

YOU MUST BRING THE FOLLOWING REQUIRED DOCUMENTS TO YOUR CONSULTATION:

- A COPY OF MOST RECENT FILED STATE AND FEDERAL TAX RETURNS.**
- PAY STUBS FOR THE LAST 7 MONTHS**– If you are married, you will also need to bring your spouse’s pay stubs, regardless if one or both of you are filing. If you do not have any pay stubs, you can ask your payroll office at your place of employment for copies of your checks or for a print-out of your wages. ****PLEASE REMEMBER: The last 7 months of stubs are required to file a bankruptcy. However, WE MUST HAVE AT LEAST YOUR MOST RECENT 2 MONTHS (CONSECUTIVE) OF PAY STUBS OR WE WILL BE UNABLE TO ADVISE YOU ON YOUR OPTIONS IN BANKRUPTCY! ****
- SELF EMPLOYED**– If you are self employed, please bring your last year’s tax return as proof of income and the most recent two months of business operating statements.
- BANK STATEMENTS FOR THE LAST 2 MONTHS.**
- PROOF OF OTHER INCOME** – Proof of any and all income such as social security, child support, retirement, disability, food stamps, etc.)
- IF REAL ESTATE IS OWNED.** Bring a copy of the Deed and County/City Tax Assessment.
- IF VEHICLES OR A MOBILE HOME IS OWNED.** Bring a copy of the personal property tax assessment from the city or county showing the assessed value of the property.
- INSURANCE.** If you own an automobile, we need a copy of your auto insurance declarations page from your insurance policy. This document shows the total premium for your insurance and loss payee. If you do not have this document, please call your insurance agent.
- CAR & HOUSE LOANS.** If you have any car or house loans, bring copies of your monthly payment reminder notices that include the total balances due under those loans.

****OTHER THAN CAR AND HOUSE LOANS, PLEASE DO NOT BRING ANY BILLS WITH YOU. THERE ARE SPACES PROVIDED IN THE BACK TO LIST THE NAMES AND ADDRESSES OF YOUR OTHER CREDITORS****



900 LAKESIDE DRIVE
LYNCHBURG, VA 24501
434-845-2600
434-845-0727 FAX

**CLIENT CERTIFICATION
REGARDING INFORMATION ON
NEW CLIENT QUESTIONNAIRE**

(Please bring this SIGNED document along with your NEW CLIENT QUESTIONNAIRE AND REQUIRED DOCUMENTS to your appointment with COX LAW GROUP, PLLC)

I (we) certify the following:

- All personal property and real property in my (our) possession or in someone else's possession is listed.
- All property that I (we) have partial interest in is listed.
- Everyone that I (we) owe or has a claim against me (us), even those creditors that I (we) want to continue to pay, is listed.
- Every bill that I (we) are cosigned on, whether I want to file bankruptcy against them or not, is listed.
- All information provided in this intake package is true and correct to the best of my (our) knowledge.

Signature 1

Signature 2

Date: _____

Have your bank account(s) or wages been garnished in the last 60 days? Yes No

Are there any judgments against you? Yes No

If yes, what creditor(s)? _____

Is anyone trying to sue you at this time? Yes No

If yes, what creditor(s)? _____

Do you have a foreclosure or repossession threatened at this time? Yes No

If so, has a date been set for foreclosure? Yes No If yes, date: _____

Have you used your credit cards, borrowed any money, or taken any cash advances in the last 90 days? Yes No

Have you filed all state and federal tax returns in the last 4 years? Yes No

If no, which year(s) were not filed? _____

Are you current on your personal property and/or real estate taxes? Yes No

IF YOU OWE ANY TYPE OF TAXES, COMPLETE THE FOLLOWING TABLE.

Taxing Creditor (IRS, State, County, or City)	Year	Type of Tax (Income, real estate, personal property, etc.)	Was that year's tax return filed on time?	Amount Due
Example: Campbell Co	1978	Personal property	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	\$514.00
			Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	

Do you pay child support? Yes No Court Ordered? Yes No

Do you owe back child support? Yes No If so how much? _____

Name and address of person you pay support to: _____

Do you have any student loans? YES NO If yes, please complete.

NAME OF CREDITOR	BALANCE DUE	CREDITOR'S MAILING ADDRESS

Do you have any co-signed debts/loans? YES NO If yes, please complete.

NAME OF CREDITOR	COSIGNER'S NAME	COSIGNER'S ADDRESS

DO YOU OWN OR ARE YOU BUYING YOUR HOME, LAND OR OTHER REAL ESTATE, INCLUDING TIMESHARES AND FAMILY LAND? Yes No (if YES, complete the table below)

Property Address	VALUE	OWNER As listed on the DEED
	Tax Assessed Value \$ _____ What do you think you could sell it for in today's market? \$ _____	<input type="checkbox"/> Debtor 1 and 2 jointly <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Other _____
Mortgage Information		
1 st Mortgage Name & Address:	Account # _____ Date Opened: _____	Loan Balance: \$ _____ # of Months Behind: _____
2 nd Mortgage Name & Address:	Account # _____ Date Opened: _____	Loan Balance: \$ _____ # of Months Behind: _____

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Mortgage Information		
1 st Mortgage Name & Address:	Account # _____ Date Opened: _____	Loan Balance: \$ _____ # of Months Behind: _____
2 nd Mortgage Name & Address:	Account # _____ Date Opened: _____	Loan Balance: \$ _____ # of Months Behind: _____

***** IMPORTANT: HAVE YOU TRANSFERRED ANY INTEREST IN A HOUSE OR LAND TO ANOTHER PERSON IN THE LAST 5 YEARS (THIS INCLUDES SALES OF PROPERTY, GIFTS, OR ANY TYPE OF TRANSFER YOU MIGHT HAVE MADE THROUGH A DEED)?**

No Yes If yes, explain : _____

Are your parents still alive? (Debtor 1) Yes No (Debtor 2) Yes No

If deceased, did they own any real estate while alive? (Debtor 1) Yes No (Debtor 2) Yes No

Are you currently expecting to receive any inheritance, life insurance proceeds, or real estate from anyone's death? (Debtor 1) Yes No (Debtor 2) Yes No

Do you have a burial plot? (Debtor 1) Yes No (Debtor 2) Yes No If yes, where? _____

Do you rent a house or apartment? Yes No

If yes, list landlord's name and address: _____

Do you have a written lease? Yes No Is the lease month-to-month? Yes No

Are you in a "rent-to-own" agreement? Yes No

Do you rent a vehicle or furniture? Yes No

If yes, what are you renting? _____

Name and address of the rental company: _____

How many payments are remaining (or when does it end) ? _____

LIST YOUR VEHICLES (All of them—even if paid for or if "junk")

VEHICLE INFO	OWNER As Listed on Title	APPROX VALUE	LIENHOLDER NAME and ADDRESS	LOAN INFO
Year: _____ Make: _____ Model: _____ Mileage: _____ Date Purchased: _____	<input type="checkbox"/> Debtor 1 and 2 <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Joint with _____			Loan Payoff \$ _____ Monthly payments remaining: _____
Year: _____ Make: _____ Model: _____ Mileage: _____ Date Purchased: _____	<input type="checkbox"/> Debtor 1 and 2 <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Joint with _____			Loan Payoff \$ _____ Monthly payments remaining: _____
Year: _____ Make: _____ Model: _____ Mileage: _____ Date Purchased: _____	<input type="checkbox"/> Debtor 1 and 2 <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Joint with _____			Loan Payoff \$ _____ Monthly payments remaining: _____
Year: _____ Make: _____ Model: _____ Mileage: _____ Date Purchased: _____	<input type="checkbox"/> Debtor 1 and 2 <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Joint with _____			Loan Payoff \$ _____ Monthly payments remaining: _____

Do you have life insurance? (Debtor 1) Yes No (Debtor 2) Yes No

Does your life insurance have a cash value? Yes No What is the cash surrender value? \$ _____

Does anyone owe you money? (Debtor 1) Yes No (Debtor 2) Yes No How much? _____

Do you have the right to sue anyone for any reason? (Debtor 1) Yes No (Debtor 2) Yes No

What type of case? Personal Injury/Workers Comp Prop Damage Collection Other _____

Who is your lawyer? _____

PERSONAL PROPERTY

Please complete the chart below for all of your personal belongings. You must list the number of all items you own even if the item was a gift or has little or no value. The value of the item should be the value if you sold the item today at a garage sale.

Quantity (#)	Description	Garage Sale Value	Debtor 1 (1), Debtor 2 (2), or Joint (J)
1	EXAMPLE	\$75	1
	Sofa/Couches		
	Love Seats		
	Dining Tables		
	Dining Chairs		
	Kitchen Tables		
	Kitchen Chairs		
	Stoves		
	Refrigerators		
	Dishwashers		
	Microwaves		
	Other Kitchen Major Appliances		
	Washers		
	Dryers		
	Recliner Chairs		
	Rocking Chairs		
	Other Chairs		
	Entertainment Centers		
	Desks		
	Coffee Tables		
	Other Tables		
	Nightstands		
	Dressers		
	Beds		
	Other Bedroom Furniture		
	TVs		
	VCRs		
	DVD Players		
	Stereos		
	Computers		
	Lamps		
	China Sets		
	Silverware Sets		
	Antiques. Describe:		

Quantity (#)	Description	Garage Sale Value	Debtor 1 (1), Debtor 2 (2), or Joint (J)
	Collectibles. Describe:		
	Golf Clubs		
	Weight Lifting Set		
	Treadmill		
	Other Exercise Equip of Value		
	Riding Mowers		
	Push Mowers		
	Weed Eaters		
	Tractors		
	Hand Tools		
	Power Tools		
	Lawn Furniture		
	Guns / Firearms: Make & Model		
	Video Games		
	Game Systems		
	Camera		
	Camera Accessories		
	Pets		
	Show Quality Animals of Value		
	Other Animals or Livestock		
	Wedding Rings (Real or Costume)		
	Other Rings (Real or Costume)		
	Watches (Real or Costume)		
	Earrings (Real or Costume)		
	Necklaces (Real or Costume)		
	Bracelets (Real or Costume)		
	Other Jewelry (Real or Costume)		
	Fur Coats		
	Other Special Clothing		
	Eyeglasses		
	Medical Equipment		
	Pre-paid Funeral Policies		
	Boat		
	Camper		
	Trailer		
	4 Wheeler		
	Other Misc. Describe:		

DEBTOR 1'S INCOME

IF YOU ARE EMPLOYED, where do you work? _____
 What is your Payroll Address? _____
 What is your title or position? _____ How long have you worked there? _____
 How often are you paid? Weekly Biweekly Semimonthly or Monthly

IF YOU ARE NOT EMPLOYED, do you receive Unemployment or Disability ?
 How much do you receive? \$ _____. How often? Weekly Bi-weekly Semi-monthly or Monthly
 When does it end? __ / __ / ____

DO YOU RECEIVE A PENSION OR RETIREMENT INCOME? Yes No
 If yes, how much per month: \$ _____

DO YOU RECEIVE SOCIAL SECURITY INCOME: Yes No
 If yes, how much per month: \$ _____

DO YOU RECEIVE SPOUSAL OR CHILD SUPPORT? Yes No
 If yes, how much per month: \$ _____ court ordered? Yes No

DO YOU HAVE A PART TIME JOB? Yes No If yes, where do you work _____
 What is your Payroll Address? _____
 What is your title or position? _____ How long have you worked there? _____
 How often are you paid? Weekly Biweekly Semimonthly or Monthly

DEBTOR 2'S INCOME

IF YOU ARE EMPLOYED, where do you work? _____
 What is your Payroll Address? _____
 What is your title or position? _____ How long have you worked there? _____
 How often are you paid? Weekly Biweekly Semimonthly or Monthly

IF YOU ARE NOT EMPLOYED, do you receive Unemployment or Disability ?
 How much do you receive? \$ _____. How often? Weekly Bi-weekly Semimonthly or Monthly
 When does it end? __ / __ / ____

DO YOU RECEIVE A PENSION OR RETIREMENT INCOME? Yes No
 If yes, how much per month: \$ _____

DO YOU RECEIVE SOCIAL SECURITY INCOME: Yes No
 If yes, how much per month: \$ _____

DO YOU RECEIVE SPOUSAL OR CHILD SUPPORT? Yes No
 If yes, how much per month: \$ _____ court ordered? Yes No

DO YOU HAVE A PART TIME JOB? Yes No If yes, where do you work _____
 What is your Payroll Address? _____
 What is your title or position? _____ How long have you worked there? _____
 How often are you paid? Weekly Biweekly Semimonthly or Monthly

LIST ALL ADULT MEMBERS OF YOUR HOUSEHOLD & THEIR RELATIONSHIP TO YOU

FIRST NAME	AGE	RELATIONSHIP	CONTRIBUTES INCOME TO HOUSEHOLD?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Please list all of your other SECURED CREDITORS on this page.

This includes all title loans, furniture loans, computer loans, etc... not already listed on previous pages.

IMPORTANT INSTRUCTIONS: Please list the address the creditor has provided you, within the last 60 days, for written notices/correspondence. Do not use the "payment address" unless no other address has been provided or is available for written notices/correspondence. Also, you must list EVERY CREDITOR you owe money to. The Attorney will advise you of how these creditors will be affected by the bankruptcy, should you choose to file.

Name & Address Account # _____	Whose Debt- check one: <input type="checkbox"/> Debtor 1 and 2 (joint) <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> Cosigned w/ _____ Date Opened: ___/___/___ Balance: \$ _____	# of Months Behind: <hr/> What item(s) were purchased or given as collateral for this loan?
Name & Address Account # _____	Whose Debt- check one: <input type="checkbox"/> Debtor 1 and 2 (joint) <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> Cosigned w/ _____ Date Opened: ___/___/___ Balance: \$ _____	# of Months Behind: <hr/> What item(s) were purchased or given as collateral for this loan?
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UNSECURED CREDITORS

**(Some Examples of Unsecured Creditors are: Medical Bills, Credit Cards,
Unsecured Loans, and Personal Loans, etc...)**

Please list the address the creditor has provided you, within the last 60 days, for written notices/correspondence. Do not use the "payment address" unless no other address has been provided or is available for written notices/correspondence

Name & Address	Account #	Date Opened: ___/___/___
	Whose Debt- check one: <input type="checkbox"/> Debtor 1 and 2 (joint) <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> Cosigned w/ _____	Balance: \$ _____
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UNSECURED CREDITORS

**(Some Examples of Unsecured Creditors are: Medical Bills, Credit Cards,
Unsecured Loans, and Personal Loans, etc...)**

Please list the address the creditor has provided you, within the last 60 days, for written notices/correspondence. Do not use the "payment address" unless no other address has been provided or is available for written notices/correspondence

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