

**Law Office Of
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QUESTIONNAIRE

Your Name: _____ Spouse's Name: _____
Your SSN: _____-_____-_____ Spouse's SSN: _____-_____-_____
Street Address: _____ Mailing Address: _____
Phone Number: _____ E-Mail: _____

Vehicles:

Year: _____ Make: _____ Model: _____ Mileage: _____
Financed: YES__NO__ Where: _____ Title pawns? YES__NO__ Where: _____
Amount owed: \$_____ Date Purchased: _____ Monthly Payment: _____

Year: _____ Make: _____ Model: _____ Mileage: _____
Financed: YES/NO By whom: _____ Any title pawns? YES/NO By whom: _____
Amount owed: \$_____ Date Purchased: _____ Monthly Payment: _____

Do you own or rent your house: _____ if own who do you owe? _____
Amount owed: \$_____ Monthly Mortgage Payment: _____

Do you have any furniture payments: YES/NO if yes, with who? _____
Amount owed: \$_____ Date Purchased: _____ Monthly Payment: _____

Do you have any rent to own or leased goods: YES/NO If yes, Who? _____

Do you have any personal loans? YES/NO Are they secured by property (i.e. Car, Lawn mower, Home goods) _____. Monthly payment amount: \$_____

Do you own a business: YES/NO Is in incorporated or an LLC? _____

Do you have a checking/savings account: YES/NO Where? _____
Amount? \$_____

Do you have retirement/401K? YES/NO How much: \$ _____

Do you have life insurance? YES/NO Term/Whole-life Beneficiary: _____

Do you have a lawsuit you can bring against another party? YES/NO Estimated Claim: \$ _____

Income:

Are you employed? YES/NO. Where: Monthly Gross Income: _____ How long have you been employed with company? _____

Is your spouse employed? YES/NO. Where: Monthly Gross Income: _____

Do you receive? Social Security \$ _____ Retirement \$ _____ Food Stamps \$ _____
Family Support \$ _____

Income in the last 3 years: YTD 2024: _____ 2023: _____ 2022: _____

Have you filed tax returns the past 4 years? YES/NO

Did you receive a tax refund? YES/NO How much: \$ _____

Do you PAY/Receive child support or alimony? YES/NO

Dependents? _____. Do they live with you? _____ Gender/Ages _____

Expenses:

Rent: \$ _____

Phone: \$ _____

Child care: \$ _____

Electric: \$ _____

Cable: \$ _____

Church/Charity: \$ _____

Water: \$ _____

Internet: \$ _____

Car Insurance: \$ _____

Debt:

Taxes owed? YES/NO FEDERAL/ STATE/ PROPERTY Amount owed: \$ _____

Medical Bills: YES/NO if yes, What Hospitals/Dr. Office have you visited?

Credit Cards: YES/NO

Lawsuits/Garnishment against you: YES/NO

Sold/transferred any land or vehicles in past 12 months: YES/NO

Do you own/have interest in any land, homes or vehicles, or co-signed on, that have not been disclosed?