

AFFIDAVIT & AGREEMENT FOR PRE-PETITION CREDIT COUNSELING

Name: <small>(Please Print)</small>										
Partner's Name: <small>(If receiving counseling)</small>										
Bankruptcy District (Check One)	<input type="checkbox"/> New Jersey	All Counties								
	<input type="checkbox"/> New York East	Kings, Nassau, Queens, Richmond, and Suffolk Counties								
	<input type="checkbox"/> New York South	Bronx, Dutchess, New York, Orange, Putnam, Rockland, Sullivan, and Westchester Counties								
	<input type="checkbox"/> New York North	Albany, Broome, Cayuga, Chenango, Clinton, Columbia, Courtland, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, St. Lawrence, Tioga, Tompkins, Ulster, Warren, Washington Counties								
	<input type="checkbox"/> New York West	Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates Counties								
Address:										
City, State, Zip:										
Telephone #:	()		or	()				
E-mail Address: <small>(REQUIRED)</small>				@						
Partner's E-mail Address: <small>(REQUIRED if receiving counseling; MUST be different)</small>				@						
Social Security Number:				-						
Partner's Social Security #:				-						

I/we acknowledge I/we have requested to receive a Pre-Petition Bankruptcy Counseling session from Consumer Credit and Budget Counseling, Inc. (CC&BC). The purpose of this counseling session is to receive a certificate of completion so that I/we may be able to petition for bankruptcy.

I/we understand that during this session I/we will receive information and education materials about my/our personal financial choices and that **this information and education is NOT legal advice, nor intended to replace the advice of a legal practitioner.** Such materials may include information on Budgeting, Credit Management and Credit Reporting and will explore alternatives to bankruptcy that *may* be available and applicable to my/our financial situation.

I/we understand that I/we will be asked information about my/our income, expenses and my/our financial obligation as well as unique identifying information including my/our Social Security Number(s). All information that is provided is subject to CC&BC's Privacy Policy and will be held in the strictest confidence. Notwithstanding this policy, this information is subject to review by the United States Trustee. In addition, you will be required to submit the debt analysis if completed along with the completion certificate with your bankruptcy filing.

It is further understood that if CC&BC does present me/us with a Debt Management Program as one of my/our personal financial choices, I/we am under no obligation to enroll in any such program, nor pay a fee for any program developed.

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 credit counseling. I understand that knowingly making a false or fraudulent statement or misrepresentation about my identity or completion of the credit counseling is a violation of the requirements of Federal law.

Signature	Date	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 _____