

Statement of Counseling Services

Please read the following statements carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate understanding of that provision.

_____ **I/We understand** the agency will provide a confidential comprehensive personal money management interview.

_____ **I/We understand** that the interview will be conducted by a certified consumer credit counselor or qualified professional counselor. All action plans not conducted by a certified consumer credit counselor will be reviewed by a certified consumer credit counselor.

_____ **I/We understand** that in the event I/we are dissatisfied, we may contact the counselor's supervisor.

_____ **I/We understand** that a debt management plan serves the dual role of helping you repay your debts and helping creditors receive the money you owe them.

_____ **I/We understand** that most of our funding comes from voluntary contributions from creditors who participate in Debt Management Plans (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund our agency. These contributions are usually calculated as a percentage of payments made through a DMP - up to fifteen percent (15%) of each payment received. However, your accounts with your creditors will always be credited with one hundred percent (100%) of the amount you pay through us and we will work with all your creditors regardless of whether they contribute to our agency. We will work with secured and unsecured debt as appropriate.

_____ **I/We hold the agency**, its employees, agents and volunteers harmless from any claim, suit, action, or demand of my/our creditors, my/ourselves or any other person resulting from advice or counseling.

_____ **I/We will be given a written** assessment outlining a suggested client action plan which will be based on the following options:

1. **I/We will handle** any financial concerns on my/our own.
2. **I/We may choose to enroll** in the agency's Debt Management Plan. Under the Debt Management Plan the agency serves as a neutral third party in negotiating with creditors to liquidate financial obligations. The agency does not obtain a credit report and/or inform any credit reporting agency of my/our participation in the repayment plan. The agency has no responsibility or obligation for any past, present, or future credit rating I/we receive. In certain circumstances, a debt management plan may affect my/our credit rating negatively. In the event that the counselor suggests a debt management plan, I/we will receive complete details of the operations, requirements, and responsibilities.
3. A counselor may answer questions about bankruptcy, but not give legal advice. If I/we want legal advice, I/we will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances.
4. **I/We will be referred** to another agency or agencies as appropriate that may be able to assist with particular problems that have been identified. I understand that I may reject any referrals offered, if any.

_____ **At sometime in the future**, CCCS may contact you to request an evaluation of the agency's services. If you do not wish to be contacted, do not initial this line.

_____ **I understand that I/we may bring** an action against CCCS bond issued by Traveler's Casualty and Surety Company of America, 14048 Park East Circle, Chantilly VA 20151

_____ **Nothing herein shall apply** to actions or claims under the provisions of the US Bankruptcy Code 11 U.S.C. § 101 et seq.

By signing this agreement you are indicating that you have read and understand the disclosures set forth in this document.

Applicant

Counselor

Applicant

Date