Fill in this information to identify the case:	
Debtor 1	
Debtor 2	
United States Bankruptcy Court for the:	District of (State)
Case number	(

Official Form 410

Proof of Claim 04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: **Identify the Claim** Who is the current creditor? Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Has this claim been ■ No acquired from ☐ Yes. From whom? someone else? Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? Federal Rule of Name Name Bankruptcy Procedure (FRBP) 2002(g) Number Number Street Street City State ZIP Code State ZIP Code Contact phone Contact phone Contact email Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): Does this claim amend ☐ No one already filed? ☐ Yes. Claim number on court claims registry (if known) ____ Filed on MM / DD / YYYY ☐ No Do you know if anyone else has filed a proof ☐ Yes. Who made the earlier filing? of claim for this claim?

Ο.	Do you have any number you use to identify the debtor's account or any number you use to identify the debtor:									
7.	How much is the claim?	\$ Does this amount include interest or other charges? \[\bigcup \text{No} \] \[\bigcup \text{Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).}								
3.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.								
9.	Is all or part of the claim secured?	□ No □ Yes. The claim is secured by a lien on property. Nature of property: □ Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. □ Motor vehicle □ Other. Describe: Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)								
		Value of property: \$ Amount of the claim that is secured: \$ Amount of the claim that is unsecured: \$(The sum of the secured and unsecured								
		amounts should match the amount in line 7. Amount necessary to cure any default as of the date of the petition: \$								
		Annual Interest Rate (when case was filed)% Fixed Variable								
10	. Is this claim based on a lease?	☐ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$								
11	. Is this claim subject to a right of setoff?	☐ No ☐ Yes. Identify the property:								

12. Is all or part of the claim	□ No							
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check	one:					Amount entitled to priority	
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).							
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).							
chilited to phonly.	bankrup	salaries, or c tcy petition is C. § 507(a)(4	\$					
	☐ Taxes or	r penalties owed to governmental units. 11 U.S.C. § 507(a)(8).				\$		
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507							\$	
	.C. § 507(a)() that	applies.		\$				
	* Amounts a	re subject to ac	djustment on 4/01	/19 and every 3 years a	fter that for cases	begun on or afte	er the date of adjustment.	
Part 3: Sign Below								
Sign Below								
The person completing this proof of claim must	Check the appro	oriate box:						
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				uthorized agent. Bar				
5005(a)(2) authorizes courts to establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
specifying what a signature	Lunderstand that	an authorize	ed signature on	this Proof of Claims	erves as an ack	knowledgment that when calculating the		
is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.							
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.							
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.							
Executed on date MM / DD / YYYY								
	Signature					-		
Print the name of the person who is completing and signing this claim:								
	Name	First name		Middle name		Last name		
	Title							
	Company							
	Identify the corporate servicer as the company if the authorized agent is a servicer.							
	Address	Number	Street					
		City			State	ZIP Code		
	Contact phone				Email			