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Director

ADMINISTRATIVE OFFICE OF THE
UNITED STATES COURTS

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Associate Director

WASHINGTON, D.C. 20544

GLEN K. PALMAN
Chief
Bankruptcy Court
Administration Division

February 4, 2000

MEMORANDUM TO PETER G. McCABE

SUBJECT: Form B10 Modification

The Bankruptcy Court Administration Division has received the attached correspondence from Kenneth Hirz, bankruptcy clerk for the Northern District of Ohio, in which he is recommending a change to Official Bankruptcy Form 10, Proof of Claim. I am providing this request to you for appropriate follow-up in your capacity as Secretary of the Committee on Rules of Practice and Procedure.


GLEN K. PALMAN

Attachment

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO
KEY TOWER, ROOM 3001
127 PUBLIC SQUARE
CLEVELAND, OHIO 44114 -1309

cc: Glen

KENNETH J. HIRZ
CLERK OF COURT
TELEPHONE: 216-522-4373 x3036
FAX: 216-522-4082

January 10, 2000

Gary McCaffrey, Regional Administrator
Bankruptcy Court Administration Division
Administrative Office of the U.S. Courts
Federal Judiciary Building
1 Columbus Circle, N.E.
Washington, D.C. 20544

Re: Form B10 Modification

Dear Mr. McCaffrey:

It has come to my attention that the Proof of Claim, Official Form B10, does not provide a block for the unsecured creditor. After the unsecured creditor identifies the claim in block 4 as all creditors are required to do, there is only follow-up information for the Secured Claim (block 5) and the Unsecured Priority Claim (block 6). Occasionally, unsecured creditors are assuming their claim falls into one of the two remaining blocks and this error results in objections to claims which unnecessarily increase the cost of litigation to the debtor. It is also sometimes a problem for the unwilling attorney to continue in a case without further compensation.

Please refer this matter to the appropriate Judicial Conference Committee with a recommendation to add a block following block 4 for the Unsecured Creditor claim.

Attachment (1)

Sincerely,



Kenneth J. Hirz

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UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		PROOF OF CLAIM
Name of Debtor _____		Case Number _____
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): _____		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent: _____		
Telephone number: _____		
Account or other number by which creditor identifies debtor: _____		THIS SPACE IS FOR COURT USE ONLY
Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends		
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: _____		3. If court judgment, date obtained: _____
4. Total Amount of Claim at Time Case Filed: \$ _____ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> 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.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). — Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) — Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date _____	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): _____	
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.		

COMMITTEE ON RULES OF PRACTICE AND PROCEDURE
OF THE
JUDICIAL CONFERENCE OF THE UNITED STATES
WASHINGTON, D.C. 20544

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CRIMINAL RULES

MILTON I. SHADUR
EVIDENCE RULES

February 9, 2000

Honorable Kenneth J. Hirz
Clerk of Court
United States Bankruptcy Court for the
Northern District of Ohio
Key Tower, Room 3001
127 Public Square
Cleveland, Ohio 44114-1309

Dear Mr. Hirz:

Thank you for your suggestion to amend Official Bankruptcy Form 10. A copy of your letter will be sent to the chair and reporter of the Advisory Committee on Bankruptcy Rules for their consideration.

We welcome your comments and appreciate your interest in the rulemaking process.

Sincerely,



Peter G. McCabe

cc: Honorable Adrian G. Duplantier
Professor Jeffrey W. Morris