ePOC Filing Guide (with ePOC screen shots and explanations)

United States Bankruptcy Court Central District of California				
File Claim				
Case Number 14-07511 Case number format: yy-nnnnn.				
Name of Creditor AT&T Search for a creditor: Enter a creditor's name or leave blank to see all creditors/create a creditor. Filed by Creditor Select filer type.				
IMPORTANT NOTICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security or taxpayer-identification numbers; dates of birth; names of minor children; and financial account numbers, in compliance with Fed. R. Bankr. P. 9037. This requirement applies to all documents, including attachments.				
Next				
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.				
Recent security enhancements require Internet Explorer 8 or the latest Chrome/Firefox web browser				



ebt	or **	Shawn Baker		
	e Number	14-07511	Please, ve	erify case name and number.
	e Number	14-0/511		
am	e of Creditor	Department of Wat		bu selected "creditor not listed", creditor ne and address will be blank, please er
dd	ess where notices	1271 Los Angeles St		·····,
sho	uld be sent	Los Angeles, CA 90		ected a creditor, the creditors' name and
			and addre	vill be here. NOTE: The creditor's names must be exact. Example: Chase B
	bhone Number:			Norgan Chase Auto Leasing. If the creat ot exact, go back and click "Creditor no
ma	1:		Listed"; cr	reate a new creditor record.
			vment should go to an	address different from the creditor's
1 F	ayment Address differs from Not			ter the payment address.
	Check this box to indicate that the	is claim <mark>amends</mark>		eck box if you are aware that anyone
	a previously filed claim.	Did you previously file		e has filed a proof of claim relating your claim. Attach copy of statement
	Court Claim Number:	and now need to ame First, check this box t		ring particulars.
	Filed on: ,	the Claim Number.		
	Amount of Claim as of Date C If all or part of your claim is secured, o If all or part of your claim is entitled to Check this box if claim includes interes of all interest or additional charges.	complete item 4 below; howe o priority, complete item 5. st or other charges in addition	n to the principal amo	ount of the claim. Attach itemized stat
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	Basis for perfection: Amount of Secured Claim: \$	←		
5.	Amount of Claim Entitled to Pr	ority under 11 U.S.C.	. §507(a): \$	<u> </u>
	If any portion of your claim falls in one o	f the following categories, c	check the box and	state the amount. These two fields are tied. If you enter an
	Specify the priority of the claim: Domestic support obligations under	er 11 U.S.C. § 507(a)(1)(A)	or (a)(1)(B).	Amount of Claim Entitled to Priority, please make a selection from Specify th priority of the claim. The reverse is true
	 Wages, salaries, or commissions of business ceased, whichever is ear Contributions to an employee benefities 	lier - 11 U.S.C. § 507(a)(4).		fore the case was filed or the debtor's
	Up to \$2,775* of deposits toward 11 U.S.C. § 507(a)(7).	purchase, lease, or rental of	f property or serv	ices for personal, family, or household use -
	Taxes or penalties owed to govern	mental units - 11 U.S.C. § 5	07(a)(8).	
	Other - Specify subsection of 11 U) that appli	
	*Amounts are subject to adjustment on 4/0	11/19 and every 3 years thereafter	with respect to cases	commenced on or after the date of adjustment.
6.	Credits: The amount of all payments or <i>instruction #6</i>)	n this claim has been credite	ed for the purpose	e of making this proof of claim. (<u>See</u>
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Proof of Claim Form

Signature* Title		*Print name (required)	
Company			
Address ar	nd telephone nu	mber (if different from notice address above): < Address and phone number of the claim filer for any future contact.	
	(Code)	Enter Verification Code (required)	
Submit Claim	Clear Form	(** Verify debtor name(s) prior to submitting claim to be filed.)	÷
Penalty for p	presenting fram	dulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571.	 h.

United States Bankruptcy Court Centra	l District of California
SUPPORTING DOCUMENTATION Browse No file selected.	(files should be limited to 7.0 Mb in size.) You have reached this screen because you selected 'Yes' to attach supporting documents. Browse and attach your supporting document. Do not attach Form B10 - Proof of Claim. After you add your first attachment, you will be given the opportunity to add additional attachments or remove an attachment.
Add Attachment File Proof of Claim	When you are done adding attachments, click File Proof of Claim.

United States Bankruptcy Court Central District of California
Successful verification Congratulation! You have successfully filed a proof of claim.
Processing
Your claim was successfully filed in case number 14-07511. Your claim number is 40. Open in new window: Click <u>40</u> to view/print your filed claim.
Note: Any attachment(s) added will NOT be available to view/print unless you have a Pacer account.
File additional claims Click this link if you have more claims to file.