

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)

PROOF OF CLAIM

Name of Debtor
PAYLE/EVA LAWSON

Case Number
00-41381 (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):
EQUIFAX RISK MANAGEMENT SERVICES/RMA, INC
Name and Address where notices should be sent:
EQUIFAX RISK MANAGEMENT SERVICES/RMA, INC.
P O BOX 4908
BOISE, IDAHO 83711-4908

- 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: *208-375-9640 EXT 239*
Account or other number by which creditor identifies debtor:
634966

Check here if replaces this claim 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:**
05-19-99

3. **If court judgment, date obtained:**
CV0000-00376 SUIT FILED - JUDGE NOT ENTERED

4. **Total Amount of Claim at Time Case Filed:**
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.

\$ *1055.42*

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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Date
09-22-00

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):
RICHARD R. LEMMER, JR., MANAGER, SPECIALIZED COLLECTIONS

U.S. COURTS
2000 OCT 25 AM 10:47
FILED
CLERK OF COURT
DISTRICT OF IDAHO

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.

10

DEBTOR Name:DAWSON DAYLE A Ssn:480288076 Cbr: Ph:208-324-2829
 Adr1:182 E 420 S POE: POE Ph:
 City:JEROME Cty: Canc: Born:10/29/1929
 St: ID Zip:833386501 St: Zip: COF: Sal:

 Clnt:B01866 ST ALPHONSUS RMC MEDICARE, BOISE ID, 9908422719 Org: 772.00
 List:02/14/00 Srv:05/19/99 Ltrs:7 Time:41 Calls:15 Con:0 Bal: 1055.42
 Aty:166 MOWER SERVICES ID- 0.00 Int: 180.42

MULTIPLE ACCOUNTS

RM#	Acct	Name / Client	Lst	Srv	Lpy	Col	Disp	Bal	Check Reason	Drivers License #
	PRN	INT	LI3	LI4	AIN	CC	ATY	MS1	PJI	
1	634966*	DAWSON, DAYLE A								
9908422719/B01866/ST	ALPHONSUS	02/14/00	05/19/99			RRL	5800	1055.42		
772.00	0.00	0.00	103.00	180.42	0.00	0.00	0.00	0.00		

CLAIM Amount \$1055.42

COPY

DISTRICT COURT
FIFTH JUDICIAL DIST.
JEROME COUNTY, IDAHO

Jul 26 4 19 PM '00

Charles [Signature]
BY *[Signature]*
DEPUTY CLERK

MICHAEL B. HOWELL
HOWELL & VAIL, LLP
355 West Myrtle Street, Suite 101
Boise, Idaho 83702
Telephone: (208) 336-3331
ISB# 1799

Attorney for Plaintiff

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF JEROME

RISK MANAGEMENT ALTERNATIVES, INC.,)	Case No. <i>CVOC 00-378</i>
)	
Plaintiff,)	COMPLAINT
)	
vs.)	Non-Classified Civil
)	
DAYLE A. DAWSON and EVA H. DAWSON, husband and wife,)	Fee Category: B-1
)	Fee: \$57.00
Defendant(s).)	
)	

Plaintiff, for its cause of action alleges:

I

Plaintiff is a Georgia corporation duly licensed to transact business under the laws of the State of Idaho and is a duly licensed collection agency thereunder.

II

The accounts hereinafter mentioned have been duly and regularly assigned to Plaintiff prior to the commencement of this action and unless otherwise indicated in said Count are either open accounts or accounts stated.

III

Plaintiff and Plaintiff's assignor have made repeated written and oral demands for payment of the amounts set forth herein not less than 10 days prior to the institution of this action and Defendant has refused and continues to refuse to pay the same, and that prior to the institution of this action an amount at least equal to 95% of the amount claimed herein has not

been tendered to Plaintiff.

IV

Plaintiff has retained the services of the undersigned attorney to commence and prosecute this action and is entitled to recover a reasonable attorney's fee from Defendant as provided by I.C. § 12-120 in the amount of \$300.00 or such greater amount as the Court deems appropriate under the circumstances of this case.

V

Defendant(s) owe Plaintiff the sum of \$772.00, including credit for all payments received prior to the date hereof, together with interest at the maximum legal rate as provided by law or agreement for goods sold and delivered and/or services rendered to Defendant(s) by Plaintiff's assignor, ST. ALPHONSUS REGIONAL MEDICAL CENTER, on 5-19-99, and accepted by Defendant(s) for which Defendant(s) expressly or impliedly promised to pay.

WHEREFORE, Plaintiff prays judgment against Defendant or Defendants, and each of them, as the case may be, on all counts, as follows:

1. For the sum of \$772.00, **PLUS INTEREST** at the maximum legal rate;
2. For reasonable attorney's fees in the minimum amount of \$300.00;
3. For Plaintiff's costs incurred herein;
4. For such other and further relief and Orders as the Court deems appropriate;

DATED: July 7, 2000.

HOWELL & VAIL, LLP

/s/ MICHAEL B. HOWELL

BY MICHAEL B. HOWELL
Attorney for Plaintiff