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Basic Information

How did you hear about us?(CIRCLE ONE) Yellow pages TV Listing Friend Relative Internet Other

Name and Address- HUSBAND

Name: _____
Last, Sr., Jr., etc *First* *Middle*

Home Phone: _____ Cell Phone: _____ Work: _____

Number where message can be left on an answering machine or with individual: _____

E-mail address: _____

Marital Status (Circle One): Married Divorced Never Married Widowed Separated

Have you used any other names in the past six years including business names? No Yes **If yes, list other names:** _____

Soc Sec No: _____ Date of birth: _____

Drivers License # and State: _____ **COUNTY OF RESIDENCE:** _____

WHERE DO YOU LIVE:

Address: _____ Apt. # _____ City: _____

State: _____ Zip: _____ Have you lived at this address for at least 180 days? No Yes

WHERE DO YOU WANT YOUR MAIL SENT(if different from above address):

Address: _____ Apt. # _____ City: _____

State: _____ Zip: _____

P.O. Box: _____ City: _____ State: _____ Zip: _____

Name and Address- WIFE

Name: _____
Last *First* *Middle*

Home Phone: _____ Cell Phone: _____ Work: _____

Number where message can be left on an answering machine or with individual: _____

E-mail address: _____

Marital Status (Circle One): Married Divorced Never Married Widowed Separated

Have you used any other names in the past six years including business names? No Yes **If yes, list other names:** _____

Soc Sec No: _____ Date of birth: _____

Drivers License # and State: _____ **COUNTY OF RESIDENCE:** _____

WHERE DO YOU LIVE:

Address: _____ Apt. # _____ City: _____

State: _____ Zip: _____ Have you lived at this address for at least 180 days? No Yes

WHERE DO YOU WANT YOUR MAIL SENT (if different from above address):

Address: _____ Apt. # _____ City: _____

State: _____ Zip: _____

P.O. Box: _____ City: _____ State: _____ Zip: _____

EMPLOYMENT INFORMATION

Husband/Male

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Extension: _____ Best time to call _____

Job Title: _____ How long Employed: _____ year(s) _____ mos.

Part-time/Additional Employer: _____

Prior employers in the last 12 months: _____ (_____) date started (_____) date ended

Wife/Female

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Extension: _____ Best time to call _____

Job Title: _____ How long Employed: _____ year(s) _____ mos.

Part-time/Additional Employer: _____

Prior employers in the last 12 months: _____ (_____) date started (_____) date ended

Have you borrowed on your credit card(s) in the past 90 days?

No Yes

Prior Chapter 7 & 13 Bankruptcy Cases:

Have you filed a bankruptcy or Chapter 13 in the last **8 years**?

No Yes

Office Use Only

Prior Bankruptcy Information

Date filed: _____ Chapter filed: _____ Case No.: _____

Date Discharged: _____ Date Dismissed: _____

Date filed: _____ Chapter filed: _____ Case No.: _____

Date Discharged: _____ Date Dismissed: _____

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Date Discharged: _____ Date Dismissed: _____