

# **Electronic Proofs of Claim (ePOC)**

Created 6/5/13

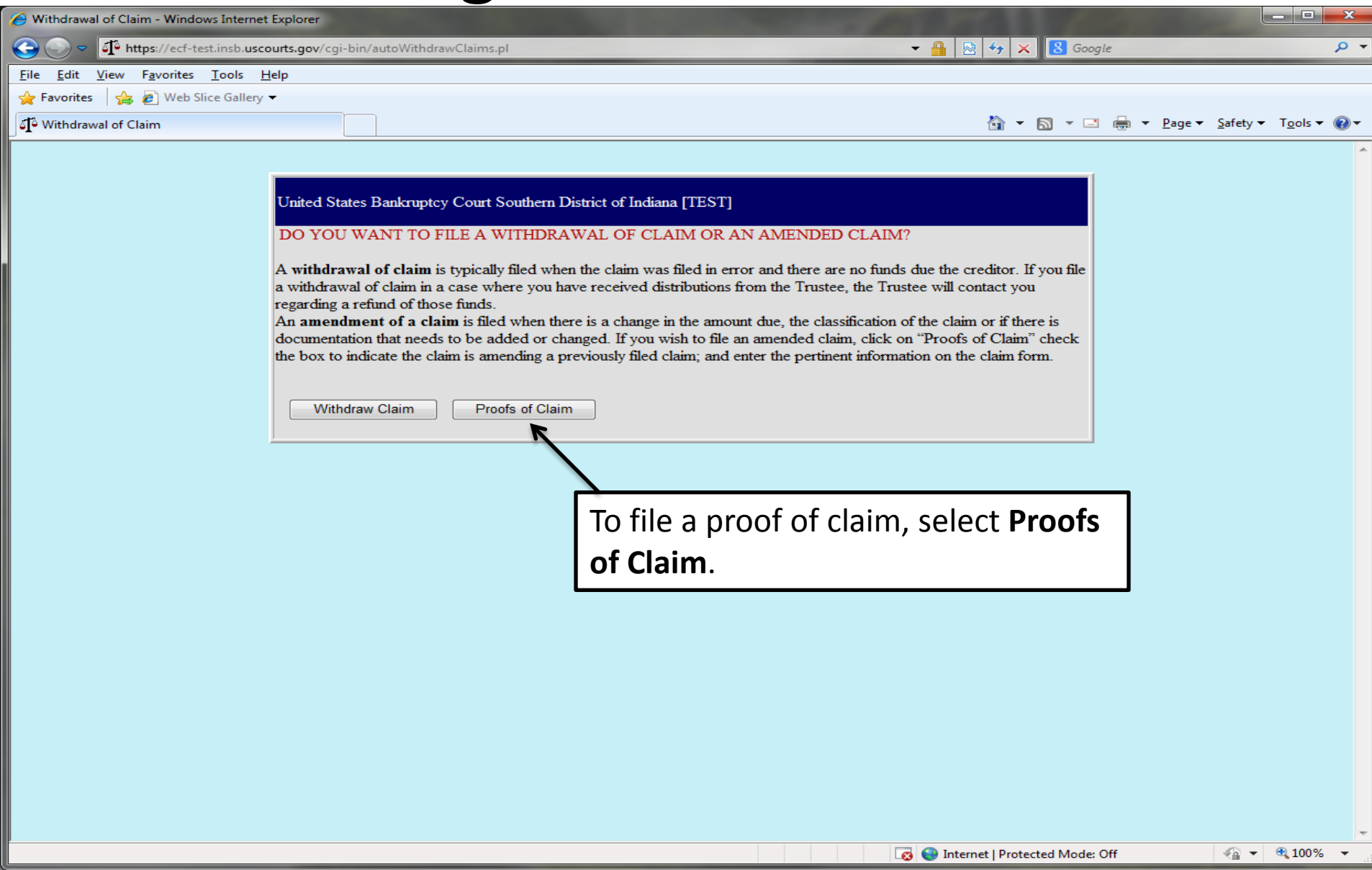
Updated 9/10/13

# Why ePOC?

ePOC allows users to:

1. File proofs of claim
2. Amend proofs of claim

# Filing a Proof of Claim



Withdrawal of Claim - Windows Internet Explorer

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

File Edit View Favorites Tools Help

Withdrawal of Claim

United States Bankruptcy Court Southern District of Indiana [TEST]

**DO YOU WANT TO FILE A WITHDRAWAL OF CLAIM OR AN AMENDED CLAIM?**

A **withdrawal of claim** is typically filed when the claim was filed in error and there are no funds due the creditor. If you file a withdrawal of claim in a case where you have received distributions from the Trustee, the Trustee will contact you regarding a refund of those funds.

An **amendment of a claim** is filed when there is a change in the amount due, the classification of the claim or if there is documentation that needs to be added or changed. If you wish to file an amended claim, click on "Proofs of Claim" check the box to indicate the claim is amending a previously filed claim; and enter the pertinent information on the claim form.

Withdraw Claim Proofs of Claim

To file a proof of claim, select **Proofs of Claim**.

Internet | Protected Mode: Off 100%

# 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]

**File Claim**

Case Number

Name of **C**reditor

Filed by

**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.

NOTE: This form should not be used to make a claim for an administrative expense arising after a "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Recent security enhancements require Internet Explorer 8 or the latest Chrome/Firefox

Internet 100%

Enter **Case Number** and **Name of Creditor** filing the claim.

Check the redaction compliance box and select who the claim is being filed by from the drop down box (Creditor, Creditor's Attorney, Debtor, Debtor's Attorney, or Trustee). Then, click **Next**.

# 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]

**Select Creditor**

ABC Creditor  
1 Main  
T

Creditor not listed

If your address is listed on the case, click the radio button next to it. If not, click **Creditor not listed**.

Done Internet 100%

# 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]

Debtor \*\* William Porterhouse  
Joint Debtor Annabelle Porterhouse  
Case Number 05-80001

Name of Creditor ABC Creditor

Address where notices should be sent

(City, State, Zip)

Telephone Number:

Email:

Payment Address differs from Notice 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: [dropdown]  
Filed on: [dropdown] [dropdown] [dropdown]

1. Amount of Claim as of Date Case Filed: [input]  
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  
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.

Next, a fillable Proof of Claim form will be displayed. Required fields are name of creditor, address, amount of claim, box for relationship to case (Section 8), signature, and verification code.

If you are amending a claim, check the appropriate box and select the **Court Claim Number** from the drop down.

Additional required fields include telephone number and email.

# Filing a Proof of Claim

If supporting documents are to be attached, click Yes here. **\*Note\*** a PDF version of the Proof of Claim form does not need to be attached. ePOC will automatically generate one.

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

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

Signature\*  \*Print name (required)

Title

Telephone number (if different from notice address above):

Enter Verification Code (code is all numbers)

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

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

In order to complete filing, click the appropriate radio button showing the relationship to case and type name in the signature box

Use the 4-digit verification code displayed on your screen as your verification code and retype it into the Enter Verification Code box.

# Filing a Proof of Claim

United States Bankruptcy Court Southern District of Indiana [TEST]

**SUPPORTING DOCUMENTATION** (files should be limited to 5 Mb in size.)

To add an attachment, click **Browse** to search for the appropriate document. Afterwards, click **Add Attachment**. All attached documents must be in PDF format.



# 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]

**SUPPORTING DOCUMENTATION** (files should be limited to 5 Mb in size.)

poc.pdf Remove

Browse...

Add Additional Attachment File Proof of Claim

Attached documents appear above the **Browse** box. To remove a document, select the document and click **Remove**. When all attachments are uploaded, click **File Proof of Claim** to continue.

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# Filing a Proof of Claim

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.

# 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

**B10 (Official Form 10) (12/13)**

<b>UNITED STATES BANKRUPTCY COURT Southern District of Indiana [TEST]</b>		<b>PROOF OF CLAIM</b>  <b>FILED</b> U.S. Bankruptcy Court Southern District of Indiana [TEST] 5/16/2013 Kevin P. Dempsey, Clerk COURT USE ONLY
Name of Debtor: William Purchouse Anaschita Purchouse Case Number: 05-80001		<input type="checkbox"/> Check this box if this claim exceeds a previously filed claim. Court Claim Number: _____ Filed on: _____
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.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>ABC Creditor</b> Name and address where notices should be sent: ABC Creditor Main Street Evansville, IN 47711 Telephone number: _____ email: _____		<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 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: _____ (See instruction #3a)	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim 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 <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 \$2,000* 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) _____.
*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)		

Done Internet 100%