## Russell C. Simon Chapter 13 Standing Trustee

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June 5, 2015

Committee on Rules of
Practice and Procedure
Administrative Office of the
United States Courts
One Columbus Circle NE
Washington, D.C. 20544

Re: Proposed National Change of Address Form

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Dear Committee Members:

As co-chair of the mortgage committee of the National Association of Chapter 13 Trustees ("NACTT"), I am submitting the attached Notice of Change of Address form for your consideration.

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In today's rapidly changing economy, it is not uncommon for companies and individuals to relocate over the years. Chapter 13 Trustees disburse billions of dollars to creditors each year and, as these cases can last up to 5 years, it is imperative that updated addresses are maintained at all times. It was with this backdrop that the attached form was created.

The members of the group responsible for this form consisted of Chapter 13 Trustees and members of the creditors' bar and was co-chaired by William M. Bonney (Chapter 13 Trustee) and Sherrie Emerson (Senior Director – Resurgent Capital Services). It was the Committee's consensus that having a uniform method by which creditors and parties in interest can change their mailing address – for both payments and notices – would not only increase efficiency but also reduce costs. Further, we believe that implementing a single method by which these changes can be effectuated will also operate to reduce the monies that Chapter 13 Trustees tender into their respective Court registries due to bad addresses.

Committee on Rules of Practice and Procedure June 5, 2015 Page 2

Thank you, Committee Members, for your consideration of our Change of Address form. Should you have any questions, please do not hesitate to contact me.

Very truly yours,

Russell C. Simon Chapter 13 Trustee

enclosure

| ame of Debtor:   | Case Number:                         |   |
|--|--------------------------------------|---|
|  |                                      |   |
|  |                                      |   |
| lame of Creditor:  |                                      |   |
|  |                                      |   |
| Name and Address where notices should b  | pe sent:                             | COURT USE ONLY  Check this box if this is a change in the address where Notices                             |
| valle and / todaess will also seems a  |                                      | should be sent.   |
| Felephone Number: ema  | il:                                  |   |
| Name and address where trustee payments should be sent (if different from above):                                    |                                      | ☐ Check this box if this is a change in the address where payment from the Trustee's Office should be sent. |
| Telephone Number ema   | п.                                   |   |
| receptione (value)   |                                      | ☐ Check this box if the account number has changed.   |
| 1. Account Number:   |                                      |   |
| 2. Unique Claim Identifier:  |                                      |   |
| 3. Original Amount of Claim: \$  |                                      |   |
| 4. Court Claim Number:   |                                      |   |
| 5. Signature:  |                                      |   |
| Check the appropriate box.   I am the creditor.  |                                      |   |
| ☐ I am the attorney for the creditor.<br>☐ I am the creditor's authorized ager<br>☐ I am the trustee, or the debtor. |                                      | ey, if any.)  |
| ☐ I am a guarantor, surety, indorser,  |                                      |   |
| I declare under penalty of perjury tha information, and reasonable belief.   | t the information provided in this c | claim is true and correct to the best of my knowledge,  |
| Print Name:  |                                      |   |
| Title:   |                                      |   |
| Company:   |                                      |   |
| (Signature)  | (Date)                               |   |
|  |                                      |   |

## INSTRUCTIONS FOR CHANGE OF ADDRESS FORM

These instructions are intended to accompany the proposed change of address form submitted to the Rules Committee for consideration. This form is intended to be a Supplemental Form to the Proof of Claim (Official Form B10). Creditors, their employees or agents are permitted to file this claim. It must be signed by an authorized representative but not necessarily by the same person or agent that signed the original proof of claim. This form can be used by any creditor to change the address for Notices or the address for Payments or both, it may NOT be used as a substitute for a Transfer of Claim or as a way to avoid filing a Transfer of Claim and paying the appropriate fee.

Court, Name of Debtor, and Case Number: Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Name and Address where Notices should be sent: Fill in the name of the person or entity and the name and address of the person or entity who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g). This is the name of the entity and address where the Creditor wants all notices related to the claim to be sent. Be sure to include the telephone number and email where parties in interest can reasonably contact the creditor (or creditor's agent) for Notices.

Check this box if this is a change in the Notice Address: Check this box if this is a change in the address where the creditor wants Notices related to the claim to be sent.

Name and Address where Payments should be sent: Fill in the name of the person or entity and the name and address of the person or entity who should receive payments issued during the bankruptcy case. A separate space is provided for the notice address if it differs from the payment address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g). This is the name of the entity and address where the Creditor wants all payments related to the claim to be sent. Be sure to include the telephone number and email where parties in interest can reasonably contact the creditor (or creditor's agent) for Notices.

Check this box if this is a change in the Payment Address: Check this box if this is a change in the address where the creditor wants Payments on the claim to be sent.

- Account number: Indicate the account number to be used to identify the debt. If the account number has changed then the new account number should be listed and the box indicating the change should be checked.
- Unique Claim Identifier: If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.
- 3. Amount of Claim: This should be the original amount of the claim. It is intended to be used along with the Court Claim number by the Trustee and/or Clerk to insure that the Supplement was filed to the correct claim.
- 4. Court Claim number: This should be the claim number assigned by the Court. This along with the original amount of the claim is intended to be used by the Trustee and/or the Clerk to insure that the Supplement was filed to the correct claim.
- 5. Date and Signature: The individual completing this form must sign and date it. FRBP 9011. If the form is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and personal belief. Your signature is also a certification that the claim meets the requirements of FRPB 9011(b). Whether the claim is filed electronically or in person. If your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this form. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

## Suggested Committee Commentary:

This form should assist Creditors, Trustees and parties in interest by allowing creditors to quickly and easily change the address for Notices or Payments. If the address for Notices changes then the Court Clerk should change the creditors address on the Court Matrix by removing the existing address and substituting the new address. If only the Payment Address changes then the Court Clerk need not take any action but the Trustee in the case should change the address where she or he mails the payments.

This form is NOT intended to be a substitute for a Transfer of Claim. Where the beneficial ownership of the claim has changed then a Transfer of Claim is required.

Creditors should not use this form as a substitute for amendments and corrections to claims.

Comments by the NACTT Mortgage Committee to the Bankruptcy Rules Committee

The Mortgage Committee of the NACTT has developed this form for submission to the Bankruptcy Rules Committee. The Mortgage Committee believes that the form should be a Supplement to the Claim to permit changes and address for Notices or Payments. While the Committee

acknowledges that there may be other ways to accomplish the task of changing notice and payment addresses there does not appear to be any uniform method used by Courts across the Nation. Therefore a Uniform Procedure is desired. After careful consideration the Committee believes that a Supplement to the Claim Form would allow creditors or their agents to file this document with the same credentials as are used for filing a Proof of Claim. A Supplement would require the least amount of computer programming by all parties, its purpose would be clear and its simplicity allows for both quick cross-checking and automation of processes for handling changes to addresses.

The Committee believes that the form is appropriate for all types of creditors.

With slight alteration this Supplement to Claim form could also be used to change the name of a creditor who legally changes its name or is acquired by another entity or where there is a merger of two entities.