

**Ginsberg Law Bankruptcy Analysis Worksheet**

Please complete and fax to 770-234-5434 or email to jcg @ glolaw.com. Your submission of and our receipt of this worksheet does not create an attorney-client relationship.

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_ (Cell ph.) \_\_\_\_\_

Email: \_\_\_\_\_

**Debts:**

**Tax debts:**

IRS: \_\_\_\_\_  
(total debt) (tax years)

Georgia Revenue: \_\_\_\_\_  
(total debt) (tax years)

**Real estate**

Home value: \_\_\_\_\_ When purchased: \_\_\_\_\_

First mortgage : \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_ Delinquency total: \$ \_\_\_\_\_

Mortgage payoff: \$ \_\_\_\_\_

Second mortgage : \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_ Delinquency total: \$ \_\_\_\_\_

Mortgage payoff: \$ \_\_\_\_\_

Motor vehicles

Type of car/truck #1: \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_ Delinquency total: \$ \_\_\_\_\_

Mortgage payoff: \$ \_\_\_\_\_

Type of car/truck #2: \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_ Delinquency total: \$ \_\_\_\_\_

Mortgage payoff: \$ \_\_\_\_\_

Credit cards and medical bills

Total credit card debt: \$ \_\_\_\_\_

Total medical bills: \$ \_\_\_\_\_

Other debts

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Income:

Your annual income: \_\_\_\_\_

Spouse's annual income: \_\_\_\_\_

Have you ever filed bankruptcy before? If so, on what date and was it a Ch. 7 or 13?

\_\_\_\_\_