

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (TWIN FALLS)

PROOF OF CLAIM

Name of Debtor
Clinton Patrick Hinton
Holly Kay Hinton

Case Number
99-41638 13

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



Name of Creditor (The person or other entity to whom the debtor owes money or property):
Susan McFarland SCW
Name and Address where notices should be sent:

Susan McFarland SCW
Acct#: 798
488 Blue Lakes Blvd. N. 106
Twin Falls, ID 83301

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Telephone Number:

Account or other number by which creditor identifies debtor:
798

Check here if replaces amends a previously filed claim, dated _____

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other _____

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (fill out below)
Your SS #: _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 356.39

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- Real Estate Motor Vehicle
- Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

- Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- Up to \$ 1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

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RECEIVED
CLERK OF DISTRICT COURT
IDAHO
TWIN FALLS
OCT 19 11 51 AM '99

Date
10-13-99

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Debra Regier
Claims Director

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

SUSAN MCFARLAND, CSW

488 BLUE LAKES BLVD N 106
TWIN FALLS ID 83301
(208) 733-9399

HOLLY K HINTON
CLINTON HINTON
1006 4TH AVE EAST
JEROME ID 83338

Statement Date: 10/12/99
Account #: 798
Page No: 1

DATE	PATIENT	DESCRIPTION	PATIENT PAYMENT	MEDICARE PAYMENT	INSURANCE PAYMENT	ADJ	BALANCE
01/04/99	HOLLY	THERAPY 45-50 MINUTES	60.00	20.00			40.00
01/12/99	HOLLY	THERAPY 45-50 MINUTES	60.00	21.00			39.00
01/22/99	HOLLY	THERAPY 45-50 MINUTES	60.00				60.00
01/28/99	HOLLY	THERAPY 45-50 MINUTES	60.00				60.00
02/10/99	HOLLY	THERAPY 45-50 MINUTES	60.00				60.00
03/31/99	HOLLY	THERAPY 45-50 MINUTES	60.00		30.00		30.00
04/02/99	HOLLY	Finance Charge	1.19		30.00		30.00
04/30/99	HOLLY	Finance Charge	2.99				1.19
05/06/99	HOLLY	THERAPY 45-50 MINUTES	60.00				2.99
05/12/99	HOLLY	THERAPY 45-50 MINUTES	60.00		30.00		30.00
05/18/99	HOLLY	THERAPY 45-50 MINUTES	60.00		30.00		30.00
05/31/99	HOLLY	THERAPY 45-50 MINUTES	60.00		47.50		12.50
07/01/99	HOLLY	Finance Charge	2.99				2.99
07/01/99	HOLLY	Finance Charge	3.89				3.89
07/30/99	HOLLY	Finance Charge	3.89				3.89
08/06/99	HOLLY	THERAPY 45-50 MINUTES	60.00				3.89
08/23/99	HOLLY	Finance Charge	4.97		60.00		60.00
09/22/99	HOLLY	Finance Charge	4.97				4.97
							4.97

YOUR INSURANCE HAS PAID THEIR PORTION DUE. THE BALANCE IS DUE BY YOU.

CURRENT	30 DAYS	60 DAYS	90 DAYS	120+ DAYS	LAST PMT AMT	Account Balance	Insurance Pending	Please pay This Amount	
24.89	.00	.00	72.50	259.00	15.00	687.09	15.00		356.39

BILLING QUESTIONS AND PAYMENT ARRANGEMENTS: 1-208-733-9399
18% INTEREST IS ASSESSED ON BALANCES OVER 30 DAYS DUE
PAYMENT IS DUE BY THE 15TH OR CONTACT 'BILLING' FOR PAYMENT ARRANGEMENTS