

**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

U.S. COURTS
FEB 19 11 46
CLERK
2010

99-276

Name of Debtor: **Woods, Janice E.**

Case Number: ~~9903-30A~~

Chapter: **13**

Trustee: **Bernie R. Rakozy**

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. §503

Name of Creditor (The person or other entity to whom the debtor owes money or property):

**Ada County Welfare
650 Main Street 4th Floor
Boise, Idaho 83702**

- 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:

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

- 1. Basis for Claim** Goods Sold Services Performed Money Loaned Personal Injury/Wrongful Death Taxes
- Retiree benefits as defined in 11 U.S.C. §1114(a) Other (please describe): _____
- Wages, Salaries and compensation: Your Social Security Number: _____
- Unpaid Compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: First Position Lien as of Jan 1 each year. I.C. § 63-206

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 REAL &/OR PERSONAL PROPERTY
Value of Collateral \$ _____

Amount of arrearage and other charges *at time the case was filed* included in secured claim, if any:

\$ 26,824.53 *

5. UNSECURED PRIORITY CLAIM

- Check box if you have an unsecured priority claim

Amount entitled to priority \$ _____

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 \$ 26,824.53

PRIORITY \$ _____ TOTAL \$ 26,824.53

- 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**

(12)