



## FILING A PROOF OF CLAIM CM/ECF 4.1 - Revised Procedure

### Revised Data Entry for Filing a Proof of Claim in Release 4

**Before.** Previously, after selecting a creditor name, the filer was prompted to enter dollar amounts for the unsecured, secured, and priority amounts of a claim. Using these amounts, the application automatically calculated the total. The screen looked like this:

#### BEFORE CM/ECF 4.1

Case Number: 11-00015		Amends Claim #: <input type="text"/> Find		
Last Date To File:		Date Filed: 07/24/2011		
Last Date To File(Govt):				
Amount Claimed				
Unsecured <input type="text"/>	Secured <input type="text"/>	Priority <input type="text"/>	Unknown <input type="text"/>	Total (Display Only) <input type="text"/>
Description: <input type="text"/>				
Remarks: <input type="text"/>				
Amend options: <input type="radio"/> Clear all Amounts				
Next Clear				

**Now.** The data entry screen has been changed to mirror the structure of Official Form (B10) – Proof of Claim, where the claimant starts in Box 1. by entering the total amount of the claim as of the date the case was filed. Amounts are entered separately for parts of the claim which are secured and/or entitled to priority. See page 2 of this material. In short, the filer must enter the total amount – it is no longer calculated automatically. And there is no field for entering an unsecured amount. The screen now looks like this:

#### CM/ECF 4.1

Case Number: 11-00046		Amends Claim #: <input type="text"/> Find	
Last Date To File: 10/27/2011		Date Filed: 07/24/2011	
Last Date To File(Govt):			
Claimed			
<b>Amount Claimed</b> <input type="text"/> <i>Enter the Total Amount of Claim as of Date Case Filed (incl. secured, priority, general unsecured &amp; unknown)</i>	<b>Secured</b> <input type="text"/> <i>If all or part of your claim is secured, enter the secured amount (Box 4 on claim)</i>	<b>Priority</b> <input type="text"/> <i>If all or part of your claim is entitled to priority, enter the priority amount (Box 5 on claim)</i>	
Description: <input type="text"/>			
Remarks: <input type="text"/>			
Amend options: <input type="radio"/> Clear all Amounts			
Next Clear			

**Amending a previously filed claim.** If amending a claim filed before installation of Release 4.1 with an unsecured amount, note that the Unsecured field will appear on the screen. However, it is “grayed out” and cannot be edited. Enter comments and explanations about the amended claim in the “Remarks” section.

Claimed			
Amount Claimed	Secured	Priority	Unsecured
100.00			100.00
<i>Enter the Total Amount of Claim as of Date Case Filed (incl. secured, priority, general unsecured &amp; unknown)</i>	<i>If all or part of your claim is secured, enter the secured amount (Box 4 on claim)</i>	<i>If all or part of your claim is entitled to priority, enter the priority amount (Box 5 on claim)</i>	

**Follow format of B10 claim form.** Filers should follow the current version of Official Form B10 in entering the amounts on the screen for filing claims in CM/ECF. If there are unliquidated amounts (no dollar figure), explain in the “Remarks” section on the CM/ECF screen.

B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT		District of Hawaii	PROOF OF CLAIM
Name of Debtor:		Case Number:	
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.			
Name of Creditor (the person or other entity to whom the debtor owes money or property):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent:		Court Claim Number: _____ (If known)	
Telephone number:		Filed on: _____	
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number:		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ _____		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.	
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.		Specify the priority of the claim.	
If all or part of your claim is entitled to priority, complete item 5.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).	
2. Basis for Claim: _____ (See instruction #2 on reverse side)		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).	
3. Last four digits of any number by which creditor identifies debtor: _____		<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).	
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side)		<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.		<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____).	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		Amount entitled to priority: \$ _____	
Describe: _____		*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.	
Value of Property: \$ _____ Annual Interest Rate _____ %			
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____			
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)			
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.			
If the documents are not available, please explain:			
Date: _____	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		FOR COURT USE ONLY

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.