Law Offices of Tipton-Downie, P.C.

Sarah Tipton-Downie Attorney at Law

Jack Morris Downie Attorney at Law Post Office Box 926, Vidalia, Georgia 30475 Telephone (912) 537-9265 Facsimile (912) 538-8806

Enclosed please find the disclaimer and bankruptcy worksheet that we discussed. You will need to bring the completed worksheet with you to your scheduled appointment, so I can discuss your situation with you. Please be sure to list ALL of your creditors on the enclosed form. You cannot pick and choose the creditors you want to list. You must list everyone.

Also please bring the following items with you to the appointment in addition to the attached worksheet:

- 1) A current copy of your credit report with you to your appointment. You can obtain one from www.annualcreditreport.com. If you need any assistance, please do not hesitate to contact our office.
 - 2) A copy of your last two tax returns.
- 3) A copy of your spouse's last two tax returns, if you file separate from your spouse. I need this even if your spouse does not want to file bankruptcy with you.
 - 4) A copy of the last 60 days of paystubs.
 - 5) A copy of your last three months bank statements.

Our law offices, by Act of Congress signed by the President of the United States, has been designated a Debt Relief Agency and we proudly help people file for bankruptcy relief under the Bankruptcy Code.

Sincerely yours, LAW OFFICE, TIPTON-DOWNIE, PC

Sarah M. Tipton-Downie

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IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

This the	day of	, 2011.
	Signature	
	Address	

NAME AND RESIDENCE

<u>DEBTOR</u>	SPOUSE		
Name	Name		
Social Security Number	Social Security Number		
Address	Address		
City	City		
State Zip Code	State Zip Code		
County of Residence	County of Residence		
Telephone Number	Telephone Number		
OCCUPATION AND INCOME			
EmployerAddressCity	_ Type of Work Employer Address City State Zip Code		
	Telephone Number		
How Long Employed?	How long Employed?		
If you have been employed with present employer less than one year, list your previous employer	If you have been employed with present employer less than one year, list your previous employer		
Previous Employer	Previous Employer		
City	City		
StateZip Code	State Zip Code		
HOW OFTEN ARE YOU PAID	HOW OFTEN ARE YOU PAID		
	Weekly, Monthly, etc Gross Pay		
Payroll Deductions	Payroll Deductions		
FICA	Fica		
	Insurance Condit Union Loop		
	Credit Union Loan		
	State Withholding		
Union Dues Union Dues			

PLEASE ATTACH A COPY OF YOUR PAY STUB

Is your employment Subject to Seasonal hange Have you made wage assignments or allotment			
If so list: Person to whom assignments and the ar		ssigned:	
Name			
NameAddress			
rudiess			
DEPENDENTS			
Do you or your spouse PAY or RECEIVE Chil	ld Suppor	t or Alimony? (Please circle pay or receive, a	
Child Support or Alimony.)			
Amount per month	Pav	or Receive	
For whose support?	1 dy	of Receive	
Name, A	Оре	Relationship	
Name, A			
Name, A			
Name, <i>F</i>	1gc	, Kelationship	
List any dependents, except spouse, not listed a you support)	above. (S	uch as children or others living with you that	
Name, <i>F</i>	Age	, Relationship	
Name, <i>A</i>			
Name, F			
Name, A	-g \ge	Relationship	
BUDGET Do you or your spouse receive income from an	v other so	ource?	
If so, which one? Husband			
Where do you receive this income?			
How much do you receive per month?			
Trow much do you receive per monar.			
<u>MO</u>	NTHLY :	<u>BUDGET</u>	
1. Rent or Mortgage Payment		1	
Are Real Estate Taxes Included Yes	No		
Is property insurance included YesN			
2. Heating or Fuel (if home is not total electric)		2	
3. Electricity bill	,	3	
4. Water bill		4	
5. Telephone bill			
6. Cable		5	
	van)	6	
7. Home Maintenance (Repairs & Upke8. Food Bill	æþ)	7	
		8	
9. Clothing allowance		9	
10. Laundry & Dry Cleaning		10	
11. Medical and dental expenses		11	
12. Transportation (not including car pa	•	12	
13 Recreation clubs and entertainment newspaper etc		13	

14. Charitable contributions	14
15. Insurance (not deducted from wages or included in home mo	
(a) Homeowner's or renter's	15(a)
(b) Life	(b)
(c) Auto	
(d) Other	(c) (d)
16. Taxes (not deducted from wages or included in home mortga	
(Specify)	16
	payments
to be included in the plan)	17
Auto	17
Other	
18. Alimony, maintenance or support paid to others	18
19. Payments for support of additional dependents not living at	
your home	19
20. Regular expenses from operation of business or profession	
or farm.	20
21. Other	21
22. Child care	22
TAX REFUNDS	
List all tax refunds still owed to you:	1
Type of Refund Amount owed	
Joint Payee:	
FINANCIAL ACCOUNTS	
Do you have a checking account: Yes No	
Do you have a savings account: Yes No	
Do you have a savings account. Tes110	_
If so: Name of Bank	
Account Number and Account Ba	alance
(Attach a Bank Deposit Slip)	
(Carrier a Zama Z sposta sup)	
Do you have a safety deposit box? Yes No	
If so, Name of Bank safety deposit box is located at	
is so, rame of Bank sarety deposit ook is focuted at	
PRIOR BANKRUPTCY	
Have you or your spouse ever filed bankruptcy before? Yes	No.
If so, Location Court	
*	
FORECLOSURES	
Is any of the property of either spouse involved in a foreclosure	proceeding?
If so, list property foreclosed.	
Person foreclosing.	

GARNISHMENTS			
Has any of the property or wages of either spouse been garnished within the last 90 days?			
If so, list: Name of person being garnished (husband or wife)			
Amount \$, Name of person who attached your wages			
(BRING A COPY OF THE GARNISHMENT PAPERS)			
REPOSSESSIONS			
Has any of your personal property (such as cars, furniture, appliances etc.) been repossessed within the			
last 3months. Yes No No If yes, list the person or company who has repossessed and what they have repossessed.			
If yes, list the person or company who has repossessed and what they have repossessed.			
Who repossessed?			
What was repossessed?			
TED A NICEERIC			
TRANSFERS			
Have you transferred or given any of your property to anyone in the last year? Yes No			
If so, describe the property Transferred to Who			
Date Transferred Transferred to who			
BUSINESS			
Have you or your spouse ever operated a business? Yes No			
If so, state the type of business:			
Name of Business			
Address of Business			
Date of business operated, From to			
LOSSES			
Have you suffered any losses from fire or theft during the year immediately preceding?			
If so, Date of Loss Place of loss			
Value of property Description of property			
Was loss covered in whole or in part by insurance?			
Give details			
PERSONAL INJURY CLAIMS			
Do you have any personal injury claims pending at this time as a result of workers compensation,			
automobile accident, slip and fall or any other type of accident claim?			
If so, please give details			
TAXES OWED			
Do you owe any Federal Taxes? Yes No			
Name of Taxing Authority Owed?			
Address, City, Zip Code			
Amount Owed?For What Year?			
101 What 10ar.			
Do you owe any State Taxes? Yes No			
Name of Taxing Authority Owed?			
Address, City, Zip Code			
=			

Do you owe any Local Taxes? Yes	No		
Name of Taxing Authority Owed?			
Address, City, Zip Code			
Amount Owed?	For What	Year?	
HOUSE AND LAND	EBTS		
	editorAmount Owed		
Address			
City			
StateZip Code	# Payments Owed		
Account Number			
Account is in the name of Husband	, Wife	Both	
MOBILE HOME			
Name of Creditor	Amo	ount Owed	
Address			
City			
StateZip Code	# Pa	ayments Owed	
Make/Model and Description of Mobile Home			
Account Number			
Account is in the name of Husband	, Wife	Both	
AUTOMOBILE			
Name of Creditor	Amount Owed		
Address	Moi	nthly Payment	
City	Payments behind		
State Zip Code	# Payments Owed		
Make/Model and Description of Vehicle			
Account Number			
Account is in the name of Husband	, Wife	Both	
AUTOMOBILE			
Name of Creditor	Amo	ount Owed	
Address			
City	Payments behind		
StateZip Code	# Payments Owed		
Make/Model and Description of Vehicle			
Account Number			
Account is in the name of Husband	, Wife	Both	

FURNITURE Name of Creditor _____Amount Owed ____ Address ______ Monthly Payment _____ City ______Payments behind _____ Type of Furniture Purchased: Account Number _____ Account is in the name of Husband ______, Wife ______ Both _____ BANKS, LOAN COMPANIES, FINANCE COMPANIES OR CREDIT UNIONS Name of Creditor _____Amount Owed ____ Address _____ Monthly Payment _____ City ____ Payments behind _____ State ______ Zip Code _____ # Payments Owed _____ Account Number _____ Property Pledged on this Account _____ Account is in the name of Husband ______, Wife ______ Both ____ Name of Creditor ______Amount Owed _____ Address _____Monthly Payment ____ Payments behind _____ State ______ Zip Code _____# Payments Owed _____ Account Number _____ Property Pledged on this Account _____ Account is in the name of Husband ______, Wife ______ Both ____ Name of Creditor _____Amount Owed ____ Address ______Monthly Payment _____ City ______Payments behind _____ State ______ Zip Code _____ # Payments Owed _____ Account Number _____ Property Pledged on this Account _____ Account is in the name of Husband ______, Wife _____Both ____ Name of Creditor ______Amount Owed _____ Address _____Monthly Payment ____ City ______Payments behind _____ State Zip Code # Payments Owed Account Number _____ Property Pledged on this Account _____

Account is in the name of Husband ______, Wife ______ Both ____

CREDIT CARD ACCOUNTS			
Name of Creditor			
		Account Number	
City			
Account is in the name of Husband		_, Wife	Both
	Amount Owed		
Address			Account Number
City			
Account is in the name of Husband		_, Wife	Both
Name of Creditor			_Amount Owed
Address	Account Number		Account Number
City			
Account is in the name of Husband		_, Wife	Both
Name of Creditor	Amount Owed		_Amount Owed
Address			Account Number
City			
Account is in the name of Husband		, Wife	Both
Address	Amount Owed Account Number		Account Number
City			
Account is in the name of Husband		_, Wife	Both
Name of Creditor		Amount Owed	
Address			
City			
Account is in the name of Husband		_, Wife	Both
HARDWARE STORE ACCOUNTS			
Name of Creditor			Amount Owed
		Amount Owed Account Number	
City			
Account is in the name of Husband	State _	, Wife	Both
Name of Creditor			Amount Owed
Address			
City	State		Zip Code
Account is in the name of Husband			
		_,	Dom

AUTO PARTS STORES AND SERVICE	E STATION A	ACCOU	NTS
Name of Creditor			
Address			
City	State		Zip Code
Account is in the name of Husband		_, Wife _	Both
Name of Creditor	Amount Owed		
Address			Account Number
City			
Account is in the name of Husband		_, Wife _	Both
DRUG STORE ACCOUNTS			
Name of Creditor			Amount Owed
Address			
City	State		Zip Code
Account is in the name of Husband		_, Wife _	Both
Name of Creditor	Amount Owed		
Address			Account Number
City	State		Zip Code
Account is in the name of Husband		_, Wife _	Both
HOSPITAL ACCOUNTS			
	Amount Owed		
Address			
City			
Account is in the name of Husband			
Name of Creditor		Amount Owed	
	Account Number		
City			
Account is in the name of Husband		_, Wife _	Both
Name of Creditor			Amount Owed
	Account Number		
City	State		Zip Code _
Account is in the name of Husband		_, Wife _	Both
Name of Creditor		Amount Owed	
Address			
City	State		Zip Code
Account is in the name of Husband		_, Wife _	Both
		_	

DOCTORS ACCOUNTS Name of Creditor _____Amount Owed ____ Address ______Account Number _____ City _____ Zip Code _____ Account is in the name of Husband ______, Wife _____Both ____ Name of Creditor _____Amount Owed _____ Address _____Account Number _____ City _____State ____Zip Code _____ Account is in the name of Husband ______, Wife ______Both ____ Name of Creditor ______Amount Owed _____ Address _____Account Number ____ City _____ Zip Code _____ Account is in the name of Husband ______, Wife ______Both ____ OTHER STORES OR BUSINESSES Name of Creditor ______Amount Owed _____ Address ______ Account Number ______ City _____ State ____ Zip Code _____ Account is in the name of Husband _____, Wife ____ Both _____ Name of Creditor _____Amount Owed _____ Address ______Account Number _____ City _____ State ____ Zip Code _____ Account is in the name of Husband _____, Wife ____ Both ____ Name of Creditor ______Amount Owed _____ Address ______Account Number _____ City _____ State ____ Zip Code _____ Account is in the name of Husband _____, Wife ____ Both ____ Name of Creditor _____Amount Owed _____ Address _____Account Number _______ City ____State ____Zip Code ______ Account is in the name of Husband _____, Wife ____Both ______ REAL PROPERTY Do you own land? Yes_____ No____ If so list: Location of property _____ County property is located in _____ (or) Lot Size ____ Acreage Is a HOUSE built on the land? Yes _____ No ____

Is a MOBILE HOME located on the land? Yes _____ No ____

Year _____, Make ______ Model ______ Size _____

Do you own a Mobile Home? Yes ____ No ____ If so list:

PERSONAL PROPERTY LIST

Check if owned or fill in the blanks. (Even if you owe money on these items) Also, indicate by check the appropriate blank if you wish to KEEP this item of if you wish to SURRENDER this item.

Truck or Automobile	Year Type	Model	
Used Value	, Keep this vehicle?	Surrender	
Truck or Automobile	Year Type	Model	
		Surrender	
Truck or Automobile	Year Type	Model	
Used Value	, Keep this vehicle?	Surrender	
Tractor or Riding Lawn Mo	ower Year Type	Model	
		Surrender	
Boat Type	Length	Year Horsepower	
• •		Surrender	
Is your name on any other	property either real or personal no	t listed above?	
		listed above?	
•	•	eritance in the near future?	

HOUSEHOLD GOODS How many do you own?

Item	How many do you own?	Fair Market Value
Satellite		
VCR		
TV		
Stereo		
Microwave		
Dryer		
Dining Room Suite		
Living Room Suite		
End Tables		
Recliners		
Chairs		
Garden Tools		
DEDGOMAL DEODEDTY		
PERSONAL PROPERTY		
Cash on Hand		
-		
Books, Pictures, etc.		
Inventory		