

Enter the case number

Enter the name of the Creditor filing the claim (or a portion of the name)

Select the party filing the claim using the drop down list

(i.e.: creditor, creditor attorney, debtor, debtor attorney or trustee)

Read the redaction notice and ensure that the information being filed complies.

Check the Redaction Box

Click "Next"

**United States Bankruptcy Court Western District of Michigan**

**File Claim**

Case Number

Name of Creditor

Filed by 

Creditor  
Creditor Attorney  
Debtor  
Debtor Attorney  
Trustee

**IMPO** **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.  
☒ I understand that, if I file, I must comply with the redaction rules. I have read this notice.

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

NOTE: If only a portion of the Creditor's name is entered in the "Name of Creditor" box, ePOC will pull all of the Creditors in the case that contain that specific information in their name. If no creditor matches that criteria, or your creditor does not appear, then select "Creditor not listed"

Verify the case information (Debtor name, case number and creditor name & address)

United States Bankruptcy Court Western District of Michigan	
Debtor **	EPOC Test Case
Case Number	70-01019
Name of Creditor	XYZ Corporation
Address where notices should be sent	123 Main St. My Town, MI 12345
Telephone Number:	<input type="text"/>
Email:	<input type="text"/>

If the payment address differs from the address where notices should be sent, simply check the box and you will then be prompted to input the payment address.  
(Please input both the name and address)

United States Bankruptcy Court Western District of Michigan		
<b>Select Creditor</b>		
<input checked="" type="radio"/> XYZ Corporation 123 Main St. My Town, MI 12345	<input type="radio"/> Xpress Oil Change 456 Main St. My Town, MI 12345	<input type="radio"/> Creditor not listed

Complete the Proof of Claim by entering all of the appropriate information that applies to your claim

If you are uncertain as to how to fill out a claim, there are links on the form which will direct you to the official instructions.

**Attachments:**

- Necessary documentation can be attached to the Proof of Claim after the information for the form is submitted.
- Attachments to the Proof of Claim are required to be PDF files.
- Attachments to the Proof of Claim are NOT to exceed 10 Mb in size.
- Multiple attachments to the Proof of Claim are permitted.

Do you wish to attach supporting documentation? ☒ Yes ☐ No

You may also attach supporting documents by selecting “Yes” radio button in the [blue Attachments](#) field.

☒ Payment Address differs from Notice Address

Address where payments should be sent

(City, State, Zip)

Telephone Number:

Email:

XYZ Corporation  
PO Box 1  
  
My Town MI 12345 -

When all information is completed, check the appropriate box in the Signature field and complete the signature by typing in your name along with title & company (if applicable) and enter the Verification Code

If a required field is not completed, the following message will be displayed. Click the “OK” button and the cursor will appear in the field that is missing information

If you are attaching supporting documentation to the claim, you will be presented with a browse screen after clicking “Submit Claim”.

Click Browse and navigate to the location where the pdf is saved. Highlight the file and right-click to open and verify that the correct pdf is selected. (Please ensure that the document has been properly redacted) If correct, double-click or select open, this will place the path of

**8. Signature** *(See instruction #8)*

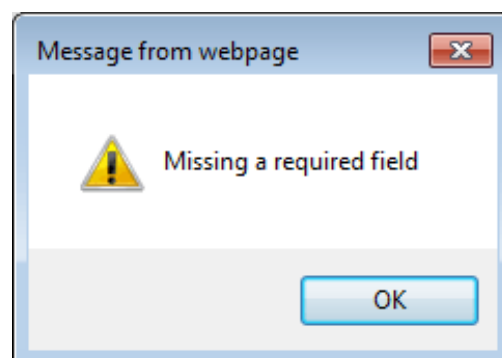
Check the appropriate box.

<input type="checkbox"/> I am the creditor.	<input checked="" type="checkbox"/> I am the creditor's authorized agent.	<input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)	<input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
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I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Signature	<input type="text" value="John Doe"/>	*Print name (required)
Title	<input type="text" value="President"/>	
Company	<input type="text" value="XYZ Corporation"/>	

the document in ePOC. Select “Add Attachment”. If you have more than one attachment, simply repeat this process by selecting “Add Additional Attachment”; otherwise, select “File Proof of Claim)



**Please Note:** The claim is not filed until you select “File Proof of Claim”. If you are not certain that the correct information was entered, you can go back by simply clicking on the back arrow button located at the top-left of the screen. You can also stop this process at any time prior to selecting “File Proof of Claim” by closing out the module in your browser, however, all of your information will be lost and will need to be re-entered.

United States Bankruptcy Court Western District of Michigan

**SUPPORTING DOCUMENTATION** (files should be limited to 10 Mb in size.)

Browse...

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Add Attachment File Proof of Claim