

United States Bankruptcy Court
District of Idaho

Complete this form and mail to: U.S. Bankruptcy Court 550 W. Fort St. Boise, ID 83724

PROOF OF CLAIM
THIS SPACE IS FOR COURT USE ONLY
**UNITED STATES COURTS
DISTRICT OF IDAHO**

Name of Debtor:
COMMUNITY HOME HEALTH INC

Case Number:
98-02141

AUG 11 1998
M. REC'D
LODGED FILED

Chapter: _____ Trustee: _____
Proof of claim form and all supporting documents must be filed in **DUPLICATE** on Chapter 12 and 13 cases

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 U.S.C. §403.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
**PATRICIA A. SCOTT
950 N. 3rd E
MTN. HOME, IDAHO, 83647**

- 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.

Account or other number by which identifies debtor:
98-02141

Check here if this claim: Replaces Amends a previously filed claim dated: _____

- I. Basis for Claim
- Goods Sold
 - Retiree benefits as defined in 11 U.S.C. §1114(a)
 - Wages, Salaries and compensation:
 - Unpaid Compensation for services performed from _____

- Services Performed
 - Money Loaned
 - Personal Injury/Wrongful Death
 - Taxes
 - Other (please describe): _____
- Your Social Security Number: **518-41-3538**
(date) to _____ (date)

2. Date debt was incurred: **1st June - 25th June 98**

3. If court Judgment, date obtained: _____

4. SECURED CLAIM

- Check 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 the case was filed included in secured claim, if any: \$ _____

5. UNSECURED PRIORITY CLAIM

- Check box if you have an unsecured priority claim

Amount entitled to priority \$ **1497-32**

SPECIFY PRIORITY OF CLAIM:

- Wages, Salaries, or commissions (up to \$4000)* 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 \$1,800* 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 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED

UNSECURED \$ _____ SECURED \$ _____

PRIORITY \$ **1497-32** TOTAL \$ **1497-32**

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

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, please 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.

DATE
8/7/98

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)
**P.A. SCOTT - PATRICIA A. SCOTT
950 N. 3rd E.
MTN. HOME, IDAHO, 83647**

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

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