

HOW DO I REGISTER FOR A WORKSHOP?

Contact us first:

Please call 1-800-355-2227 to register for an available workshop

If you have not already scheduled an appointment you can speak to our Customer Service Department to inquire about what dates and locations we have available. You must call in and register for the workshop with your bankruptcy case number before attending.

Already Registered?

Fill out the information below as a reminder.

Date _____

Location _____

WHAT DO YOU NEED TO BRING?

Bring the Following Information with You:

Statement of Counseling Services

- Initial each line; sign & date

Privacy Notice

- Sign & date

A State or Government issued ID

- If a joint filing, must have each spouse's ID

Affidavit for Post Bankruptcy Education (2 pages)

- Complete form; sign & date
- Must include bankruptcy case number

\$50.00 REGISTRATION FEE

(Individual or Joint-filing)

Bring a money order or cashiers check made payable to Apprisen

COURSE INFORMATION

Remember to bring your registration packet, \$50.00 fee and ID. This course is two hours and conducted in a group setting. The course includes the following information: financial tips, consumer laws, credit scores and other useful financial information.

This course is required by law and needs to be completed before discharge of your case. Once you have successfully completed the workshop education course, we will issue your certificate of debtor education, which you must provide to your attorney.

It is up to you (the debtor) to provide a copy of your certificate to the court. Apprisen is only responsible for providing the certificate to the debtor.

Affidavit For
Post-Bankruptcy Education



Print your full
legal name(s).

(First) (Middle) (Last) (Jr. Sr. III)

(First) (Middle) (Last) (Jr. Sr. III)

If filing a joint bankruptcy case, you must include the names of every person filing.

My mailing
address is:

(Street) (City) (State) (Zip Code)

My county of
residence is:

My e-mail address is:

My phone
numbers are:

(Home) (Work) (Cell)

Applicant

(Home) (Work) (Cell)

Co-Applicant

My Attorney is:

(Name) (Phone)

(Address)

My bankruptcy
case number is:

*For example: 07-12345
Your case number is required for
registration.*

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)

JUDICIAL DISTRICTS

* Apprisen 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: (Check the appropriate box below – required for registration)

Alaska	<input type="checkbox"/>	All Districts			
Arizona	<input type="checkbox"/>	All Districts			
Arkansas	<input type="checkbox"/>	Eastern	<input type="checkbox"/>	Western	
California	<input type="checkbox"/>	Northern	<input type="checkbox"/>	Eastern	<input type="checkbox"/>
				Central	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	All Districts			
Connecticut	<input type="checkbox"/>	All Districts			
Delaware	<input type="checkbox"/>	All Districts			
District of Columbia	<input type="checkbox"/>	All Districts			
Florida	<input type="checkbox"/>	Northern	<input type="checkbox"/>	Middle	<input type="checkbox"/>
					Southern
Georgia	<input type="checkbox"/>	Northern	<input type="checkbox"/>	Middle	<input type="checkbox"/>
					Southern
Hawaii	<input type="checkbox"/>	All Districts			
Idaho	<input type="checkbox"/>	All Districts			
Illinois	<input type="checkbox"/>	Northern	<input type="checkbox"/>	Central	<input type="checkbox"/>
					Southern
Indiana	<input type="checkbox"/>	Northern	<input type="checkbox"/>	Southern	
Iowa	<input type="checkbox"/>	Northern	<input type="checkbox"/>	Southern	
Kansas	<input type="checkbox"/>	All Districts			
Kentucky	<input type="checkbox"/>	Eastern	<input type="checkbox"/>	Western	
Louisiana	<input type="checkbox"/>	Eastern	<input type="checkbox"/>	Middle	<input type="checkbox"/>
					Western
Maine	<input type="checkbox"/>	All Districts			
Maryland	<input type="checkbox"/>	All Districts			
Massachusetts	<input type="checkbox"/>	All Districts			
Michigan	<input type="checkbox"/>	Eastern	<input type="checkbox"/>	Western	
Minnesota	<input type="checkbox"/>	All Districts			
Mississippi	<input type="checkbox"/>	Northern	<input type="checkbox"/>	Southern	
Missouri	<input type="checkbox"/>	Eastern	<input type="checkbox"/>	Western	
Montana	<input type="checkbox"/>	All Districts			
Nebraska	<input type="checkbox"/>	All Districts			
Nevada	<input type="checkbox"/>	All Districts			
New Hampshire	<input type="checkbox"/>	All Districts			
New Jersey	<input type="checkbox"/>	All Districts			
New Mexico	<input type="checkbox"/>	All Districts			
New York	<input type="checkbox"/>	Northern	<input type="checkbox"/>	Southern	<input type="checkbox"/>
					Eastern
					Western
North Dakota	<input type="checkbox"/>	All Districts			
Ohio	<input type="checkbox"/>	Northern	<input type="checkbox"/>	Southern	
Oklahoma	<input type="checkbox"/>	Northern	<input type="checkbox"/>	Eastern	<input type="checkbox"/>
					Southern
Oregon	<input type="checkbox"/>	All Districts			
Pennsylvania	<input type="checkbox"/>	Eastern	<input type="checkbox"/>	Middle	<input type="checkbox"/>
					Western
Puerto Rico	<input type="checkbox"/>	All Districts			
South Carolina	<input type="checkbox"/>	All Districts			
South Dakota	<input type="checkbox"/>	All Districts			
Tennessee	<input type="checkbox"/>	Eastern	<input type="checkbox"/>	Middle	<input type="checkbox"/>
					Western
Texas	<input type="checkbox"/>	Northern	<input type="checkbox"/>	Southern	<input type="checkbox"/>
					Eastern
					Western
Utah	<input type="checkbox"/>	All Districts			
Vermont	<input type="checkbox"/>	All Districts			
Virginia	<input type="checkbox"/>	Eastern	<input type="checkbox"/>	Western	
Washington	<input type="checkbox"/>	Eastern	<input type="checkbox"/>	Western	
West Virginia	<input type="checkbox"/>	Northern	<input type="checkbox"/>	Southern	
Wisconsin	<input type="checkbox"/>	Eastern	<input type="checkbox"/>	Western	
Wyoming	<input type="checkbox"/>	All Districts			

STATEMENT OF COUNSELING SERVICES POST-BANKRUPTCY FINANCIAL MANAGEMENT COURSE



Please read the following statements carefully so that you will understand the procedures during the course. Initial the line next to each statement to indicate your understanding of that provision. For simplification the singular is used even when the plural may apply. Please also see reverse side of form.

_____ I understand that the financial management course will be conducted by a certified consumer credit counselor or qualified professional with a teaching certificate. If this course is taken on-line any questions submitted will be answered by a certified credit counselor. A listing of the class schedules, times and locations is located on our website at www.apprisen.com.

_____ I understand that if I require services in a language not provided by Consumer Credit Counseling Service of the Midwest, Inc. (CCCS), I will be referred to another provider that can provide instruction in the language of my choice.

_____ 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 the cost to me for the financial management course is \$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 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 hold the agency, its employees, agents and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice or counseling. 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.

_____ CCCS does not pay or receive fees or other consideration for the referral of debtor students.

_____ I understand that CCCS is approved by the Executive Office for United States Trustees to issue certificates evidencing completion of a personal financial management instructional course in compliance with the Bankruptcy Code. Approval does not endorse or assure the quality of CCCS's services. The United States Trustee has only reviewed CCCS's instructional course and its services as a credit counseling agency pursuant to 11 U.S.C. 111(c) and has neither reviewed nor approved any other services CCCS provides.

_____ I understand that CCCS may disclose debtor information to the United States Trustee in connection with the United States Trustee's oversight of CCCS, or during the investigation of complaints, during on-site visits, or during quality of service reviews.

_____ Promptly upon successful completion of the financial management course, CCCS will issue a certificate of course completion to me. I understand that I will only receive a certificate if I complete the course. There is no additional fee associated with generating the certificate.

Signature Printed Name Date

Signature Printed Name Date

Client ID

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 business 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.

FACTS**WHAT DOES CONSUMER CREDIT COUNSELING SERVICE OF THE MIDWEST, INC. d/b/a APPRISEN DO WITH YOUR PERSONAL INFORMATION?****Why?**

Financial organizations choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security Number
- Employment information
- Credit card or other debt information
- Income and Expense information
- Asset and liability information, including mortgage information
- Credit history and credit scores (if you signed a release permitting us to obtain your credit report)
- Information from creditor statements you provide to us
- Information from creditors that we contact on your behalf (with your authorization)

When you are *no longer* our client, we may continue to share your information as described in this notice or as provided for by law.

How?

All financial companies need to share personal information to run their everyday business. In the section below, we list the reasons financial companies can share their personal information; the reasons Apprisen chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Apprisen share?	Can you limit this sharing?
For our everyday business purposes – Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations.	Yes	No
For our marketing purposes – To offer our products and services to you	Yes	Yes
For joint marketing with other financial organizations –	No	We don't share
For our affiliates' everyday business purposes – Information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes – Information about your creditworthiness	No	We don't share
For our affiliates to market to you –	No	We don't share
For nonaffiliates to market to you –	No	We don't share

To limit our sharing

- Call toll-free (800) 355-2227
- Email your request to clientsupport@apprisen.com.

Please note:

If you are a *new* client, we may begin sharing your information 30 days from the date we sent this notice. When you are *no longer* our customer, we continue to share your information as described in this notice.

However, you may contact us at any time to limit our sharing.

Questions

Call toll-free (800) 355-2227 or visit www.apprisen.com

What we do

How does Apprisen protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

Also, Apprisen only allows its employees, persons or companies that you specify by written request or consent, or other parties as required or permitted by law, to access your information.

How does Apprisen collect my personal information?

We collect your personal information, for example, when you:

- seek financial advice
- give us your income information
- give us your contact information
- provide employment information
- provide account information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing

What if I hold an account jointly with someone else?

Your choices will apply to everyone on your account

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- Apprisen does not share with affiliates

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- Apprisen does not share with nonaffiliates so they can market to you.

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- Apprisen does not jointly market with nonaffiliated companies.

Other Important information

Client Acknowledgement: I (we) acknowledge that I (we) received a copy of this privacy notice on the date indicated below.

X _____
Signature Printed Name Date

X _____
Signature Printed Name Date

Client ID _____