

Electronic Proofs of Claim (ePOC)

Created 6/5/13

Updated 11/21/13

Why ePOC?

ePOC allows users to:

1. File proofs of claim electronically without a login and password.
2. Amend proofs of claim electronically without a login and password.

Filing a Proof of Claim

United States Bankruptcy Court Southern District of Indiana

File Claim

Case Number ← 1. Enter **Case Number**.

Name of Creditor

Filed by ▼

Note: Do not enter creditor name at this time. Choose on next page.

IMPORTANT NOTICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security or taxpayer-identification numbers; dates of birth; names of minor children; and financial account numbers, in compliance with Fed. R. Bankr. P. 9037. This requirement applies to all documents, including attachments.

I understand that, if I file, I must comply with the redaction rules. I have read this notice.

← 2. Check redaction box.

Next ← 3. Click **Next**.

Filing a Proof of Claim

- Floyd County Court**
22E01-0409-CC-522
311 Haus Sq. #253
New Albany, IN 47150
- Floyd County Prosecutor's Office**
#249 City-County Bldg
311 Hauss Square
New Albany, IN 47150
- French Quarter Apartments**
2727 Middle Road
Jeffersonville, IN 47130
- GLA COLLECT**
PO BOX 991199
LOUISVILLE, KY 40269
- HELVEY J**
1015 E CE
WARSAW
- MED-1 SOL**
6239 S EAST ST
SUITE F
INDIANAPOLIS, IN 46224
- Michael Allen**
123 S 7th St
10D03-0804-SC-0627
Louisville, KY 40202
- Service Financial Company**
c/o Deatrick & Spies, PSC
P.O. Box 4668
- Service Financial Company**
c/o Deatrick & Spies
P.O. Box 4668
Louisville, KY 40204
- Creditor not listed**

If your address is listed on the case, click the radio button next to it. Make sure name and address are correct.

If your creditor name does not appear or the address is incorrect, check the **Creditor not listed** radio button.

Filing a Proof of Claim

United States Bankruptcy Court Southern District of Indiana

Debtor **	Domonique Morgan
Case Number	13-90975
Name of Creditor	GLA COLLECT
Address where notices should be sent	PO BOX 991199 LOUISVILLE, KY 40260
Telephone Number	
Email:	
<input type="checkbox"/> Payment Address	

Check this box to indicate that this claim amends a previously filed claim.

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Court Claim Number:

Filed on: ,

Next, a fillable Proof of Claim form will be displayed. **Fill in all pertinent fields.**

*Required fields are **Name of Creditor, Address, Amount of Claim**, and all of **No. 8** (box for relationship to case, signature, and verification code).

If Amending a claim, check this box; then select the **Court Claim Number** and the date filed from the drop-down boxes.

Filing a Proof of Claim

1. Amount of Claim as of Date Case Filed:

If all or part of your claim is secured, complete item 4 below; however, if all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

Enter amount only (no \$ sign), e.g. 500.00.*

2. Basis for Claim:

[\(See instruction #2\)](#)

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as:

[\(See instruction #3\)](#)

3b. Uniform Claim Identifier (optional):

[\(See instruction #3\)](#)

4. Secured Claim [\(See instruction #4\)](#)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff as follows:

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe:

Value of Property: \$

Annual Interest Rate: % Fixed or Variable

Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$

Basis for perfection:

Amount of Secured Claim: \$

Enter pertinent information for No. 1 thru 7 (No. 5 thru 7 not shown on this slide). If you need instructions, click on appropriate blue link.

Attaching Documentation

Attachments:

- Necessary documentation can be attached to the Proof of Claim after the information for the form is submitted.
- Attachments to the Proof of Claim are required to be PDF files.
- Attachments to the Proof of Claim are NOT to exceed 5 Mb in size.
- Multiple attachments to the Proof of Claim are permitted.

Do you wish to attach supporting documentation? Yes No

If supporting documentation is to be attached, click **Yes** here. You will need to scan and save that documentation in PDF format.

Note: A PDF version of the Proof of Claim form does not need to be attached. ePOC will automatically generate one for you.

Filing a Proof of Claim

8. Signature [\(See instruction #8\)](#)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee or the trustee's authorized agent. (See Bankruptcy Rule 3004.) I am the debtor or the debtor's authorized agent. (See Bankruptcy Rule 3004.) I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this case is true and correct to the best of my knowledge and reasonable belief.

Signature* *Print name (required)
Title
Company

Address and telephone number

3. Re-type the 4-digit verification code number that appears here into the **Enter Verification Code** box.

4. Click Submit

4266 Enter Verification Code (code is all numbers)

** Verify debtor name(s) prior to submitting claim to be filed.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Filing a Proof of Claim

United States Bankruptcy Court Southern District of Indiana [TEST]

SUPPORTING DOCUMENTATION (files should be in PDF format)

1. If you had selected the radio button on a prior screen that indicated you wished to attach supporting documentation, this screen will appear next. To add an attachment, click **Browse** to search for the appropriate document.

2. Click Add Attachment. All attached documents must be in PDF format.

Filing a Proof of Claim

The screenshot shows a Windows Internet Explorer browser window titled "Proof of Claim Form - Windows Internet Explorer". The address bar displays the URL "https://ecf-test.insb.uscourts.gov/cgi-bin/autoFilingClaims.pl". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The page content is titled "Proof of Claim Form" and features a section for "SUPPORTING DOCUMENTATION (files should be limited to 5 Mb in size.)". A file named "poc.pdf" is listed with a "Remove" button to its right. Below the file list are two buttons: "Add Additional Attachment" and "File Proof of Claim".

Note: Attached documents appear above the **Browse** box.

Note: To remove a document that you didn't intend to attach, select the document and click **Remove**.

When all documents are uploaded, click **File Proof of Claim**. You cannot make any changes to your claim once you click this button.

Filing a Proof of Claim

Proof of Claim Form - Windows Internet Explorer

https://ecf-test.insb.uscourts.gov/cgi-bin/autoFilingClaims.pl

File Edit View Favorites Tools Help

Proof of Claim Form

United States Bankruptcy Court Southern District of Indiana [TEST]

Successful verification ...

Your claim was successfully filed in case number 05-80001.
Your claim number is 5.

Open in new window: Click [5](#) to view/print your filed claim.

*Note: Any attachment(s) added will **NOT** be available to view/print unless you have a Pacer account.*

[File additional claims](#)

To view the filed claim, click the **blue** claim number.

Done Internet 100%

Filing a Proof of Claim

CM/ECF TEST - U.S. Bankruptcy Court:insb - Windows Internet Explorer

https://ecf-test.insb.uscourts.gov/doc2/0720183249?claim_doc_seq=&pdf_header=&magic_num=64359722&claim_num=5&claim_id=1

File Edit View Favorites Tools Help

CM/ECF TEST - U.S. Bankruptcy Court:insb

Signature field(s) detected. Open Sign Pane

Case 05-80001-FJO-7 Claim 5 Filed 05/16/13 Pg 1 of 2

B19 (Official Form 19) (12/12)		PROOF OF CLAIM
UNITED STATES BANKRUPTCY COURT Southern District of Indiana [TEST]		FILED U.S. Bankruptcy Court Southern District of Indiana [TEST] 5/16/2013 Kevin P. Dempsey, Clerk COURT USE ONLY
Name of Debtor: William Porterhouse Aurabaha Porterhouse	Case Number: 05-80001	<input type="checkbox"/> Check this box if this claim secures a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
<small>NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): ABC Creditor		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where notices should be sent: ABC Creditor Main Street Evansville, IN 47711		
Telephone number: _____ email: _____		
Name and address where payment should be sent (if different from above):		
Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>500</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: _____ (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniforms Claims Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required related documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>500</u>
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507(a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).
<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(9) - \$ _____
*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

This is your verification that your claim was filed. Print and save this page.

Done Internet 100%