



- Choices -

Internet Pre-Filing Counseling

WHAT DO WE NEED?

MAIL OR FAX THE FOLLOWING INFORMATION

Statement of Counseling Services

-Initial each line; sign & date

Privacy Notice

-Sign & date

Photocopy of a State or Government issued ID

-Must be fully legible
- If a joint-filing, must have a copy of each spouse's ID

Affidavit for Pre-Filing Bankruptcy Counseling (2 pages)

- Complete form; sign & date
- Must include bankruptcy district

* *You may need to lighten the settings on the copier/fax when faxing your ID*

WHERE DO I SEND MY PAPERWORK?

MAIL, FAX, AND CONTACT INFORMATION



MAIL

OR



FAX

CCCS – Apprisen Financial Advocates
Bankruptcy - Choices
4500 E. Broad St.
Columbus, OH 43213

(614) 552-4807

\$50.00 REGISTRATION FEE

(Individual or Joint-filing)
PAYMENT OPTIONS

-If mailing your paperwork, mail a **Money Order** or **Cashier's Check** made payable to CCCS (Consumer Credit Counseling Service)

-If faxing your paperwork, please call **1-800-355-2227** to make your payment over the phone by **Debit Card** or **Check** between the hours of 8:00 AM and 5:30 PM EST.

* *If paying by Debit Card or Check the account holder must make the payment.*

COURSE INFORMATION

This course is required by law and needs to be completed before you can file your case. After the telephone counseling session has been completed **we will mail your certificate of completion to you.**



It is up to you (the debtor) to provide a copy of your certificate to the court or your attorney. CCCS- Apprisen Financial Advocates is only responsible for providing the certificate to the debtor.

WHAT TO EXPECT ONCE YOU ARE REGISTERED

➤ Once we receive your registration packet, \$50.00 fee, and ID we will email you a user ID and password that will grant you access to the course **within one business day**. This email will also include a link to the course. If no e-mail address is provided this will be sent by U.S. Mail.

➤ If this is a joint filing, you will **receive 2 emails**, one for you and one for your spouse.

➤ You will also need to check any **bulk/spam/junk** folders in your email as our email may bypass your inbox.

➤ The course consists of four chapters discussing budgeting, financial net worth, alternatives to bankruptcy, and potential solutions to your financial problems. During the on-line session you must complete a budget and financial net worth statement. That information will be reviewed during your follow-up session.

☎ This course **requires** a phone follow up session.

☎ After you have completed the Internet portion a certified credit counselor will contact you within **3 business days** for a follow-up counseling session via the telephone.

☎ After the follow up session is complete your counselor will issue your certificate by mail.



Should you have any questions regarding the course please call us at **1-800-355-2227**

**Consumer Credit
Counseling Service**

 **Apprisen
Financial Advocates**

Affidavit For Pre-Filing Bankruptcy Counseling

My Full Legal Name Is _____
(Print Name) (First) (Middle) (Last) (Jr. Sr. III)

(If Filing a Joint Bankruptcy Case – Complete Second Name Section)

Name: _____
(First) (Middle) (Last)

My Mailing Address Is _____
(Street) (City) (State) (Zip Code)

My COUNTY of Residence Is _____

My Email Address Is _____

My Phone Numbers Are- Home: (_____) _____

(Circle Mr or Ms) Work: (_____) _____

Cell: (_____) _____

My Attorney Is _____

My Attorney's Address Is _____

My Attorney's Phone Number Is _____

Registration by Fax or Mail:

A copy of your State or Government issued picture ID must accompany this form.

(This may require lightening your settings on the copier/fax)

By signing this form you certify the following:

I certify that all the information on this affidavit is true, correct and complete and made in good faith. I also certify that I personally will complete the education program. I understand that knowingly making a false or fraudulent statement or misrepresentation about my identity or completion of the education program is a violation of the requirements of Federal law.

Signature of Debtor Printed Name Date

Signature of Debtor Printed Name Date

Do Not Write Below This Line. For Office Use Only.

M F _____
User ID Password Date

M F _____
User ID Password Date

Affidavit For Pre-Filing Bankruptcy Counseling

JUDICIAL DISTRICTS

(Required For Registration)

*CCCS – Apprises is licensed to provide Bankruptcy Counseling in the following states.

**If unsure, please contact your attorney or US Trustee website: www.usdoj.gov

My bankruptcy is being filed in the district of: **(Fill-In One Oval Below)**

RETURN THIS FORM

Page 2 of 2

Alaska

All Districts

Arizona

All Districts

Arkansas

Eastern Western

California

Northern Eastern
 Central Southern

Colorado

All Districts

Connecticut

All Districts

Delaware

All Districts

District of Columbia

All Districts

Florida

Northern Middle
 Southern

Georgia

Northern Middle
 Southern

Hawaii

All Districts

Idaho

All Districts

Illinois

Northern Central
 Southern

Indiana

Northern Southern

Iowa

Northern Southern

Kansas

All Districts

Kentucky

Eastern Western

Louisiana

Eastern Middle
 Western

Maine

All Districts

Maryland

All Districts

Massachusetts

All Districts

Michigan

Eastern Western

Minnesota

All Districts

Mississippi

Northern Southern

Missouri

Eastern Western

Montana

All Districts

Nebraska

All Districts

Nevada

All Districts

New Hampshire

All Districts

New Jersey

All Districts

New Mexico

All Districts

New York

Northern Eastern
 Southern Western

North Dakota

All Districts

Ohio

Northern Southern

Oklahoma

Northern Eastern
 Western

Oregon

All Districts

Pennsylvania

Eastern Middle
 Western

Puerto Rico

All Districts

South Carolina

All Districts

South Dakota

All Districts

Tennessee

Eastern Middle
 Western

Texas

Northern Eastern
 Southern Western

Utah

All Districts

Vermont

All Districts

Virginia

Eastern Western

Washington

Eastern Western

West Virginia

Northern Southern

Wisconsin

Eastern Western

Wyoming

All Districts

Privacy Notice

PRIVACY POLICY: Consumer Credit Counseling Service of the Midwest, Inc. recognizes our obligation to keep information about you secure and confidential, and we take this obligation very seriously. We are required by The Federal Financial Privacy Law to inform you

- What “nonpublic personal information” we collect about you
- With whom we share this information, and
- How we safeguard this information

How We Collect Your Personal Information

- In the course of providing our services to you we collect and maintain nonpublic personal information about you that is provided to us by you or obtained by us from third parties with your authorization from the following sources:
- What you told us when we scheduled your appointment, including your name, address, telephone and social security number;
- What you filled out or discussed with your counselor during your counseling session, which includes your creditors’ names and addresses, the amounts you owe your creditors and their account numbers, credit card account information, and your living expenses. This may also include information that we received from a consumer reporting agency if you signed a release permitting us to obtain your credit report;
- Data from the creditor statements that you provide to us and from creditors that we contact on your behalf with your authorization;
- Data that you enter into our interactive Internet forms and programs;
- Information contained in emails, letters and other written correspondence from you; and
- Information that you verbally share with us on the phone or in person.

With Whom We Share Your Personal Information

- For both current and former clients, we do not share your personal information with anyone else except (1) your creditors, (2) as required or permitted by law, or (3) if you specifically request in writing that we do. The information shared with your creditors is limited to the information needed to process the terms of your Debt Management Program. Permitted disclosures may include providing information in limited circumstances to unrelated third parties who need to know that information to assist us in providing services to you.
- If you receive counseling from us relating to housing issues, we may share pertinent information with funding sources for reporting and billing purposes. Funding may come from the Department of Housing and Urban Development (HUD), AARP Reverse Mortgage Education Project or the NFCC (National Foundation for Credit Counseling). Other funding sources may include other government sources or lenders.
- We may share certain de-identified or aggregate data that is based on or derived from your personal information, for research, reporting or other permitted purposes. However, all personally identifiable information about you is removed before any such aggregate information is shared.

To Get More Information

If you have questions about this or any matter, please contact our customer services department at 1-800-355-2227 and one of our representatives will be happy to assist you.

Client x _____ x _____ Date x _____
(Printed Name)

Client x _____ x _____ Date x _____
(Printed Name)

Statement of Counseling Services Bankruptcy Pre-Filing Counseling Session

Please read the following statements carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate understanding of that provision. For simplification the singular is used even when the plural may apply.

- _____ I understand the agency will provide a confidential comprehensive personal money management interview.
- _____ I understand that the interview will be conducted by a certified consumer credit counselor.
- _____ I understand the Client Bill of Rights and Non-Discrimination Policy as defined on the back of this form.
- _____ I understand that in the event I am dissatisfied, I can utilize the Complaint Resolution Process as outlined on the back of this form.
- _____ I understand that most of the agency funding comes from voluntary contributions from creditors who participate in Debt Management Plans (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund your agency. These creditor contributions are usually calculated as a percentage of payments I make through my DMP – up to 15% each payment received. However, my accounts with my creditors are to be credited with one hundred percent (100%) of the amount I pay through the agency and you will work with all my creditors regardless of whether they contribute to your agency.
- _____ I understand that the cost to me for the bankruptcy pre-petition counseling session can be up to \$50 with my ability to pay. If my income is under 150% of the federal poverty guideline, the course is at no cost.
- _____ I give my permission to CCCS of the Midwest, Inc. to discuss and /or provide any documentation needed to process my bankruptcy, to my attorney of record via US mail, fax or over the phone for a period of 6 months from this date of record. I further understand that I may withdraw this consent any time during the 6 month period.
- _____ I hereby agree to hold CCCS, its employees, officers, directors, and agents harmless from any claim, suit, action or demand made by any of my creditors and any other person, which in any manner may arise from any action or inaction taken by CCCS, or my creditors, in connection with any services rendered by CCCS for me. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. Sec.101 et seq.
- _____ I will be given a written assessment outlining a suggested client action plan which will be based on the following options:
- a.) I will handle any financial concerns on my own.
 - b.) I may choose to enroll in the agency's debt management plan. The DMP is voluntary and serves the dual role of helping clients repay debts and helping creditors to receive the money owed to them.

If I choose to participate in the DMP, the agency has no responsibility or obligation for any past, present, or future credit rating I receive. In certain circumstances, a debt management plan may affect my credit rating negatively. In the event that the counselor suggests a debt management plan (DMP), I will receive complete details of set-up and maintenance of the plan, including my responsibilities.
 - c.) I may choose to discharge my debt through bankruptcy. A counselor may answer questions about bankruptcy, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances. I will inform the agency of the decision if I file bankruptcy.
 - d.) I will be referred to other services of the organization or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified.
- _____ At sometime in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the agency's services.

Applicant

Date

Applicant

Date

Client Bill of Rights

We pledge that our clients have the right:

- To prompt counseling services for managing money based on their financial situation;
- To be treated with dignity and respect
- To be actively involved in a comprehensive assessment of their financial situation including an appropriate action plan;
- To express dissatisfaction through a Complaint Resolution Process;
- To discontinue their relationship with our agency at any time;
- To ask questions and have concerns addressed.

Non-Discrimination Policy

Our Service serves all members of this community. We do not engage in the practices of discrimination in the selection and participation of clients in our programs or services with respect to race, religion, color, gender, national origin or handicap.

Complaint Resolution Process

We are committed to providing you with high quality professional service. However, if you are not satisfied with the services provided or if you want to make a complaint, we ask that you follow these guidelines.

- Step One: Try to resolve the issue with the staff member involved giving him or her specific information about your complaint.
- Step Two: If Step One is not possible or the issue is not resolved to your satisfaction call (800) 355-2227 and ask to be directed to the appropriate supervisor. The supervisor may request a meeting with you (phone or face-to-face) or seek more information from a staff person. The supervisor will respond within 3 days to inform you that the issue is being researched.
- Step Three: If your issue is still unresolved you may appeal in writing directly to the President, at 4500 E. Broad St., Columbus, Ohio 43213. After additional fact finding, you will receive a concluding decision within 15 days.