

FOR STAFF USE ONLY

Pre Class Info: Took Class w/ CCCS _____

Post Class Info: Classroom Online – Password Issue Date: _____

Paid: _____ Method: _____

Paid: _____ Method: _____

Community Credit Counseling Services

303-233-2773

www.bkcounselor.org

303-233-2797 fax

A Non-Profit Organization

Affidavit for Bankruptcy Education

My full legal name is _____
(First) (Middle) (Last) (Jr., Sr.) Last 4 digits of SSN _____

Joint Filer full legal name is _____
(First) (Middle) (Last) (Jr., Sr.) Last 4 digits of SSN _____

My current address is _____
Street City State Zip

My email address is _____
(for Notification Purposes Only)

Daytime phone number _____ Evening phone number _____

My attorney's name is _____

My attorney's address is _____

My attorney's phone number is _____

My attorney's email address is _____

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

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.

Signature

Date

Signature

Date

FOR POST-FILING CLASS ONLY: Bankruptcy case# _____