

## 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 \_\_\_\_\_

My attorney's phone number \_\_\_\_\_ Bankruptcy case# \_\_\_\_\_

My attorney's email address \_\_\_\_\_ My attorney's fax number \_\_\_\_\_

My Judicial District is:  Northern Ohio  Southern Ohio  Eastern Michigan  Western Michigan  
 Northern Florida  Central Florida  Southern Florida

\_\_\_ 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 or have a notary notarize your signature.

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 emailed directly to my attorney.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Attorney's signature (or notary below)

\_\_\_\_\_  
Date

\_\_\_\_\_  
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) Notary Public (print or stamp name of notary) (signature)

Personally known \_\_\_\_\_  
Or Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_