

# Tolar & Tolar

Gregory E. Tolar, Esq.  
greg@tolarlaw.com  
Reid G. Tolar, Esq.  
reid@tolarlaw.com

Attorneys at Law  
www.tolarlaw.com

334-358-1851 (Prattville)  
334-285-5070 (Millbrook)  
334-703-6422 (Auburn)  
334-460-0200 (fax)

Office Use:		
Date: _____	Office: _____	Plan: _____

## Client Information Sheet

### Debtor

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_  
Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Spouse

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_  
Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you hear about our services? \_\_\_\_\_

Please answer the following questions.

1. Have you lived at the above address for the past 6 months? What about the past 2 years?
2. Have you ever file a bankruptcy before? If so, what type and when was it?
3. Do you rent your home? If so, are you behind on your rent? Does your landlord have a judgment against you?

4. Please list any real property that you and/or your spouse own, any mortgages that are attached to the property, and the remaining balances and monthly payments on those mortgages.
  
  
  
  
  
  
  
  
  
  
5. Please list any Banking institutions that you and/or your spouse have a checking account with and how much money is in each account.
  
  
  
  
  
  
  
  
  
  
6. Please list any furniture you have and the yard sale value of that furniture.
  
  
  
  
  
  
  
  
  
  
7. Please list any guns, furs, jewelry and collectibles that you own and the yard sale value of each.
  
  
  
  
  
  
  
  
  
  
8. Please list any interest in insurance policies that you have and the value.
  
  
  
  
  
  
  
  
  
  
9. Please list any stocks, bonds, annuities, IRA's or other pension plans that you have and their value.

10. Do you own any business or any share of business? If so, what is the value of your share?
  
11. Are you the beneficiary of an estate (meaning are you the heir in a will)? If so, what is the value of the estate?
  
12. Please list any automobiles you own, If they are being financed, please list the name of the company who is financing it and the remaining balance on the note. Please also provide the year, make, model and mileage of all vehicles.
  
  
  
  
  
  
  
  
  
  
13. Please list any boats, all-terrain vehicles, etc. and their fair market value.
  
  
  
  
  
  
  
  
  
  
14. Office equipment, televisions, electronics, etc. and their yard sale value.
  
  
  
  
  
  
  
  
  
  
15. Any other personal property not listed above and its value.

16. Have you signed any contracts for services and what are they worth?  
(example: 3 Year contract on a home alarm system)

17. Have you signed any loans with anyone other than your spouse?

18. Do you have any unpaid medical bills? Unpaid taxes? Unpaid Child Support? Unpaid Alimony? If yes, please name them and the amount owed.

## HOUSEHOLD GOODS SHEET

### Household Goods List

**Living Room**  
Description of  
Property

	Value of each item					Total Value
	1	2	3	4	5	
Couch(es)						
Bookcase(s)						
Desk(s)						
Chair(s)						
Table(s)						
Lamp(s)						
Radio(s)						
Television(s)						
Stereo(s)						
VCR/DVD Player(s)						
Other:						
<b>Total:</b>						

**Dining Room**  
Description of  
Property

	Value of each item					Total Value
	1	2	3	4	5	
Table(s)						
Chair(s)						
Lamp(s)						
China Closet(s)						
China						
Silverware						
Other:						
<b>Total:</b>						

**Bedrooms**  
Description of  
Property

	Value of each item					Total Value
	1	2	3	4	5	
Bed(s)						
Chair(s)						
Dresser(s)						
Chest(s) of Drawers						
Desk(s)						
Mirror(s)						
Lamp(s)						
Vanity(s)						
Radio(s)						
Television(s)						
Stereo(s)						
VCR/DVD						
<b>Total:</b>						



**CURRENT INCOME**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Spouses Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouses Occupation: \_\_\_\_\_

How long employed: \_\_\_\_\_

How Long Employed: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INCOME:**

(Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions

**DEBTOR**

**SPOUSE**

2. Estimate monthly overtime

\_\_\_\_\_

\_\_\_\_\_

3. SUBTOTAL

\_\_\_\_\_

\_\_\_\_\_

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\_\_\_\_\_

\_\_\_\_\_

b. Insurance

\_\_\_\_\_

\_\_\_\_\_

c. Union dues

\_\_\_\_\_

\_\_\_\_\_

d. Other (Specify):

\_\_\_\_\_

\_\_\_\_\_

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\_\_\_\_\_

\_\_\_\_\_

6. TOTAL NET MONTHLY TAKE HOME PAY

\_\_\_\_\_

\_\_\_\_\_

7. Any Other Sources of Income

a. Operation of a Farm

b. Income from Real Property

c. Interest

d. Alimony and/or Child Support

e. Social Security or Government Assistance

f. Pension or Retirement Income

g. Other Monthly Income

TOTAL FROM OTHER SOURCES

\_\_\_\_\_

\_\_\_\_\_

8. AVERAGE MONTHLY INCOME

(Add amounts shown on lines 6 and 7)

\_\_\_\_\_

\_\_\_\_\_

## Current Expenses

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but 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? <input type="checkbox"/> No <input type="checkbox"/> Yes |  |          |
| Does it include property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes         |  |          |
| 2. electricity and heating   |  | \$ _____ |
| 3. water and sewage  |  | \$ _____ |
| 4. telephone service/long distance   |  | \$ _____ |
| 5. Do you have any other utility bills? If so, what, and how much per month?                         |  |          |
| _____  |  | \$ _____ |
| _____  |  | \$ _____ |
| _____  |  | \$ _____ |
| 6. home maintenance, including repairs and general upkeep  |  | \$ _____ |
| 7. food  |  | \$ _____ |
| 8. clothing  |  | \$ _____ |
| 9. laundry and dry cleaning  |  | \$ _____ |
| 10. medical and dental expenses  |  | \$ _____ |
| 11. transportation (not including car payments)  |  | \$ _____ |
| 12. entertainment, recreation, newspapers, magazines   |  | \$ _____ |
| 13. charitable contributions (includes tithe)  |  | \$ _____ |
| 14. insurance not deducted from paycheck   |  |          |
| a) homeowner's or renter's insurance   |  | \$ _____ |
| b) life insurance  |  | \$ _____ |
| c) health insurance  |  | \$ _____ |
| d) auto insurance  |  | \$ _____ |
| e) other insurance _____   |  | \$ _____ |
| 15. taxes not deducted from paycheck   |  | \$ _____ |
| 16. installment payments for car, furniture, etc. (Specify)  |  |          |
| _____  |  | \$ _____ |
| _____  |  | \$ _____ |
| _____  |  | \$ _____ |
| 17. alimony, maintenance, support paid to others   |  | \$ _____ |
| 18. payments for support of dependents not living at home  |  | \$ _____ |
| 19. expenses from operation of business  |  | \$ _____ |



**Additional Expenses**

20. mandatory payroll deductions not already listed \_\_\_\_\_

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

\_\_\_\_\_

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

21. court ordered payments not already listed \_\_\_\_\_

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

\_\_\_\_\_

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