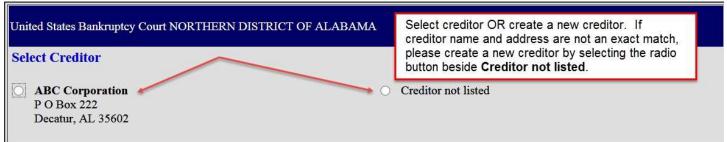
United States Bankruptcy Court Northern District of Alabama

ePOC at a Glance

United States Bankruptcy Co	urt NORTHERN DISTRICT OF ALABAMA
File Claim Case Number Example: 14-00002	Enter Case Number
Debtor Attorney This i Trustee purpose, and all access at protection of system secur to CM/ECF, users express evidence of unlawful activi IMPORTANT WARNING: 18 U.S.C. §§ 152, 157, and understand that, if I fil	Name of Creditor: Enter creditor's name or leave blank to see all creditors REDACTION RESEARCH Select filer type I redact: Social Security or taxpayer-identification numbers; dates ildren; and financial account numbers, in compliance with Fed. R. Bankr. P. 9037. This requirement applies to all chiments. Interest the second of the sec
expense may be filed pursuant to 11	to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative U.S.C. § 503. not upload a completed Proof of Claim form as an attachment.
Installed Version: 7	



Fill in all the information about the claim as of the	e date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.					
Part 1: Identify the Claim 1. Who is the current creditor?	If you selected a creditor, the creditor's name and address will be here. Note: The creditor's name and address					
Address where notices should be sent (Do not add the creditor's name in the address)	ABC Corp Name of the current creditor (the person or entity to be paid for this claim) must be exact. If name and address are not exact, please go back and click Creditor not Listed. If you selected Creditor not Listed, enter the address here.					
Check for a Foreign Address						
(City, State, Zip)	,					
Telephone Number:						
Email:						
	Other names the creditor used with the debtor					
2. Has this claim been acquired from someone	else? Yes No					
Where should notices and payments to the creditor be sent? (Notice Address Completed in Section 1) Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)						
CHECK if Payment Address differs from Notice Address Check here if payment address differs from notice Uniform claim identifier for electronic payments in chapter 13 (if you use one): (See instructions)						
4. You must select the creditor who filed the clair Does this claim amend one already filed? Yes	If you are filing an amended claim, select yes					
5. Do you know if anyone else has filed a proof o	f claim for this claim? Yes No					

- Please note required information.
- All Yes and No questions **require** an answer.

Part 2: Give Information About the	Part 2: Give Information About the Claim as of the Date the Case Was Filed						
6. Do you have any number you use to	identify the debtor? Yes	s No					
7. How much is the claim? (required)		Does this amount include in No Yes. Attach statement iter required by Bankruptcy R	mizing interest, fees, expenses, or other charges				
If you have entered a claim amount of \$0, the Comment:	claim amount is unknown, or	r the claim is unliquidated, please enter a b	orief explanation.				
8. What is the basis of the claim? (required)	Examples: Goods sold card.	d, money loaned, lease, services perfo	ormed, personal injury or wrongful death, or credit				
	Attach redacted copie	es of any documents supporting the cla	aim required by Bankruptcy Rule 3001(c).				
	Limit disclosing inform	Limit disclosing information that is entitled to privacy, such as healthcare information.					
	instructions)		<u>(See</u>				
9. Is all or part of the claim No secured?	s. The claim is secured by a	a lien on property.					
based on a lease?	No Yes. Amount necessary	to cure any default as of the date o	of the petition. \$				
right of setoff?	No Yes. Identify the property:						
12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	No □ No □ Yes Check all	I that apply.	Amount entitled to priority				
Documents: Attach redacted copie	es of any documents that show	w that the debt exists, a lien secures the de	ebt, or both.				
			nts or transfers of the debt. In addition to the documents, a . (See instructions, and the definition of "redacted".)				
Necessary documentation can be attack	ned to the Proof of Claim afte	er the information for the form is submitte	d.				
Attachments to the Proof of Claim are	required to be PDF files.						
Attachments to the Proof of Claim are NOT to exceed 5.0 Mb in size. Please read.							
Multiple attachments to the Proof of C	laim are permitted.	Please read.					
			roof of Claim will result in multiple versions of the form ided Proof of Claim, the attachment of the previously filed				
	•	oload for this claim once you click of supporting documentation?	on the "Submit Claim" button below Yes ○ No				

The person completing	Check the approp	priate box: (required)				
this proof of claim must sign and date it. FRBP 9011(b).	☐ I am the creditor.					
	☐ I am the creditor's attorney or authorized agent.					
If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.					
	☐ I am a guarar	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.				
	I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.					
	I have examine	d the information in this Proof of Claim and have	a reasonable belief that the information is true and			
A person who files a	correct.					
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I declare under	penalty of perjury that the foregoing is true and co	orrect.			
years, or both. 18 U.S.C. §§ 152, 157 and 3571.	Print the name of	the person who is completing and signing this claim:				
33 132, 131 dild 331 1.	Signature*		*Type Full Name (required)			
	Title					
	Company					
		Identify the corporate servicer as the company	if the authorized agent is a servicer			
	Address					
		Number and Street				
	(City, State, Zip)					
	Contact Phone:					
After all required in is filled out ar		udulent claim: Fine of up to \$500,000 or impriso	nment for up to 5 years, or both.			
reCAPTCHA is co	ompleted,	18 U.S.C. §§ 152, 157, and 3571.				
click Submit C	Claim	I'm not a robot				
		reCAPTCH	A.			
		Privacy - Terri	ns .			

United States Bankruptcy Court NORTHERN DISTRICT OF ALABAMA	
debug is true PDF/A force is false Successful verification	
Your claim was successfully filed in case number 14-81525. Your claim number is 11.	Confirmation that your claim has been filed.
Open in new window: Click 11 to view/print your filed claim. Note: Any attachment(s) added will NOT be available to view/print unless you have a Pacer account.	Click the link to view and/or print your claim.
File additional claims	