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Return this form:

VIA EMAIL contact@LegalCreation.com

Client Information Sheet

We will be happy to provide you with a free consultation. The following information is needed for the consultation. Please complete this questionnaire to the best of your ability.

Today's Date: _____

Name: _____
Last First Middle

Have you used any other names in the past eight years? No Yes *If yes, list other names:*

Address: _____

County: _____

Telephone Number Home: _____ Work: _____

Email Address: _____ Cell Phone: _____

Social Security Number: ____ - ____ - _____

Employer : _____

Address : _____

Have you lived at this address for at least 180 days? No Yes

Have you lived at this address for at least three years? No Yes

If you have lived at your current address for less than three (3) years please list your previous address:

Address: _____

Spouse's Information- *required even if your spouse is not filing.

*Name: _____
Last First Middle

Has your spouse used any other names in the past eight years? No Yes *If yes, list other names:*

Social Security Number: ____ - ____ - _____

Spouses Employer : _____

Address : _____

INCOME:

Income before taxes so far this year? _____ *Spouse _____

Income before taxes last year? _____ *Spouse _____

Income before taxes year before last? _____ *Spouse _____

Have you ever filed for Bankruptcy before? _____ If yes, when was it filed _____

Has your Spouse ever filed for Bankruptcy before? _____ If yes, when was it filed _____

Income for last 6 months

You

Spouse

1	1
2	2
3	3
4	4
5	5
6	6

How did you hear about us?

Yellow Pages _____, Website/Internet _____, Letter _____, Referral _____ who referred you? _____