



YourBankruptcyPartner.com

1850 South 72nd Street
Omaha, NE 68124-1705

(800) 625.7725

Fax: (402) 393-1579

www.yourbankruptcypartner.com

www.ybpcert.com

Fee Waiver Request Form

Please fill out this approval form to create an account with YourBankruptcyPartner.com, Credit Advisors Foundation (Pre-Filing Credit Counseling), and Arbor Investments (Post-Filing Debtor Education). We will review your information and let you know if you are eligible for a fee waiver based on the information you provide below and your current household income.

Client's Name: _____ Last 4 of SSN: _____

Spouse's Name: _____ Last 4 of SSN: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email Address: _____

Attorney's Name: _____ Phone: _____

Attorney's Email: _____ Fax: _____

Delivery preference for client certificate delivery: Email / Fax / Mail _____

I am requesting a fee waiver for: _____ Credit Counseling (Pre-Filing) _____ Debtor Education (Post-Filing)

How many people are currently living within your household? _____

What is your total household income before taxes? \$ _____, _____ Monthly / _____ Yearly

Did you receive a waiver for the bankruptcy court filing fee? ___Yes___ No Filing Chapter: ___7___ 13___ 11

Is Attorney working on your case Pro Bono? ___Yes___ No Creditors currently garnishing your wages? ___Yes___ No

What is the reason for your financial hardship? _____

Please submit the following documents for review: This Fee Waiver form and Schedule I (if prepared) or Proof of Income such as 1 month pay, unemployment, or disability stubs.

Return the required documents to us by one of the following methods and you will be contacted within 1-2 business days with the results of your request.

Email: feewaiver@yourbankruptcypartner.com

Fax: 402.393.1579

Mail: Credit Advisors, Bankruptcy Dept, 1850 S. 72nd St., Omaha, NE 68124

I hereby affirm that the information being provided to Credit Advisors Foundation and Arbor Investments is complete and accurate. I understand that the information provided above may be required to be verified by Credit Advisors Foundation and Arbor investments. I authorize the investigation of all statements contained in this application as may be necessary in arriving at a decision on this application.

Attorney or Client's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____