



Affidavit for Bankruptcy Education

My full legal name is _____
(First) (Middle) (Last)

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 is _____

My attorney's phone number is _____ Bankruptcy Case # _____

My attorney's email address is _____

My Judicial District is: Ohio, Northern Ohio, Southern

___ In person registration: State of 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.** If you do not have an attorney, you must 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 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 _____
Produced Identification _____
Type of Identification Produced _____