

# GORE LAW FIRM, LLC

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DATE: \_\_\_\_\_

## PART A: NAME AND ADDRESS

Name: \_\_\_\_\_ (Spouse, if any) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you lived at this address for at least 2 years? \_\_\_ No \_\_\_ Yes

If no, then please list your previous address:

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Married: \_\_\_ Divorced: \_\_\_ Separated: \_\_\_ Single: \_\_\_ Widowed: \_\_\_

Do you have any children? \_\_\_ No \_\_\_ Yes

If yes, please provide gender and age: \_\_\_\_\_

Do your children live with you: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Not in your home

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Spouse Work #: \_\_\_\_\_

Other #: \_\_\_\_\_

Email: \_\_\_\_\_

NATURE OF THE PROBLEM: \_\_\_\_\_

How did you learn of our services? \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

( ) OPEN FILE	Fee \$ _____
( ) HOLD	Filing Fee \$ _____
1 <sup>st</sup> PMT: _____	Publ. Fee \$ _____
2 <sup>nd</sup> PMT: _____	Misc. Fee \$ _____
3 <sup>rd</sup> PMT: _____	<b>Total \$</b> _____
PARALEGAL: _____	Retainer \$ _____
Chapter 7 ( )      13 ( )	Balance \$ _____

**PART B: EMPLOYMENT INFORMATION**

Your Employer:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse Employer:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART C: PRIOR/PENDING BANKRUPTCY CASES**

1. Have you ever filed a bankruptcy case? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, in which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

2. Are there currently any bankruptcy cases pending against you? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, name of debtor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Case number: \_\_\_\_\_ Date filed: \_\_\_\_\_ Judge: \_\_\_\_\_

State case was filed: \_\_\_\_\_

**PART D: CHILD SUPPORT/ALIMONY**

Are you required to make any child support or alimony payments? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, who do you make payments to? \_\_\_\_\_ Amount paid: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are support payments deducted from you paycheck? \_\_\_\_\_ No \_\_\_\_\_ Yes

**PART E: REPOSSESSIONS/ FORECLOSURES**

1. Are you currently dealing with a pending repossession or foreclosure? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please list the property under foreclosure:

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

2. Other Property: \_\_\_\_\_

3. List any property that has been repossessed by a creditor, sold at foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within the past year.

**PART F: LAWSUITS/ GARNISHMENTS**

1. Do you have a pending garnishment? \_\_\_\_\_ No \_\_\_\_\_ Yes

2. Are you currently being garnished? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please provide information: \_\_\_\_\_

3. Are there any pending Lawsuits against you? \_\_\_\_\_ No \_\_\_\_\_ Yes Case # \_\_\_\_\_

If yes, please provide information: \_\_\_\_\_

**PART G: PERSONAL INJURY/OTHER LAWSUITS**

1. Do you have an outstanding personal injury case? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please provide information: \_\_\_\_\_

2. Have you filed a lawsuit against someone in which you could receive compensation?

\_\_\_\_\_ No \_\_\_\_\_ Yes

**HOUSE / REAL PROPERTY**

LOCATION: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

TAX VALUE: \_\_\_\_\_

CLIENT'S VALUE: \_\_\_\_\_

DATE PURCHASED: \_\_\_\_\_

PURCHASE PRICE: \_\_\_\_\_

Has the property been appraised within the last 5 years?  No  Yes  
If so, list appraised amount: \_\_\_\_\_

LEINHOLDER: \_\_\_\_\_ AMOUNT OWED: \_\_\_\_\_

SECOND MORTGAGE?  No  Yes LEINHOLDER: \_\_\_\_\_

AMOUNT OWED: \_\_\_\_\_ CONDITION: Good / Fair / Poor

DAMAGE: Yes / No If so list damages: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECOND LOCATION:** \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

TAX VALUE: \_\_\_\_\_

CLIENT'S VALUE: \_\_\_\_\_

DATE PURCHASED: \_\_\_\_\_

PURCHASE PRICE: \_\_\_\_\_

Has the property been appraised within the last 5 years?  No  Yes  
If so, list appraised amount: \_\_\_\_\_

LEINHOLDER: \_\_\_\_\_ AMOUNT OWED: \_\_\_\_\_

SECOND MORTGAGE?  No  Yes LEINHOLDER: \_\_\_\_\_

AMOUNT OWED: \_\_\_\_\_ CONDITION: Good / Fair / Poor

DAMAGE: Yes / No If so list damages: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VEHICLE**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

Circle One: 2 door / 4 door                      4 cyl / 6 cyl / 8 cyl

VEHICLE IDENTIFICATION # \_\_\_\_\_ MILEAGE: \_\_\_\_\_

DATE PURCHASED: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

NUMBER OF PAYMENTS MADE: \_\_\_\_\_

LEINHOLDER: \_\_\_\_\_ AMOUNT OWED: \_\_\_\_\_

VALUE: \_\_\_\_\_

CONDITION: Good / Fair / Poor

BODY DAMAGE: Yes / No    If so list damage: \_\_\_\_\_

MECHANICAL PROBLEMS: Yes / No    If so list problems: \_\_\_\_\_

SPECIAL OPTIONS: \_\_\_\_\_

**VEHICLE**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

Circle One: 2 door / 4 door                      4 cyl / 6 cyl / 8 cyl

VEHICLE IDENTIFICATION # \_\_\_\_\_ MILEAGE: \_\_\_\_\_

DATE PURCHASED: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

NUMBER OF PAYMENTS MADE: \_\_\_\_\_

LEINHOLDER: \_\_\_\_\_ AMOUNT OWED: \_\_\_\_\_

VALUE: \_\_\_\_\_

CONDITION: Good / Fair / Poor

BODY DAMAGE: Yes / No    If so list damage: \_\_\_\_\_

MECHANICAL PROBLEMS: Yes / No    If so list problems: \_\_\_\_\_

SPECIAL OPTIONS: \_\_\_\_\_

## CURRENT INCOME

### A. YOUR INCOME

1. What is your occupation? \_\_\_\_\_

2. Name and Address of your employer: \_\_\_\_\_  
\_\_\_\_\_

3. How long have you been employed there? \_\_\_\_\_

4. What is the gross amount of your paycheck, before taxes/other deductions are taken out?  
\_\_\_\_\_

5. How often do you get paid? \_\_\_\_\_ once a week \_\_\_\_\_ every two weeks  
\_\_\_\_\_ twice a month \_\_\_\_\_ once a month \_\_\_\_\_ other \_\_\_\_\_

*Complete the below questions with your estimate of monthly averages.*

6. Do you receive overtime pay outside of your salary? \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, how much per month? \_\_\_\_\_

7. How much is taken out of each paycheck for taxes and social security? \$ \_\_\_\_\_

8. How much is taken out for insurance? \_\_\_\_\_

9. How much for union dues? \$ \_\_\_\_\_

10. Are there other deductions? If so, what are they and how much? \_\_\_\_\_  
\_\_\_\_\_

Do you receive:

a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month? \_\_\_\_\_  
\_\_\_\_\_

b) income from real estate property? \_\_\_\_\_ No \_\_\_\_\_ Yes If so, how much per month?  
\_\_\_\_\_

c) interest or dividends? \_\_\_\_\_ No \_\_\_\_\_ Yes If so, how much? \_\_\_\_\_

d) alimony or family support payments for your use or for the care of your dependents?

\_\_\_\_\_ No \_\_\_\_\_ Yes If so, how much per month? \_\_\_\_\_

e) social security or other forms of monetary government assistance? \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, how much per month? \_\_\_\_\_

f) retirement of pension money? \_\_\_\_\_ No \_\_\_\_\_ Yes If so, how much? \_\_\_\_\_

Do you have any other sources of income not listed? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_

**B. YOUR SPOUSE'S INCOME**

1. What is your spouse's occupation? \_\_\_\_\_
2. Name and Address of your employer: \_\_\_\_\_  
\_\_\_\_\_
3. How long have you been employed there? \_\_\_\_\_
4. What is the gross amount of your paycheck, before taxes/other deductions are taken out?  
\_\_\_\_\_
5. How often do you get paid? \_\_\_\_ once a week \_\_\_\_ every two weeks  
\_\_\_\_ twice a month \_\_\_\_ once a month \_\_\_\_ other \_\_\_\_\_

*Complete the below questions with your estimate of monthly averages.*

6. Do you receive overtime pay outside of your salary? \_\_\_\_ No \_\_\_\_ Yes  
If so, how much per month? \_\_\_\_\_
7. How much is taken out of each paycheck for taxes and social security? \$ \_\_\_\_\_
8. How much is taken out for insurance? \_\_\_\_\_
9. How much for union dues? \$ \_\_\_\_\_
10. Are there other deductions? If so, what are they and how much? \_\_\_\_\_  
\_\_\_\_\_

Do you receive:

- a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month? \_\_\_\_\_  
\_\_\_\_\_
  - b) income from real estate property? \_\_\_\_ No \_\_\_\_ Yes If so, how much per month?  
\_\_\_\_\_
  - c) interest or dividends? \_\_\_\_ No \_\_\_\_ Yes If so, how much? \_\_\_\_\_
  - d) alimony or family support payments for your use or for the care of your dependents?  
\_\_\_\_ No \_\_\_\_ Yes If so, how much per month? \_\_\_\_\_
  - e) social security or other forms of monetary government assistance? \_\_\_\_ No \_\_\_\_ Yes  
If so, how much per month? \_\_\_\_\_
  - f) retirement of pension money? \_\_\_\_ No \_\_\_\_ Yes If so, how much? \_\_\_\_\_
- Do you have any other sources of income not listed? \_\_\_\_ No \_\_\_\_ Yes If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT EXPENSES

Is this a joint filing with your Spouse?  No  Yes

Do you and your spouse maintain separate households?  No  Yes, if so, fill out one page for your household and another for your spouse's.

The following questions ask you for your expenses each month. If you are unsure of the amount you pay each month, but you know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month . . .

1. your rent or your home mortgage \$ \_\_\_\_\_

Does that amount include real estate taxes?  No  Yes

Does it include property insurance?  No  Yes

Does you pay Home Owners Association Fees?  No  Yes

Do you have a second mortgage?  No  Yes

2. electricity \$ \_\_\_\_\_

3. heating/gas \$ \_\_\_\_\_

4. water and sewage \$ \_\_\_\_\_

5. telephone service \$ \_\_\_\_\_

6. cable \$ \_\_\_\_\_

7. home security \$ \_\_\_\_\_

8. pest control \$ \_\_\_\_\_

9. Do you have any other utility bills? If so, what, and how much per month?

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

10. home maintenance, including repairs and general upkeep \$ \_\_\_\_\_

11. food \$ \_\_\_\_\_

12. clothing \$ \_\_\_\_\_

13. laundry and dry cleaning \$ \_\_\_\_\_

14. medical and dental expenses \$ \_\_\_\_\_

15. transportation (not including car payments) \$ \_\_\_\_\_

16. entertainment, recreation, newspapers, magazines \$ \_\_\_\_\_

17. charitable contributions \$ \_\_\_\_\_

18. church donations \$ \_\_\_\_\_



19. insurance not deducted from paycheck \$ \_\_\_\_\_  
a) homeowner's or renter's insurance \$ \_\_\_\_\_  
b) life insurance \$ \_\_\_\_\_  
c) health insurance \$ \_\_\_\_\_  
d) auto insurance \$ \_\_\_\_\_  
e) other insurance \_\_\_\_\_ \$ \_\_\_\_\_

20. taxes not deducted from paycheck \$ \_\_\_\_\_

21. installment payments for car, furniture, etc. (Specify)  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

22. alimony, maintenance, support paid to others \$ \_\_\_\_\_

23. payments for support of dependents not living at home \$ \_\_\_\_\_

24. expenses from operation of business \$ \_\_\_\_\_

**Additional Expenses (707(b) Expenses)**

25. mandatory payroll deductions not already listed \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

25. court ordered payments not already listed \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

26. education necessary to maintain employment \$ \_\_\_\_\_

27. repayment of student loans \$ \_\_\_\_\_

28. education for a physically or mentally challenged child \$ \_\_\_\_\_

29. childcare \$ \_\_\_\_\_

30. disability insurance (if not listed on line 14) \$ \_\_\_\_\_

31. health savings account \$ \_\_\_\_\_

32. care for elderly, chronically ill, or disabled family members \$ \_\_\_\_\_

33. protection from family violence \$ \_\_\_\_\_

34. education expense for your children under 18 \$ \_\_\_\_\_

35. non-mandatory contributions to retirement accounts (including loan repayment)  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

36. other expenses not listed above (i.e. haircuts,  
car maintenance/tag

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES**

\$ \_\_\_\_\_