



**Consumer
Credit
Counseling
Service®
of Northeastern
Indiana, Inc.**

A Non-Profit Community Service Since 1965

DISCLOSURE FORM FOR PRE-FILING BANKRUPTCY CLIENTS

[Client should be provided with two copies - one to sign and one to retain]

Welcome! We understand that you are here because you are experiencing financial problems, and that you may be considering filing for bankruptcy and are required to receive "counseling" before you may file.

This agency has over 40 years of experience of helping people with financial problems. Our role is not to be judgmental, but to provide assistance. Specifically, we will do a budget analysis that will examine your financial situation, discuss the factors that may be the cause of your problems, and explore your options for developing a reasonable plan for dealing with them. We will provide you with information about bankruptcy, including its process and possible consequences. We will also consider alternatives to bankruptcy to resolve your problems. It is our view that the purpose of this session is to provide you the information so that YOU may choose the option that you think is best. At the conclusion of this session, you will be eligible for a certificate that you will need should you decide to file bankruptcy. The certificate is valid for up to 180 days after the counseling session is completed.

This agency is a member of the National Foundation for Credit Counseling ("NFCC"). The NFCC has high standards for quality credit counseling and financial education, and this agency complies with those standards. In addition, this agency is accredited by the Council on Accreditation ("COA"), an independent third-party organization that reviews and monitors entities that provide social services. We are a non-profit agency. We are organized and operate in accordance with Section 501(c)(3) of the Internal Revenue Code.

The consumer credit counselor conducting or supervising this session has been trained and certified in accordance with the NFCC standards, and while he/she has expertise in helping those with financial problems, he/she cannot provide you with legal advice. In fact, this session is designed to provide you with information and alternatives; it is not intended to take the place of a consultation with an attorney to explore your legal rights and options.

In order to assist you, it is essential that you provide us with information that is as accurate and complete as possible. For that reason, we may ask you to authorize us to access to your credit history. Rest assured that the information concerning your financial condition and status that you provide during this session is strictly confidential. Such information would include, but not limited to, income, debts, credit accounts, earnings, assets, and employment data. We will not disclose any such information that you provide orally or in writing to anyone, except as authorized by you in writing or as required by law, such as in response to a subpoena. We may compile data and aggregate information that you give us, but this information will not be disclosed in any manner that would personally identify you. This agency will not disclose or provide any information about this session to a credit-reporting agency. If you should decide to enter into a Debt Management Plan ("DMP") (which will be explained in the course of this session) you will be provided with separate agreement and disclosure forms.

To help cover the cost of providing this session, this agency charges a fee of \$50.00 for single and \$75.00 for couple. All payments need to be made in the form of a money order, cashiers check, or debit card. In limited circumstances, you may be eligible to have this fee waived. For information regarding debit card payments, please call our office at 1-800-432-0420 or 260-432-8200. Our agency provides services without regard to ability to pay.

This agency also receives funding in the form of grants from [entities that support financial counseling federal governmental units, and creditors]. A significant portion of funding for this agency comes from voluntary contributions from creditors who participate in DMPs. Since creditors have the financial interest in having debts repaid, most are willing to make a contribution to help fund the overall services of this agency. These contribution are usually calculates as a percentage of payments that are made through a DMP. Again, should you decide to enter into a DMP, you will receive specific information on how the plan works and how the agency if funded.

I have read and understand the disclosures made above.

Signature: _____

Printed Name: _____

Spouse Signature: _____

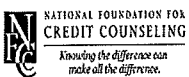
Printed Name: _____

Date: _____

Counselor Initials: _____

Certification and Signature under penalty of perjury that the application, enclosures, other accompanying documents, and all other representations are true and correct to the best of your knowledge, information, and belief.

9-11



4105 W. Jefferson Blvd. * Box 11403 * Fort Wayne, IN 46858 * Telephone 260-432-8200





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Certification of Identity for Bankruptcy Counseling

My full legal name is: _____

My (spouse) full legal name is: _____

My/Our current address is: _____

The county in which I/we currently reside is: _____

Please list a daytime phone number that you can be reached at: _____

I certify that I personally will complete the counseling appointment. I understand that knowingly making a false or fraudulent statement or misrepresentation about my identity or completion of the counseling appointment is a violation of the requirements of Federal Law.

Signature: _____

Spouse Signature: _____

Date: _____

Client Bill of Rights

We pledge that our clients have the right:

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

Complaint Resolution Process

We are committed to providing you with high quality professional services. 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: Request a meeting with the staff person who was or is providing you services to discuss your concerns. Please do this within ten (10) business days of the incident. The staff person will respond within writing at the conclusion of the interview.

Step two: If you are not satisfied with the results of the discussion, you may document your concerns in a written statement. This statement should provide the date or dates of the incident of concern, the individuals involved, a description of the event, the location where it occurred, your opinion about how the matter should have been handled and what action might be taken to satisfactorily address your concerns. Please submit your written statement within ten (ten) business days of your discussion with the staff person to the President.

Step three: Our preference is for you to talk to the staff person first; but if necessary you may schedule an interview with the President by calling our office at 260-432-8200 or 800-432-0420. The President will provide you with a written response at the conclusion of the interview.

The Executive Committee of the Board of Directors reviews the resolution of all appeals. Information regarding your appeal will be presented in a non-identifying manner. Confidentiality will be maintained in all circumstances regarding your appeal and the results of the appeal. A copy of the final determination will be maintained on file with the Agency, and shall apply to all clients served by Consumer Credit Counseling Service of Northeastern Indiana.

Non-Discrimination Policy

We serve all members of the community without regard to social/economic status, sex, racial or religious affiliation.

FINANCIAL STATEMENT OF APPLICANT

NUMBER OF PERSONS IN HOUSEHOLD: _____

INCOME

YOUR MONTHLY TAKE HOME PAY:\$ _____

SPOUSE'S MONTHLY TAKE HOME PAY: \$ _____

OTHER MONTHLY SOURCES OF INCOME:\$ _____

TOTAL MONTHLY INCOME:\$ _____

ASSETS

IS YOUR MORTGAGE CURRENT? YES NO

APPRAISED OR ESTIMATED VALUE OF YOUR HOME: \$ _____

ESTIMATED VALUE OF VEHICLE(S): \$ _____

ESTIMATED VALUE OF CHECKING, SAVINGS, & STOCKS: \$ _____

ESTIMATED VALUE OF OTHER MAJOR ASSETS: \$ _____

TOTAL ASSETS: \$ _____

LIABILITIES

BALANCE OWED ON MORTGAGE(S): \$ _____

BALANCE OWED ON AUTOMOBILE(S): \$ _____

TOTAL AMOUNT OWED ON OTHER DEBTS INCLUDING CREDIT CARDS, COLLECTION AGENCIES, ATTORNEYS, MEDICAL, ETC. THIS AMOUNT WOULD BE THE TOTAL DOLLAR AMOUNT WOULD BE THE TOTAL DOLLAR AMOUNT THAT YOU ARE CONSIDERING FILING BAKRUPTCY ON:

\$ _____

TOTAL LIABILITIES: \$ _____

ESTIMATED NET WORTH: \$ _____

(TO BE COMPLETED BY CCCS FINANCIAL COUNSELOR)

