

## Affidavit for Bankruptcy Credit Counseling

My full legal name is \_\_\_\_\_  
(First) (Middle) (Last) (Jr. Sr.III)

My current address is \_\_\_\_\_  
Street City State Zip

My email address is \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Evening phone number \_\_\_\_\_

My attorney is \_\_\_\_\_

My attorney's address is \_\_\_\_\_

My attorney's phone number is \_\_\_\_\_ Fax number: \_\_\_\_\_

State in which I'm filing Bankruptcy \_\_\_\_\_

\_\_\_ In person registration: State or government issued picture ID presented and verified.

\_\_\_ Registration by fax or mail: A copy of your state or government issued picture ID must accompany this form. You must have your attorney sign this form. If you do not have an attorney, please contact a Notary Public and have your signature notarized below.

### 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.**

\_\_\_ I wish to have my credit counseling certificate faxed/mailed directly to my attorney.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's signature

\_\_\_\_\_  
Date

*(Below this line is for the Notary)*

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, by \_\_\_\_\_.

\_\_\_\_\_  
My Commission Expires (Notary Seal)

\_\_\_\_\_  
(signature)  
Notary Public (print or stamp name of notary)

Personally known \_\_\_\_\_

Or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_