

1 Name, Address, Telephone No., Bar Number, Fax No. & E-mail address

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UNITED STATES BANKRUPTCY COURT

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DISTRICT OF NEVADA

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7 In re: (*Name of Debtor*)

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Chapter:

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Debtor(s)

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DEBTOR'S REQUEST FOR PERMANENT EXEMPTION FROM:

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CREDIT COUNSELING REQUIRED UNDER 11 U.S.C. § 109(h)(1)

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**PARTICIPATION IN FINANCIAL MANAGEMENT TRAINING COURSE
REQUIRED UNDER 11 U.S.C. §727(a)(11) OR 11 U.S.C. §1328(g)(1)**

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I, _____, Debtor, hereby request that the court enter an

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order that I be granted an exemption from attending:

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Credit Counseling and/or

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a financial management training course.

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My request is based on the following:

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I am unable to complete credit counseling and/or a financial management training course because of an incapacity, as defined by 11 U.S.C. § 109(h)(4). Pursuant to 11 U.S.C. § 109(h)(4), "incapacity means the debtor is impaired by reason of mental illness or mental deficiency so that he is incapable of realizing and making rational decisions with respect to his financial responsibilities" for the purposes of this paragraph.

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I am unable to complete credit counseling and/or a financial management training course because of a disability, as defined by 11 U.S.C. § 109(h)(4). Pursuant to 11 U.S.C. § 109(h)(4), "disability means the debtor is so physically impaired as to be unable, after reasonable effort, to participate in an in-person, telephone, or Internet briefing" of the required pre-petition credit counseling and/or financial management training course, for the purposes of this paragraph.

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I am unable to complete credit counseling and/or a financial management training course because I am a member of the _____ branch of the United

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States military on active duty and I am stationed in _____,
which is located in a military combat zone.

A detailed explanation setting forth the basis for my request has been provided in the
space below.

I have attached any documentation that I feel will support my request and assist the court
in making a determination on my request. I acknowledge that I understand that if my social
security number or names of any minor children appear in any attached documentation, that I
may redact or blackout all but the last four digits of the social security number and the names of
the minor children.

I declare under penalty of perjury that the foregoing is true and correct.

Date: _____

Signature of Debtor

Note: If a husband and wife are both requesting an exemption, a separate request form must be
filled out and signed by each of the individual debtors.