

Mark this box if this form contains Restricted Information.



**CIRCUIT COURT FOR** \_\_\_\_\_, **MARYLAND**

City/County

Located at \_\_\_\_\_ Case No. \_\_\_\_\_  
Court Address

Debtor: \_\_\_\_\_

**PROOF OF CLAIM  
(Md. Rule 13-401(c))**

If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.

Read the instructions before filling out this form. This form is for making a claim for payment of pre-petition claims. Do not use this form to make a request for payment of an administrative expense.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached 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. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice that you received regarding the commencement of this case.

**Part 1: Identify the Claim**

1. Who is the current creditor?	_____ Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has the claim been acquired from someone else?	<input type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Name _____	Name _____
	Number _____ Street _____	Number _____ Street _____
	City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
	Contact phone _____	Contact phone _____
	Contact e-mail _____	Contact e-mail _____
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6.	<b>Do you have any number you use to identify the debtor?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes. Last four (4) digits of the debtor's account or any number you use to identify the debtor _____	
7.	<b>How much is the claim?</b>	\$ _____	<b>Does this amount include interest or other charges?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges
8.	<b>What is the basis of the claim?</b>	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim. Limit disclosing information that is entitled to privacy, such as health care information.  _____	
9.	<b>Is all or part of this claim secured?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate. <input type="checkbox"/> Motor vehicle. <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ <div style="text-align: right; margin-right: 100px;">(The sum of the secured and unsecured amounts should match the amount in line 7.)</div> <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	<b>Is this claim based on a lease?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____	
11.	<b>Is this claim subject to a right of setoff?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

<p><b>12. Is all or part of the claim entitled to priority?</b></p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes. Check one:</p>	<p><b>Amount entitled to priority</b></p>
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p>(1) Wages of an employee and health, welfare, and pension contributions contracted for in place of wages, earned not more than three (3) months before the assignment or institution of the insolvency proceeding;</p> <p>(2) Lien claims of the State, a county, municipal corporation, or other political subdivision of the State perfected or recorded before the assignment or institution of the insolvency proceeding, and claims of persons having judicial liens on property of the insolvent recorded more than four (4) months before the assignment or institution of the insolvency proceeding;</p> <p>(3) Unsecured claims of individuals, to the extent of \$900 for each individual, arising from the deposit, before the commencement of the case, of money in connection with the purchase, lease, or rental of property, or the purchase of services, for the personal, family, or household use of the individuals, that were not delivered or provided;</p> <p>(4) Rent for any interest in real property in the State due not more than three (3) months before the execution of the assignment or institution of the insolvency proceeding;</p> <p>(5) Charges in connection with the transportation of goods advanced by one common carrier to another on behalf of a consignor or consignee not more than three (3) months before the assignment or institution of the insolvency proceeding;</p> <p>(6) Taxes not included in paragraph (2) of this subsection; and</p> <p>(7) Other priority not listed above.</p>	<p>\$ _____</p>
	<p>Identify basis: .....</p>	<p>\$ _____</p>

**Part 3: Sign Below**

***Check the appropriate box:***

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the assignee, receiver, ebtor, or their authorized agent.
- I am a guarantor, surety, endorser, or other codebtor.

I understand that an authorized signature on this proof of claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of this document are true.

Executed on date \_\_\_\_\_  
MM / DD / YYYY

Signature \_\_\_\_\_

**Print the name of the person who is completing and signing this claim:**

Name \_\_\_\_\_  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_  
Number Street

City State Zip Code

Contact phone \_\_\_\_\_ E-mail \_\_\_\_\_