

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**



Electronic Filing of Proof of Claim

November 2013

Effective Tuesday, November 12, 2013, proofs of claim and amended proofs of claims can be created and filed electronically through the Court's website, except in cases where there is a Claims and Noticing Agent assigned. The electronic filing of proofs of claim and amended proofs of claim is strongly encouraged. This guide will outline the steps needed to create and electronically file a Proof of Claim.

- A Proof of Claim may be filed electronically for all chapters, except cases with a claims and noticing agent. A login and password is not required.
- Do not upload a completed Proof of Claim form as an attachment to the electronically filed claim.
- The name and complete address of the creditor must be entered on the screen so that it appears on the proof of claim form. If an attorney is filing the claim on behalf of a creditor, the attorney should also enter his/her name and address. The name and title, if any, of the person authorized to file the claim is required on the claim form.

The filing of a proof of claim electronically on this court's website shall constitute the filer's approved signature and have the same force and effect as if the individual signed a paper copy of the document and the provisions of 18 U.S.C. § 152 shall apply to such filing.

Penalty for filing a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 11 U.S.C. §§ 152 and 3571.

Questions regarding the filing of a Proof of Claim can be answered by the Help Desk at (212) 284-4040.

Filing a Proof of Claim or an Amended Proof of Claim

1. From the Court's Home page, click "*File A Proof of Claim.*"
2. On the "Electronic Filing of Proof of Claim" screen, click "*Submit A Proof of Claim or Amended Proof of Claim.*"

Electronic Filing of Proof of Claim

Effective Tuesday, November 12, 2013, proofs of claim may be created and electronically filed through the Court's website, except in cases where there is a Claims and Noticing Agent assigned. The electronic filing of proofs of claim and amended proofs of claim is strongly encouraged.

- A Proof of Claim may be filed electronically for all chapters, except cases with a claims and noticing agent. A login and password is not required.
- The name and complete address of the creditor must appear on the proof of claim form. If an attorney is filing the claim on behalf of a creditor, the attorney should also enter his/her name and address. The name and title, if any, of the person authorized to file the claim is required on the claim form.
- **Please do not upload a completed Proof of Claim as an attachment to the electronically filed claim. Attaching a completed Proof of Claim will result in multiple versions of the Proof of Claim to be filed. If filing an Amended Proof of Claim, the attachment of the previously filed claim is allowed.**

The filing of a proof of claim electronically on this court's website shall constitute the filer's approved signature and have the same force and effect as if the individual signed a paper copy of the document and the provisions of 18 U.S.C. § 152 shall apply to such filing.

Penalty for filing a fraudulent claim:

Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 11 U.S.C. §§ 152 and 3571.

 [Submit A Proof of Claim or Amended Proof of Claim](#)

[Guide to Filing A Proof of Claim Electronically](#)

[B10 Form Instructions](#)

[Mega Case List with Approved Claims and Noticing Agent](#)

3. Enter all case and creditor information.
 - A. Enter the case number in which the claim is being filed in.
 - B. Enter the name of the Creditor filing the claim.
 - C. Select the party filing the claim by using the drop down list for the “Filed by” box (i.e., creditor, creditor attorney, debtor, debtor attorney or trustee).
 - D. Read the Redaction Notice and ensure the information being filed is in compliance. Check the Redaction box.

United States Bankruptcy Court Southern District of New York

File Claim

Case Number

Name of Creditor

Filed by

IMPORTANT NOTICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security or taxpayer-identification numbers; dates of birth; names of minor children; and financial account numbers, in compliance with Fed. R. Bankr. P. 9037. This requirement applies to all documents, including attachments.

I understand that, if I file, I must comply with the redaction rules. I have read this notice.

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Recent security enhancements require Internet Explorer 8 or the latest Chrome/Firefox web browser

4. Click *Next*.
5. If multiple Creditors contain the letters/words entered in the “Name of Creditor” box on the initial screen, a pick list screen will appear.

United States Bankruptcy Court Southern District of New York

Select Creditor

ABC Corp
 1 Bowling Green
 New York, NY 10004

ABC Corporation
 123 Credit Lane
 New York, NY 10004

ABCD Incorporated
 555 Broadway
 New York, NY 10004

Creditor not listed

Verify the creditor information and click the radio button next to the Creditor that should be linked to the Proof of Claim. If none of the creditors listed is the filer, add a new one by clicking on the radio button next to “Creditor not listed.”

6. The electronic Proof of Claim screen appears. Verify the case information (debtor’s name and case number) and the creditor information.

United States Bankruptcy Court Southern District of New York	
Debtor **	Jackson Jonathan
Case Number	13-10001
Name of Creditor	ABC Corporation
Address where notices should be sent	123 Credit Lane New York, NY 10004
Telephone Number:	<input type="text"/>
Email:	<input type="text"/>
<input type="checkbox"/> Payment Address differs from Notice Address	

If “Creditor not listed” is selected in the previous screen, enter in the full creditor’s name, full address where notices should be sent, and the telephone number.

United States Bankruptcy Court Southern District of New York	
Debtor **	Jackson Jonathan
Case Number	13-10001
Name of Creditor	<input type="text" value="ABC Corporation"/>
Address where notices should be sent	<input type="text"/> <input type="text"/> <input type="text"/>
(City, State, Zip)	<input type="text"/> , <input type="text"/> - <input type="text"/>
Telephone Number:	<input type="text"/>
Email:	<input type="text"/>
<input type="checkbox"/> Payment Address differs from Notice Address	

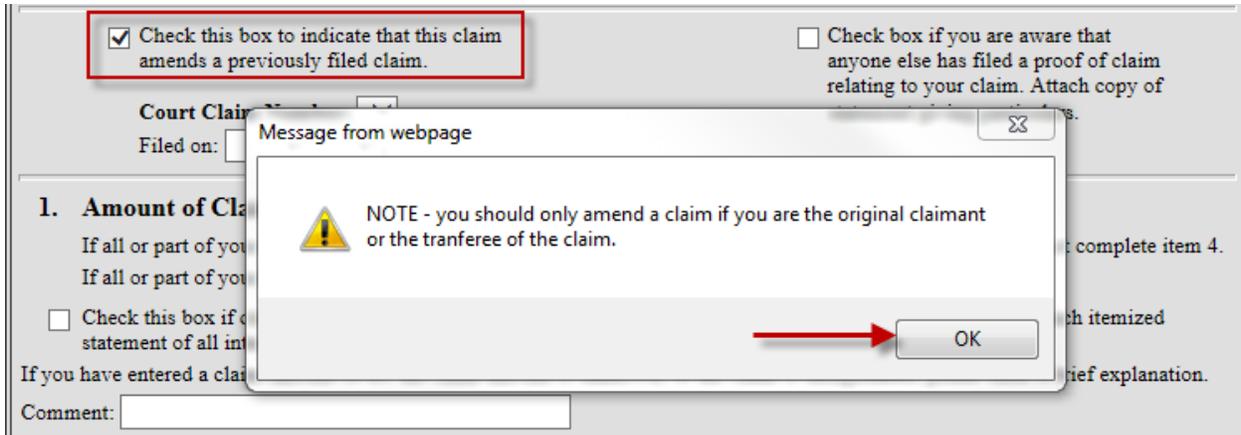
NOTE: The Bankruptcy Court for the Southern District of New York requests users, creating and filing their claims electronically, to provide a telephone number for the Creditor's contact person.

If the address where notices should be sent differs from where the payment should be sent, click on checkbox next to "Payment Address differs from Notice Address."

United States Bankruptcy Court Southern District of New York	
Debtor **	Jackson Jonathan
Case Number	13-10001
Name of Creditor	ABC Corporation
Address where notices should be sent	123 Credit Lane New York, NY 10004
Telephone Number:	<input type="text"/>
Email:	<input type="text"/>
<input checked="" type="checkbox"/> Payment Address differs from Notice Address	
Address where payments should be sent	<input type="text"/> <input type="text"/> <input type="text"/>
(City, State, Zip)	<input type="text"/> <input type="text"/> - <input type="text"/>
Telephone Number:	<input type="text"/>
Email:	<input type="text"/>
<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Court Claim Number: <input type="text"/>	
Filed on: <input type="text"/> <input type="text"/> <input type="text"/>	

Enter the name and contact information for where the payment should be sent.

7. If you are filing a claim that amends a previously filed claim, click the box next to “Check this box to indicate that this claim amends a previously filed claim.” A pop up box displays the message “NOTE – you should only amend a claim if you are the original claimant or the transferee of the claim.” If you are the original claimant or the transferee, click OK.



A drop down list appears with the claim numbers of any previously filed claims associated with the creditor entered. Select the claim number that is being amended.



The “Filed on” date will automatically populate based on the claim number selected.

8. Enter the following information:

- 1 – Amount of the Claim as of Date Case Filed
- 2 – Basis for Claim
- 3 – Last four digits of any number by which the creditor identifies the debtor (if any)
- 4 – Secured portion of Claim (if any)
- 5 – Priority portion of Claim (if any)

Note: For an explanation of each section, click on the instruction hyperlink listed in each section.

<p>1. Amount of Claim as of Date Case Filed: <input type="text"/></p> <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.</p> <p>If you have entered a claim amount of \$0, the claim amount is unknown, or the claim is unliquidated, please enter a brief explanation. Comment: <input type="text"/></p>
<p>2. Basis for Claim: <input type="text"/> (See instruction #2)</p>
<p>3. Last four digits of any number by which creditor identifies debtor: <input type="text"/></p> <p>3a. Debtor may have scheduled account as: <input type="text"/> (See instruction #3a)</p> <p>3b. Uniform Claim Identifier (optional): <input type="text"/> (See instruction #3b)</p>
<p>4. Secured Claim (See instruction #4)</p> <p>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: <input type="text"/></p> <p>Value of Property: \$ <input type="text"/></p> <p>Annual Interest Rate: <input type="text"/>% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable</p> <p>Amount of arrearage and other charges <u>as of time case filed</u> included in secured claim, if any: \$ <input type="text"/></p> <p>Basis for perfection: <input type="text"/></p> <p>Amount of Secured Claim: \$ <input type="text"/></p>
<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a): \$ <input type="text"/></p> <p>If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> <p>Specify the priority of the claim:</p> <ul style="list-style-type: none"><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475)* earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507(a)(4).<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(<input type="text"/>). <p><small>* Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>

9. If filing supporting documentation for the Proof of Claim, review and complete section 7.

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (*See instruction #7, and the definition of "redacted".*)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Attachments:

- Necessary documentation can be attached to the Proof of Claim after the information for the form is submitted.
- Attachments to the Proof of Claim are required to be PDF files.
- Attachments to the Proof of Claim are NOT to exceed 20 Mb in size.
- Multiple attachments to the Proof of Claim are permitted.
- **Do not upload a completed Proof of Claim form as an attachment to this filing.** Attaching a completed Proof of Claim will result in multiple versions of the form being filed (the electronically created proof of claim form plus the proof of claim attached). If filing an Amended Proof of Claim, the attachment of the previously filed claim is allowed.

Do you wish to attach supporting documentation? Yes No

All supporting documents must be in PDF format and must not exceed 20 MB in size. If supporting documentation is to be filed, click the “Yes” radio button. Otherwise, select the “No” radio button.

10. In section 8, select the appropriate checkbox indicating the role of who is filing the claim. Enter the signature and title of the filer. If a different address and telephone number of the filer is needed, check the box next to “Address and telephone number (if different from notice address above):” and enter the information.

8. Signature (*See instruction #8*)

Check the appropriate box.

<input type="checkbox"/> I am the creditor.	<input checked="" type="checkbox"/> I am the creditor's authorized agent.	<input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)	<input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
---	---	---	--

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Signature* *Print name (required)
Title
Company

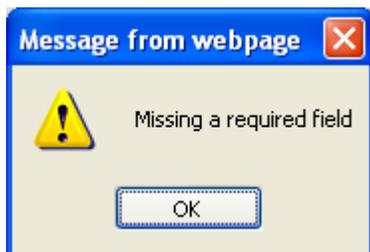
Address and telephone number (if different from notice address above):

The filing of a proof of claim electronically on this court's website shall constitute the filer's approved signature and have the same force and effect as if the individual signed a paper copy of the document and the provisions of 18 U.S.C. §152 shall apply to such filing.

The electronic filing of a proof of claim in accordance with the Clerk's procedures shall constitute entry of the proof of claim in the claims register maintained by the Clerk pursuant to Fed. R. Bankr. P. 5003.

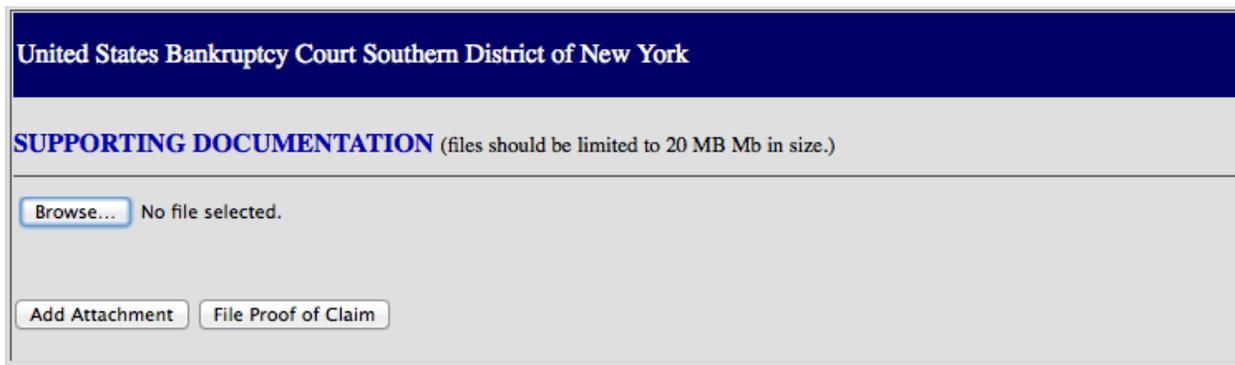
11. Enter the Verification Code at the bottom of the screen.
12. Click *Submit Claim*.

NOTE: If a required field is not completed, the following message appears:



Click the "OK" button and the cursor will appear in the box that is missing information.

13. If no attachments were indicated in section 7 (step 9), proceed to step 14. If attachments were indicated in section 7 (step 9), the Supporting Documentation screen appears.



Click *Browse* to select the location of the PDF file of the supporting documentation.

If multiple PDFs need to be filed for a Proof of Claim, click *Add Attachment*.

Once all PDFs have been attached, click *File Proof of Claim*.

14. The proof of claim has been submitted. Print out a copy of the confirmation screen, which includes the claim number assigned to the Proof of Claim.

United States Bankruptcy Court Southern District of New York

Successful verification ...

Processing

Your claim was successfully filed in case number 13-10001.
Your claim number is 14.

Open in new window: Click [14](#) to view/print your filed claim.

*Note: Any attachment(s) added will **NOT** be available to view/print unless you have a Pacer account.*

[File additional claims](#)

To view the Proof of Claim submitted, click on the hyperlink of the claim number. An ECF login and password is not required to view the Proof of Claim. To view any attachments, ECF will prompt for a login and password.

The next page is an example of the Official Bankruptcy Proof of Claim (B10) form for a Proof of Claim filed electronically.

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: Jackson Jonathan		Case Number: 13-10001
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): ABC Corporation		FILED U.S. Bankruptcy Court Southern District of New York 10/18/2013 Vito Genna, Clerk COURT USE ONLY
Name and address where notices should be sent: ABC Corporation 123 Credit Lane New York, NY 10004 Telephone number: email:		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Sample Proof of Claim		
Name and address where payment should be sent (if different from above): Telephone number: email:		
1. Amount of Claim as of Date Case Filed: \$ <u>5000.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: _____ (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate (when case was filed) ___% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>5000.00</u>
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507(a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(____).
		Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8) Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: John Doe

Title: _____

Company: _____

Address and telephone number (if different from notice address above):

s/ John Doe

(Signature)

10/18/2013

(Date)

Telephone number: . _____ email: . _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Sample Proof of Claim

The following is an example of the Official Bankruptcy Proof of Claim (B10) form for an Amended Proof of Claim filed electronically.

13-10001-shl Claim 14 Filed 10/18/13 Pg 1 of 2

B10 (Official Form 10) (04/13)		PROOF OF CLAIM
UNITED STATES BANKRUPTCY COURT Southern District of New York		FILED U.S. Bankruptcy Court Southern District of New York 10/18/2013 Vito Genna, Clerk COURT USE ONLY
Name of Debtor: Jackson Jonathan	Case Number: 13-10001	
<small>NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</small>		<input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: 14 <i>(if known)</i> Filed on: 10/18/2013 <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name of Creditor (the person or other entity to whom the debtor owes money or property): ABC Corporation		
Name and address where notices should be sent: ABC Corporation 123 Credit Lane New York, NY 10004 Telephone number: email:		
Name and address where payment should be sent (if different from above): Telephone number: email:		
1. Amount of Claim as of Date Case Filed: \$ <u>12345.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: _____ (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a)</small>	3b. Uniform Claim Identifier (optional): _____ <small>(See instruction #3b)</small>
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate (when case was filed) ___% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>12345.00</u>
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507(a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(____).
<small>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8) Check the appropriate box.

I am the creditor.

I am the creditor's authorized agent.

I am the trustee, or the debtor,
or their authorized agent.
(See Bankruptcy Rule 3004.)

I am a guarantor, surety, indorser, or
other codebtor.
(See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: John Doe

Sample Amended
Proof of Claim