETLD

Plaintiff: _____

Case No. _____

Nature: _____

Status: DISM JUDGT PENDG SETLD

PLEASE PROVIDE COURT DOCUMENTS TO ATTORNEY

REPOSSESSIONS

Creditor: _____

Address: _____

Action Date: _____

Vehicle: _____

Value: \$ _____

If more than one, please list on back

Client(s) Initials: _____

FORECLOSURES

Creditor: _____

Address: _____

Action Date: _____

House address: _____

Value: \$ _____

If more than one, please list on separate sheet

TRANSFERS/PURCHASES

Have you transferred or given away ANY cars, property or items of value in the last 2 years? YES - NO

Have you made any major purchases, cash advances, or transfers on your credit cards in the past 120 days? YES- NO

PLEASE SPEAK WITH ATTORNEY TO DISCLOSE DETAILS

CLOSED FINANCIAL ACCOUNTS

Within 1 year of this case:

Institution: _____

Address: _____

Type and # of account: _____

Amount of final balance: _____

Amount and date of sale/closing: _____

If more than one, please list on back

CURRENT AND FORMER BUSINESSES IN THE LAST 6 YEARS

Name: _____ Address: _____

Nature of business: _____

EIN # or last 4 digits of SSN: _____

Start date: _____

End date: _____

EMPLOYEES: YES NO

LIST EQUIPMENT: _____

REAL PROPERTY # 1

Address: _____

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

Who is on the title/deed?

1. _____

2. _____

1st Mortgage: _____ Balance: \$ _____ Arrears: \$ _____ \$ _____ /month

2nd Mortgage: _____ Balance: \$ _____ Arrears: \$ _____ \$ _____ /month

HOA? If Yes, Name: _____ Arrears: \$ _____

Intention of Property: SURRENDER - RETAIN FMV: _____

ARE INSURANCE AND TAXES INCLUDED IN MORTGAGE: YES - NO

REAL PROPERTY # 2

Address: _____

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

Who is on the title/deed?

1. _____

2. _____

1st Mortgage: _____ Balance: \$ _____ Arrears: \$ _____ \$ _____ /month

2nd Mortgage: _____ Balance: \$ _____ Arrears: \$ _____ \$ _____ /month

HOA? If Yes, Name: _____ Arrears: \$ _____

Intention of Property: SURRENDER - RETAIN FMV: _____

ARE INSURANCE AND TAXES INCLUDED IN MORTGAGE: YES - NO

Client(s) Initials: _____

IF YOU HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION WHERE YOU ALSO HAVE AN OUTSTANDING DEBT YOU SHOULD **NOT KEEP ANY FUNDS IN THAT ACCOUNT** DUE TO THE FACT THAT THESE FUNDS MAY BE FROZEN AS A RESULT OF FILING BANKRUPTCY.

IF YOU HAVE A **WELLS FARGO ACCOUNT** YOU NEED TO CHANGE TO ANOTHER BANK BECAUSE THEY MAY FREEZE YOUR ACCOUNT EVEN IF YOU DO NOT HAVE A DEBT WITH THEM!

PERSONAL PROPERTY: (Please use "garage sale" prices to value these goods NOT retail value)

Furniture/Household Items: \$ _____
 Clothing: \$ _____
 Bank Account#1 and Balance: NAME OF BANK _____ AMOUNT CURRENTLY IN ACCOUNT: \$ _____
 Bank Account#2 and Balance: NAME OF BANK _____ AMOUNT CURRENTLY IN ACCOUNT: \$ _____
 IRAs/401K/Pensions/Bonds/Stocks: Specify type and \$ _____
 Whole Life Insurance Policies (NOT term life)/safe deposit box: \$ _____
 Jewelry: \$ _____ Business Equipment \$ _____

List ALL vehicles your name is on the title (even if they are paid off or there is a co-signer)

VEHICLE TYPE Ex. 2000 Lexus 320 LE	CREDITOR IF CAR IS NOT PAID OFF IN FULL	DATE OF PURCHASE	BALANCE	MILEAGE	MONTHLY PAYMENT	TITLE	INTENTION
YR/MAKE: MODEL: TRIM:			\$		\$	D H W J	KEEP SURRENDER
YR/MAKE: MODEL: TRIM:			\$		\$	D H W J	KEEP SURRENDER
YR/MAKE: MODEL: TRIM:			\$		\$	D H W J	KEEP SURRENDER

TAXES

FEDERAL YEAR(s): _____ BALANCE: \$ _____
 STATE YEAR(s): _____ BALANCE: \$ _____

TAX REPAYMENT PLAN WITH IRS: YES - NO
 MONTHLY PAYMENT \$ _____

STUDENT LOANS

Status: DEFERRED - DEFAULT - REPAYING:
 \$ _____ MONTH Balance \$ _____

Who do you pay your student loan payments to?

IF YOU PAY CHILD SUPPORT OR ALIMONY: Monthly payment: \$ _____ Arrears: \$ _____

Name and address of recipient: _____

Client(s) Initials: _____

HOUSEHOLD INCOME (Needed from ALL sources even if INDIVIDUAL FILING)

Please select one: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

APPLICANT'S INCOME

Employer name: _____

Address: _____

Zip: _____ How Often Paid: _____

How long employed? _____

Job Title: _____

Gross Monthly Income: \$ _____

SPOUSE'S INCOME (Even if NOT filing)

Employer name: _____

Address: _____

Zip: _____ How Often Paid: _____

How long employed? _____

Job Title: _____

Gross Monthly Income: \$ _____

DEPENDENTS

Relationship: _____

Age: _____

Relationship: _____

Age: _____

Relationship: _____

Age: _____

Relationship: _____

Age: _____

Relationship: _____

Age: _____

Relationship: _____

Age: _____

APPLICANT: OTHER INCOME

Income from business: \$
Income from real estate: \$
Alimony/Child Support: \$
Social security income: \$
Disability Income: \$
Unemployment: \$
Food stamps: \$
Retirement/Pension income: \$

JOINT-APPLICANT: OTHER INCOME

Income from business: \$
Income from real estate: \$
Alimony/Child Support: \$
Social security income: \$
Disability Income: \$
Unemployment: \$
Food stamps: \$
Retirement/Pension income: \$

MONTHLY HOUSEHOLD BUDGET EXPENSES

1st Mortgage:\$	Garbage:\$	Home Insurance: \$	Student Loan:\$
Electric and Gas:\$	Pest Control:\$	Life Insurance:\$	HOA:\$
Water/Sewer: \$	Home Maintenance:\$	Health Insurance:\$	Child Support:\$
Home Phone:\$	Food:\$	Charity/Church:\$	Alimony:\$
Cable:\$	Laundry/Dry Cleaning:\$	Auto Insurance:\$	Child Care:\$
Cell:\$	Medical:\$	Taxes: \$	Personal Care:\$
Internet:\$	Dental:\$	Car Payments: \$	Rent:\$
Alarm: \$	Gasoline: \$	2nd Mortgage: \$	

WE ARE NOT RESPONSIBLE FOR ANY SITUATION THAT ARISES DUE TO UNDISCLOSED INFORMATION.

Client(s) Initials: _____

ENSURING THAT ALL OF YOUR CREDITORS ARE INCLUDED

In order to make sure **EVERYONE** that you owe is included your need to obtain a credit report. Our vendor can pull all three reports for you for \$30.00. You will need to pull your credit report **AGAIN** after your case is discharged to make sure that all creditors listed have updated their accounts. You can use your **FREE** credit report for this review.

Creditor's Name and Address	Account No. and Date Incurred	Describe Debt	Who is Liable For Debt? H - Husband W - Wife J - Joint	Balance Owed	Others Involved Name and Address (i.e. Collection Agency, Codebtor, etc.)
<p>Secured debts are car loans, home loans, home equity loans, second mortgages, or any other loans where property is pledged as security. All other types of debt are unsecured.</p>					
Mortgage(s) on Principal Res.					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
Automobile Loans					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
List Other Secured Debts Below:					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
List priority claims below:					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
FEDERAL TAXES	Exec. Tax Due				<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
STATE TAXES	Exec. Tax Due				<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other

Client (s) Initials: _____

Creditor's Name and Address	Account No. and Date Incurred	Describe Debt	Who is Liable For Debt? H - Husband W - Wife J - Joint	Balance Owed	Others Involved Name and Address (i.e. Collection Agency, Codebtor, etc.)
Secured debts are car loans, home loans, home equity loans, second mortgages, or any other loans where property is pledged as security. All other types of debt are unsecured.					
List all Unsecured Debts Below:					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
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					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
					<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other

*There is a fee to add a missing creditor AFTER your case is filed. This includes accounts that are in good standing. You CANNOT choose to exclude certain creditors UNLESS there is a \$0.00 balance on account.

Client(s) Initials: _____

