

Affidavit for Bankruptcy Education

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 _____ Bankruptcy case# _____

My attorney's fax number is _____

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 take this form to a Notary Public and sign the form in the presence of the Notary.

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 education certificate sent/faxed 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 _____