

DOUGLAS L. HENRY

ATTORNEY AT LAW

Dear Sir/Madam:

Thank you for contacting my office concerning your possible bankruptcy. In order to assist you, please complete the enclosed questionnaire.

The following items are also needed in organizing the information for your case:

- Current pay stubs from employers for both husband and wife;
- Income tax forms, both state and federal, for the last two years;
- Information regarding any litigation (lawsuits, foreclosures, etc.) and/or collection agencies concerning your financial situation. **If a debt has been sent to a collection agency, we must have the creditor and address.**
- Copies of any court orders from a judge regarding garnishments or child support payments.
- Statements and/or check stubs regarding any benefits that you might receive, i.e.: disability, SSI, unemployment, etc.
- Deeds or titles of any property that you own.
- Copies of loan agreements regarding personal property.

You must provide us with complete information about each creditor, including address, account number(s), amount owed and reason for debt.

After you have completed the questionnaire and other necessary paperwork, please return them to my office. In most cases, the **new bankruptcy law requires** that individual debtors receive a credit briefing from an approved credit counseling service **and receive a certificate BEFORE a bankruptcy case is filed. The fee for this service is \$30.** We will make the necessary arrangements for you to obtain this counseling session. **After filing your bankruptcy**, a pre-discharge session is required to receive certification from the credit counseling service which is required to be filed with the bankruptcy court. **The fee for this service is \$25 (increased rates apply for telephone counseling session:\$50+\$25 per person filing jointly).**

The fee for my services for a Chapter 7 starts at \$1250.00, depending on the complexity of your case.

(\$625.00 Attorney fee must be paid at the time of filing, along with the \$299.00 court; the balance of \$625.00 must be paid before your hearing date, (scheduled approximately 30 days after filing), or your case will be dismissed.)

The fee for my services for a Chapter 13 may be as much as \$4500.00, depending on the complexity of your case. (\$500.00 must be paid to start your Chapter 13, along with the \$274.00 court fee.) The remainder of my fee will be worked into your Chapter 13 payment plan.

If you have any questions, please do not hesitate to call my office.

Sincerely,
Douglas L. Henry, Attorney

695 Washington St. • P.O. Box 1257
Clarksville, GA 30523

(706) 754-5395 • FAX (706) 754-3591

1. Are there any court judgments against you? ___ Yes ___ No
2. Do you have a claim or law suit against anyone? ___ Yes ___ No
3. Auto accidents? ___ Yes ___ No
4. Workman's Comp? ___ Yes ___ No
5. Do you have a 401K or retirement plan? ___ Yes ___ No

If so, what is the company name? _____

6. What is the value of the 401K or retirement plan? _____
7. Repossessions or Foreclosures? Creditor: _____
 Date: _____ Amount owed _____ car _____ home _____
 Surrendered _____ Repossessed _____
8. Have you received or expect to receive an inheritance? ___ Yes ___ No
9. Have you paid \$600 or more to any creditor in the past 90 days?
 ___ Yes ___ No
10. Are you in possession of any property which belongs to someone else?
 ___ Yes ___ No
11. Have you lost any belonging to loss, theft, fire, accident, or gambling in the past 12 months? ___ Yes
 ___ No
12. Have you sold or transferred any property in the past year? ___ Yes ___ No

Explain: _____

Please provide us with complete information about each creditor, including address, account number(s), amount owed and reason for debt.

#1-Creditor: _____
 Address: _____
 Account No. _____ Monthly payment: _____
 Date incurred: _____ Person responsible for debt: Husband Wife Joint
 List Collateral: _____
 Reason for debt:(credit card, medical bill, etc.) _____
 Balance due \$ _____

#2-Creditor: _____
 Address: _____
 Account No. _____ Monthly payment: _____
 Date incurred: _____ Person responsible for debt: Husband Wife Joint
 List Collateral: _____
 Reason for debt:(credit card, medical bill, etc.) _____
Balance due \$ _____

#3-Creditor: _____
 Address: _____
 Account No. _____ Monthly payment: _____
 Date incurred: _____ Person responsible for debt: Husband Wife Joint
 List Collateral: _____
 Reason for debt:(credit card, medical bill, etc.) _____
Balance due \$ _____

Use extra sheets if necessary.

