

McBride & McBride, P.C.

TRIAL LAWYERS

745 First Avenue
Post Office Box 59
Columbus, Georgia 31902-0059
Tel: 706-324-4607
Fax: 706-324-6975

www.mcbrideandmcbride.com

Elizabeth W. McBride
Bemon Gilmore McBride, III

Date: _____

FINANCIAL QUESTIONNAIRE FOR DIVORCE, CHILD SUPPORT, ALIMONY AND BANKRUPTCY CLIENTS

Name: _____ Date of birth: _____

Home address: _____

Section 1.

Do you own or are you buying any real estate? YES ___ NO ___

If no, please skip this section and proceed to Section 2 below.

If yes, please provide the following information:

Name of mortgage company: _____ Payoff right now: \$ _____

Names of all persons listed on mortgage: _____

Are you behind on your mortgage payments? YES ___ NO ___

If so, how many months? _____ Amount of monthly mortgage payment: \$ _____

Does your mortgage payment include taxes and insurance? YES ___ NO ___

Total property taxes: \$ _____ Is this monthly or yearly? _____

Do you have a home equity line? YES ___ NO ___

If yes, please provide the following information:

Name of company or bank to whom home equity line is owed: _____

Names of all persons listed on home equity line account: _____

Amount of monthly home equity line payment? \$ _____

Are you behind on these home equity line payments? YES ___ NO ___

If so, how many months? _____ Purpose of home equity line: _____

Section 2.

Do you have children under the age of eighteen? YES ___ NO ___

If not, skip this section and proceed to Section 3 below.

Do these children live with you? YES ___ NO ___

If not, where do these children live? _____

Have you been ordered to pay child support for these children? YES ___ NO ___

If so, are you current on your child support? YES ___ NO ___

If not current, how far behind are your child support payments? \$ _____

Has anyone been ordered to pay child support to YOU? YES ___ NO ___

If so, how much per month? \$ _____ How far behind? \$ _____

Are there children under the age of eighteen who live in your home AND who are not your biological or adoptive children? YES ___ NO ___

Average amount which you spend per month on childcare which is necessary because of employment:
\$ _____ To whom paid: _____

Is there medical insurance on your children? YES ___ NO ___

Amount of monthly premium ONLY FOR YOUR CHILDREN: \$ _____

Who pays this premium? _____

Is there dental insurance on your children? YES ___ NO ___

Amount of monthly premium ONLY FOR YOUR CHILDREN: \$ _____

Who pays this premium? _____

Is there vision insurance on your children? YES ___ NO ___

Amount of monthly premium ONLY FOR YOUR CHILDREN: \$ _____

Who pays this premium? _____

Do your children have any special health needs or dietary requirements?

YES ___ NO ___ Please specify: _____

Do your children have any special educational needs?

YES ___ NO ___ Please specify: _____

Please list the activities in which your children participate:

ACTIVITY	AVERAGE MONTHLY COST	WHO PAYS
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Do your children go to summer camp which is NOT included in the childcare which you indicate above?

If so, what is the cost of this camp? _____ Name of camp? _____

Who pays for camp? _____

Do you anticipate any expenses for your children in the next twelve months which you have not shown on this form?

YES ___ NO ___ Please give details: _____

If your children do not live with both parents, please state how many nights on average the child has been with each parent during the last twelve months:

With mother an average of _____ nights each month during the last twelve months.

With father an average of _____ nights each month during the last twelve months.

Section 3.

Have you talked to an attorney about suing anyone within the last twelve months?

YES ___ NO ___ Please give details: _____

Have you been involved in a wreck or suffered any injury within the last twelve months?

YES ___ NO ___ Please give details: _____

Do you own or are you buying a motor vehicle? If yes, please provide the following information:

Make	Model	Year	Name(s) on title	Monthly payment	Payoff
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

Are you behind on any of the above vehicle payments? YES ___ NO ___

If so, which vehicles and how many months? _____

Are you current on your taxes? YES ___ NO ___ If not, for which tax years?

_____ Total amount behind on taxes: \$ _____

Has a former spouse been ordered to pay you alimony? YES ___ NO ___

If so, monthly amount? \$ _____

If so, how far delinquent? \$ _____

Have you been ordered to pay alimony to a former spouse? YES ___ NO ___

If so, monthly amount? \$ _____

If so, how far delinquent? \$ _____

Have you ever filed for bankruptcy? YES ___ NO ___ If so, please provide the following information with reference to each time you have filed:

	Ch. 7 or 13	Date filed	Reason for filing
First time:	_____	_____	_____
Second time:	_____	_____	_____

If you have filed more than two times, please provide details: _____

Please attach the following to this form when you come in for your office appointment:

Copies of your last TWO monthly bank, credit union and savings and loan statements.

Copies of your last TWO mutual fund, money fund, savings account and other account statements.

Copies of your most recent 401(k), IRA, SEP and other retirement account statement.

Copies of your last four pay stubs, leave and earnings statements, pay advices and other proof of income to you.

**WHEN FINISHED, PLEASE RETURN THIS INTAKE
SHEET TO OUR RECEPTIONIST.**

I understand that McBride & McBride, P.C. charges a fee of One Hundred Dollars (\$100.00) for initial office consultations regarding divorce, adoption, custody, support and other Family Law issues and that payment of this fee is due in full at the time of my meeting with the attorney. I also understand that the consultation fee of One Hundred Dollars (\$100.00) is separate and apart from any other fees in connection with any other services to be rendered by McBride & McBride, P.C.

Signature

Date

** We accept Visa, MasterCard, personal checks and cash. Please make checks payable to "McBride & McBride, P.C."

Thank you!