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

## Official Form 410

Proof of Claim

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.

04/25

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.

## **Identify the Claim** Part 1: 1. 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 Street Number Street City State ZIP Code City State ZIP Code Contact phone Contact phone Contact email Contact email Uniform claim identifier (if you use one): ☐ No Does this claim amend one already filed? ☐ Yes. Claim number on court claims registry (if known) \_\_\_\_ Filed on MM / DD / YYYY 5. Do you know if anyone ☐ No else has filed a proof ☐ Yes. Who made the earlier filing? of claim for this claim?

Part 2: Give Information About the Claim as of the Date the Case Was Filed 6. Do you have any number ☐ No you use to identify the Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_ \_\_\_ debtor? 7. How much is the claim? Does this amount include interest or other charges? ☐ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). What is the basis of the Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. claim? 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. Is all or part of the claim ☐ No ☐ Yes. The claim is secured by a lien on property. secured? 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 ☐ No lease? Yes. Amount necessary to cure any default as of the date of the petition. 11. Is this claim subject to a ☐ No right of setoff? ☐ Yes. Identify the property:

12. Is all or part of the claim entitled to priority under	☐ No			
11 U.S.C. § 507(a)?	☐ Yes. Check		Amount entitled to priority	
A claim may be partly priority and partly	Domestic 11 U.S.C	c support obligations (including alimony and child support) under C. § 507(a)(1)(A) or (a)(1)(B).	\$	
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		,800* of deposits toward purchase, lease, or rental of property or services fo , family, or household use. 11 U.S.C. § 507(a)(7).	r \$	
	bankrupt	salaries, or commissions (up to $17,150$ ) earned within 180 days before the cy petition is filed or the debtor's business ends, whichever is earlier. C. $507(a)(4)$ .	\$	
	☐ Taxes or	penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$	
	☐ Contribu	tions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$	
	Other. S	pecify subsection of 11 U.S.C. § 507(a)() that applies.	\$	
	* Amounts ar	e subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or a	fter the date of adjustment.	
Part 3: Sign Below				
The person completing	Check the approp	priate box:		
this proof of claim must sign and date it.	☐ I am the cree	ditor.		
FRBP 9011(b).	☐ I am the cree	ditor's attorney or authorized agent.		
If you file this claim	☐ I am the trus	stee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.		
electronically, FRBP 5005(a)(3) authorizes courts		intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.		
to establish local rules				
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the			
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.			
fraudulent claim could be	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true			
fined up to \$500,000, imprisoned for up to 5	and correct.  I declare under penalty of perjury that the foregoing is true and correct.			
years, or both. 18 U.S.C. §§ 152, 157, and				
3571.	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 cornorate servicer as the company if the authorized agent is a servicer	<del></del>	
	Identify the corporate servicer as the company if the authorized agent is a servicer.			
	Address	Number Street		
		City State ZIP Code		
	Contact phone	Email		