Electronic Proof of Claim Instructions

Filing a Proof of Claim

United States Bankruptcy Court District of Montana

File Claim

Case Number   14-07511 ← Case number format: yy-nnnnn.

Name of **Creditor**   AT&T ← Search for a creditor: Enter a creditor's name or leave blank to see all creditors/create a creditor.

Filed by   Creditor ← Select filer type.

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.

Next

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 enhancments require Internet Explorer 8 or the latest Chrome/Firefox web browser

United States Bankruptcy Court District of Montana

Select Creditor

NOTE: The creditor's name and address <u>must be an exact match</u>. If it is not, please create a new creditor record.

○ **AT&T**
  PO Box 8100
  Aurora, IL 60507

○ **AT&T U-Verse**
  P.O. Box 5014
  Carol Stream, IL 60197-5014

○ Creditor not listed

United States Bankruptcy Court District of Montana

Debtor **   **Carisa Hurley**
                                                                    ← Please, verify case name and number.
Case Number   **14-07511**

Name of Creditor   **City of Country Club Hills**   ← If you selected "creditor not listed", creditor's name and address will be blank, please enter it.

Address where notices   **39771 Treasury Center**
  should be sent   **Chicago, IL 60694**   If you selected a creditor, the creditors' name and address will be here. **NOTE:** The creditor's name and address must be exact. Example: Chase Bank is not JPMorgan Chase Auto Leasing. If the creditor name is not exact, go back and click "Creditor not Listed"; create a new creditor record.

Telephone Number:

Email:

☐ Payment Address differs from Notice Address   ← If payments go to an address different from the creditor's noticing address, click here and enter the payment address.

☐ Check this box to indicate that this claim amends a previously filed claim.
                                                                    Did you previously file a claim and now need to **amend** it? First, check this box then select the Claim Number.

☐ 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:
Filed on: ,

1. **Amount of Claim as of Date Case Filed (required):**

   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.

   ☐ 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.

   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: ← Comments entered here will appear on the Claims Register.

2. **Basis for Claim:**   *(See instruction #2)*
                                                                    ← Clicking on any link will open the instruction page of Official Form B10.

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 Indentifier (optional):   *(See instruction #3b)*

4. **Secured Claim** *(See instruction #4)*

   Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.
   Nature of property or right of setoff: ☐ Real Estate   ☐ Motor Vehicle   ☐ Other   ←
   Describe:

   Value of Property: $
                                                                    These two fields are tied. If you select a Nature of property or right of setoff, please enter the Amount of Secured Claim. The reverse is true.
   Annual Interest Rate: %   ☐ Fixed or   ☐ Variable

   Amount of arrearage and other charges as of time case filed included in secured claim, if any: $

Page 3

Basis for perfection:

Amount of Secured Claim: $ ⟵

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5. **Amount of Claim Entitled to Priority under 11 U.S.C. §507(a)**: $ ⟵

   If any portion of your claim falls in one of the following categories, check the box and state the amount.

   These two fields are tied. If you enter an Amount of Claim Entitled to Priority, please make a selection from Specify the priority of the claim. The reverse is true.

   Specify the priority of the claim:

   ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

   ☐ 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).

   ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

   ☐ 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).

   ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

   ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(   ).

   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.

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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)*

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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: ⟵ Comments entered here will appear on this filed Proof of Claim.

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.   **DO NOT** attach Form B10 - Proof of Claim. This fillable form will create the B10 form.

- Attachments to the Proof of Claim are NOT to exceed 7.0 Mb in size.

- Multiple attachments to the Proof of Claim are permitted.

Do you wish to attach supporting documentation?   ○ Yes   ○ No   ⟵ Select yes or no. If yes and after clicking "submit claim", a browser will open to allow attaching of documents.

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8. Signature (required) *(See instruction #8)*

Select one of the four filer type.

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.

Page 4

Signature*
Title
Company

*Print name (required)

☐ Address and telephone number (if different from notice address above):← Address and phone number of the claim filer for any future contact.

1915

Enter Verification Code (required) (code is all numbers)

Submit Claim   Clear Form

** Verify debtor name(s) prior to submitting claim to be filed. ← **Again**, please verify the case name before submitting.

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.

Page 5

United States Bankruptcy Court District of Montana

SUPPORTING DOCUMENTATION (files should be limited to 7.0 Mb in size.)

Browse…   No file selected.   ← You have reached this screen because you selected 'Yes' to attach supporting documents. Browse and attach your supporting document. Do not attach Form B10 - Proof of Claim. After you add your first attachment, you will be given the opportunity to add additional attachments or remove an attachment.

Add Attachment   File Proof of Claim   ← When you are done adding attachments, click File Proof of Claim.

United States Bankruptcy Court District of Montana

Successful verification ...   ⟵   **Congratulation!** You have
successful filed a proof of claim.

Processing

Your claim was successfully filed in case number 14-07511.
Your claim number is 40.

Click this link to view and/or print your
claim.

Open in new window: Click 40 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   ⟵   Click this link if you have more claims to file.

Filing a Withdrawal of Claim or an Amended Claim

United States Bankruptcy Court District of Montana

DO YOU WANT TO FILE A WITHDRAWAL OF CLAIM OR AN AMENDED CLAIM?

A **withdrawal of claim** is typically filed when the claim was filed in error.
An **amendment of a claim** is filed when there is a change in the amount due, the classification of the claim or if there is documentation that needs to be added or changed. If you wish to file an amended claim, click on "Proof of Claims" check the box to indicate the claim is amending a previously filed claim; and enter the pertinent information on the claim form.

[Withdraw Claim]   [Proof of Claims]

United States Bankruptcy Court District of Montana

File Notice of Withdrawal of Claim

Case Number   14-07511 ← Case number format: yy-nnnnn.

Name of **Creditor**   ← Search for existing creditor: Enter a creditor's name or leave blank to see all creditors.

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Next

United States Bankruptcy Court District of Montana

Case Number	**14-07511**	← Please verify the case name and number.
Debtor **	**Carisa Hurley**	

Select Claim(s) to be Withdrawn (required)

Claim	Creditor	Total Claimed	Filed
☐ 24	AT&T U-Verse	$500.0	10/20/2014
☐ 36	AT&T U-Verse	$25.0	10/28/2014

If multiple claims filed by the same creditor, use the dollar amount and/or filed date as identifiers of the claim you wish to withdraw.

Documents:

- Documents are required to be PDF files.
- Documents are NOT to exceed 7.0 Mb in size.
- The Proof of Claim being withdrawn should NOT be attached to represent the withdrawal of claim document.

Attach the Notice of Withdrawal of Claim (required) Browse… No file selected.

Penalty for making a false statement: **Fine of up to $500,000 or imprisonment for up to 5 years, or both.** 18 U.S.C. §§ 152 and 3571.

3674 Enter Verification Code (required)

Submit Withdrawal of Claim   Clear Form   ** Verify debtor name(s) prior to submitting withdrawal.

United States Bankruptcy Court District of Montana

Successful verification ...   ←——————   **Congratulation!** You have successfully filed a withdrawal of claim.

Processing

The following Withdrawal of Claim has been filed
Case Name: Carisa Hurley
Case Number: 14-07511
Docket Text: Withdrawal of Claim Nos. 24 (AT&T U-Verse).   ←—— This entry will appear on the Bankruptcy Docket and Claims Register.

Notice of this filing will be electronically mailed to all attorney and trustee parties associated in this case.

File additional Withdrawals   ←———   Click this link if you have more claims to withdraw.

Filing a Supplement to Claim

United States Bankruptcy Court District of Montana

Proof of Claim
B 10 Supplements

By clicking "Claim Supplement" below, the filer understands he/she is required to serve the notice submitted on the debtor, debtor's counsel, and the trustee and confirms that a certificate of service is attached to the Supplement.

Claim Supplement

United States Bankruptcy Court District of Montana

File Claim Supplement

Case Number   14-07511   ←   Case number format: yy-nnnnn.

Name of **Creditor**   ←   Search for existing creditor: Enter a creditor's name or leave blank to see all creditors.

> **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.

Next

United States Bankruptcy Court District of Montana

Case Number   **14-07511**

Debtor   **Carisa Hurley**

Please verify the case name and number.

Select Claim to be Supplemented

Claim	Creditor	Total Claimed	Filed
○ 42	Wells Fargo	$100000.0	11/03/2014
● 43	Wells Fargo LLC Inc	$75000.0	11/03/2014

Note: These creditors are not interchangeable. Please select the correct claim. This event will appear on the Claims Register and the Bankruptcy Docket. If multiple claims filed by the same creditor, use the dollar amount and/or filed date as identifiers of the claim you wish to withdraw.

or

☐ **Check this box if no claim has been filed with the Court or your claim was filed with a Claims Notice Agent instead of the Court. Otherwise, select the claim from the above list.**

If you select this option, enter the creditor's name. This event will appear on the Bankruptcy Docket.

Type of Supplement to be Filed (select one):

- ● Supplement 1 - Notice of Mortgage Payment Change
- ○ Supplement 2 - Notice of Postpetition Fees, Expenses, and Charges
- ○ Response to Notice of Final Cure Payment

Documents:

- Documents are required to be PDF files.
- Documents are NOT to exceed 7.0 Mb in size.
- The Proof of Claim being supplemented should NOT be attached. The **Supplement** and the **Certificate of Service** need be attached as a single PDF.

Attach the Supplemental PDF (required) [Browse…] No file selected.

Penalty for making a false statement: **Fine of up to $500,000 or imprisonment for up to 5 years, or both.**
18 U.S.C. §§ 152 and 3571.

9056   Enter Verification Code (required)

[Submit Supplement] [Clear Form] ** Verify debtor name(s) prior to submitting supplement.

United States Bankruptcy Court District of Montana

Successful verification ... ← **Congratulation!** You have successfully filed a Notice of Mortgage Payment Changes.

Processing

The following Supplement of Claim has been filed
Case Name: Carisa Hurley
Case Number: 14-07511
Docket Text: Supplement 1 - Notice of Mortgage Payment Changes, Claim No. 43 (Wells Fargo LLC Inc).

Note: This event will appear on the Claims Register and the Bankruptcy Docket.

Note: There will not be a Claim Number associated with a Proof of Claim Supplement if you checked the box stating the claim is filed with a different agency. As such, the event will appear on the Bankruptcy Docket.

File additional Supplements