

Dear Client,

Welcome to CCCS of New Jersey. Before your counseling appointment, please sign, complete and return the enclosed forms to us.

- 1.) Bankruptcy Counseling Waiver and Release (please initial and sign)
- 2.) Assets Worksheet (please complete and sign)
- 3.) CCCS of New Jersey Disclosure (please sign)
- 4.) Pre-filing Bankruptcy Privacy notice (please sign)
- 5.) General Information Worksheet (complete **BOTH** sides) (**DO NOT SEND CREDIT REPORT**)
- 6.) Please provide a copy of a recent paycheck stub or income verification.

The fee for the counseling session and certificate is **\$50 PER PERSON**.

3 WAYS TO RETURN YOUR COMPLETED FORMS WITH FEE:

1. Fax forms with a voided check (to debit your account) to 973-267-0484.
2. Mail forms with money order to address below.
3. Drop off forms with money order or cash at the address below.

Our business office: CCCS OF NEW JERSEY
185 Ridgedale Ave.
Cedar Knolls, NJ 07927-1812

These forms and income verification MUST be completed, signed, and returned to us before we can schedule your counseling appointment in order to obtain your Certificate of Credit Counseling. If the forms are incomplete, we cannot proceed with the counseling session and you will not obtain your certificate.

Once we receive your forms, **we will call you** to schedule a phone counseling appointment.

Please call us with any questions. We look forward to working with you.

Sincerely,

Consumer Credit Counseling Service of New Jersey

Please keep in mind that we also provide debtor education, which is also required by the U.S. Trustee before your bankruptcy can be finalized. We offer this course online. You can get more information by clicking on the *Money In Motion* icon on our website at www.cccsnj.org. Register by calling our business office at 888-726-3260.

**Consumer Credit Counseling Service of New Jersey
Bankruptcy Counseling Waiver and Release**

Please *initial* the following releases (#1-3) after reviewing the statements. **If married and spouse is also filing, BOTH must initial. You MUST initial Release #1.** However, you MAY initial Release #2 and #3 if you authorize CCCS to disclose your information to your attorney and/or you request CCCS send your Credit Counseling Certificate directly to your attorney. Please provide the attorney's name and address if you agree to Release #2 and #3.

1. ____ Client understands that CCCS' budget analysis of Client's income/expenses **may differ** from a bankruptcy attorney's budget analysis.

2. ____ Client consents to any employee of CCCS sharing information regarding client's counseling session with Client's attorney or law firm staff.

3. ____ Client requests that ORIGINAL Credit Counseling Certificate and Debt Management Plan (if offered by CCCS Counselor) will be **MAILED, E-MAILED or FAXED (please circle option desired)** directly to Client's attorney/law firm.

My/our attorney:

name _____

address _____

fax _____

The client(s) hereby agrees to hold CCCS, its employees, officers, directors and agents harmless from any claim, suit, action, or demand made by any creditors or attorneys in connection with any services rendered by CCCS to the client(s).

Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. sec. 101 et seq.

CCCS agrees that all information in the client(s) file will be otherwise kept confidential and used only for legitimate business purposes under the Fair Credit Reporting Act

Client Signature

Date

Client Signature

Date

Assets Worksheet

Cash and Cash Equivalents	Value
Checking account #1	
Checking account #2	
Savings account #1	
Savings account #2	
Certificates of Deposit	
Other	
Investments (non-retirement)	
Mutual Funds (total)	
Stocks (total)	
Bonds (total)	
Retirement Funds	
IRAs (total)	
401(k) (total)	
403(b) (total)	
SEP/SIMPLE (total)	
Company Retirement Plans (vested)	
Real/Personal Property	
Home (current market value)	
Land	
Auto #1 (current market value)	
Auto #2 (current market value)	
RV/Plane/ATV	
RV/Plane/ATV	
Other Personal Property	
Household Goods	
Furniture	
Jewelry	
Computers	
Home Entertainment Centers	
Tools	
Valuable Collections	
Total Assets	

Client: _____

Date: _____

Client: _____

Date: _____

CCCS of New Jersey Disclosure for Pre-Filing Bankruptcy Counseling

Welcome! We understand that you are seeking counseling because you are experiencing financial problems, and that you may be considering filing for bankruptcy and are required to receive "counseling" before you may file.

This agency has over 27 years of experience of helping people with financial problems. Our role is not to be judgmental, but to provide assistance. Specifically, we will do a budget analysis that will examine your financial situation, discuss the factors that may be the cause of your problems, and explore your options for developing a reasonable plan for dealing with them. We will provide you with information about bankruptcy, including its process and possible consequences. We will also consider alternatives to bankruptcy to resolve your problems. It is our view that the purpose of this session is to provide you with information so that YOU may chose the option that you think is best. At the conclusion of this session, you will be provided with a certificate that you will need should you decide to file for bankruptcy. The certificate is valid for up to 180 days after the counseling session.

This agency is a member of the National Foundation for Credit Counseling ("NFCC"). The NFCC has high standards for quality credit counseling and financial education, and this agency complies with those standards. In addition, this agency is accredited by the Council on Accreditation, an independent third-party organization that reviews and monitors entities that provide social services. We are a non-profit agency, organized in accordance with Section 501(c)(3) of the IRS Code.

The consumer credit counselor conducting or supervising this session has been trained and certified in accordance with the NFCC standards, and while he/she has expertise in helping those with financial problems, he/she cannot provide you with legal advice. In fact, this session is designed to provide you with information and alternatives; it is not intended to take the place of a consultation with an attorney to explore your legal rights and options.

This agency also receives funding in the form of grants from Housing and Urban Development (HUD), Citibank, The IOLTA Fund of the Bar of New Jersey and many others. A significant portion of funding for this agency comes from voluntary contributions from creditors who participate in debt repayment programs. Since creditors have a financial interest in having debts repaid, many are willing to make a contribution to help fund the overall services of this agency. These contributions are usually calculated as a percentage of payments that are made through a debt repayment program.

CCCS does not pay or receive fees for the referral of its clients to or by this CCCS.

In order to assist you, it is essential that you provide us with information that is as accurate and complete as possible. For that reason, we may ask you to authorize us to access your credit history. Rest assured that the information concerning your financial condition and status that you provide during this session is strictly confidential. Such information would include, but is not limited to, income, debts, credit accounts, earnings, assets, and employment data. We will not disclose any such information that you provide orally or in writing to anyone, except as authorized by you in writing or as required by law, such as in response to a subpoena. We may compile data and aggregate information that you give us, but this information will not be disclosed in any manner that would personally identify you. This agency will not disclose or provide any information about this session to a credit-reporting agency. Should you decide to enter into a debt repayment program (which will be explained in the course of this session) you will be provided with separate agreement and disclosure forms. Know that enrolling in the debt repayment program administered by CCCS may damage a your credit rating for up to 7 years and bankruptcy will stay on your credit report for 10 years.

To help cover the cost of providing this session to you, this agency charges a fee of **\$50 per individual (checks or money orders will be accepted.)** Fees are waived if you are filing through your county legal services or your income is at or below Federal Poverty Level guidelines. In any case, services will not be withheld due to a client's inability to pay.

I have read and understand the disclosures made above.

Signature: _____ **Printed Name:** _____ **Date:** _____

Signature: _____ **Printed Name:** _____ **Date:** _____

CONSUMER CREDIT COUNSELING SERVICE OF NEW JERSEY, INC.

PRE-FILING BANKRUPTCY PRIVACY NOTICE

PRIVACY POLICY: Our agency is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “personal financial information”, such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to your attorney or law firm with your specific authorization. We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregate data in all circumstances.

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST OR when our staff has been served by a valid subpoena.**

The following **PRIVACY PRACTICES** detail circumstances under which we will release your information to a third party:

1. We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as permitted by law.
2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to attorneys or law firms that you have authorized who need this information in order for us to assist you after a counseling session.
4. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic information.
5. We collect nonpublic personal information about you from the following sources:
 - Information we received from you on our applications or other forms you provide;
 - Information about your transactions with us, your creditors, or others; and
 - Information we receive from a credit reporting agency.
6. We may disclose, if applicable, the following kinds of nonpublic personal information about you:
 - Information we receive from you on applications or other forms, such as your name, address, social security number, assets, and income;
 - Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
 - Information we receive from a credit reporting agency, such as your credit history.

RELEASE: I hereby authorize this Credit Counseling Agency to release all non-public information it obtains about me to my attorney or law firm staff to resolve the matter(s) discussed during my counseling session.

I further **RELEASE** and authorize my attorney or law firm to provide non-public information about me to this Credit Counseling Agency.

Client _____ Date _____

Client _____ Date _____

**CONSUMER CREDIT COUNSELING
SERVICE OF NEW JERSEY, INC.**

MAILING ADDRESS: 185 RIDGEDALE AVE.

CEDAR KNOLLS, NJ 07927-1812

TELEPHONE: (973) 267-4324
(888) 726-3260

FAX: (973) 267-0484

PLEASE CHECK YOUR CHOICE:

IN-PERSON COUNSELING

COUNSELING BY PHONE

DAY NIGHT

LAST NAME (PLEASE PRINT)

FIRST NAME

CLIENT 1

CLIENT 2

ADDRESS

NUMBER IN
HOUSEHOLD

SINGLE
MARRIED

CITY

STATE

ZIP

HOME PHONE #:

WORK PHONE#

CLIENT 1 \$ TAKE HOME PAY WEEKLY MONTHLY BI-WEEKLY SEMI-MONTHLY

CLIENT 2 \$

OTHER INCOME SOURCE OF OTHER INCOME WEEKLY MONTHLY YEARLY

EXPENSES

WEEKLY

MONTHLY

HOUSING

Rent or Mortgage

Oil

Gas

Electricity

Telephone

FOOD

Groceries

Lunches (Work & School)

TRANSPORTATION

Car Payments

Gasoline/Oil

Insurance

INSURANCE

Life (Whole/Term)

MEDICAL

Insurance (hospital/Medical)

Doctor//Therapist/Optomtrist

Dentist

Prescriptions/Medications

CLOTHING FOR ENTIRE FAMILY

EDUCATION (TUITION)

PERSONAL

Alimony & Child Support

Baby Sitter/Day Care

Entertainment

Gifts (Birthdays, Holidays)

Pet Care

Other

