



Bureau of Health Professions

Health Resources and
Services Administration
Rockville MD 20857

OCT 8 1991

To: Lenders and Schools Participating in the Health
Education Assistance Loan (HEAL) Program

Subject: Unconditional Transfer of Claim Form and Revised
Proof of Claim Form
HEAL Lender Policy Memorandum #91-5

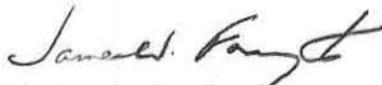
The Department is required by the rules of the Bankruptcy Court to file a transfer of claim after payment of a bankruptcy claim on which the lender/holder has filed a proof of claim. (Rule 3001(e)(2)). Under this rule, the Court notifies the lender/holder of the Department's transfer of claim to allow opportunity for objection. If the Court finds that there is no objection to the transfer, it enters an order substituting the Department for the lender/holder as the creditor on the proof of claim for the HEAL loan.

To simplify this process, avoid confusion, and eliminate the need for the Court to notify the lender/holder of the transfer, Courts have requested that we use the attached form to effect a transfer of claim. This Unconditional Transfer of Claim form must be completed and submitted to the Department with all bankruptcy claims. The form should not be sent to the Bankruptcy Court by the lender/holder. Upon payment of the claim and assignment of the HEAL note to the Department, the Department will file the form with the Bankruptcy Court.

Also, amendments to the National Bankruptcy Rules, effective August 1, 1991, revised the Proof of Claim form to be used in filing claims in bankruptcy cases. The Proof of Claim form is attached for your use.

If you have any questions concerning this memorandum, please contact Mr. John Haczewski of the HEAL Branch on (301)443-0603.

Sincerely,


for Michael Heningburg
Director
Division of Student Assistance

Enclosures

UNITED STATES BANKRUPTCY COURT
FOR THE _____ DISTRICT OF _____

re)
) Case No. _____
)
) UNCONDITIONAL TRANSFER OF CLAIM
) AFTER PROOF OF CLAIM FILED
Debtor(s).)

I, the undersigned, under penalty of perjury under the laws of the United States of America declare (or certify, verify, or state) that the following statements and information are true and correct:

1. A proof of claim was originally filed in the above-entitled case on behalf of the creditor _____, in the amount of \$ _____.
2. I am (CHECK ONE):
___ a. the creditor named in point 1 above; or
___ b. the lawful agent of such creditor who is duly authorized to execute this document on behalf of the creditor.
3. For valuable consideration I do hereby assign, transfer, and set over the claim detailed in point 1 above to Department of Health & Human Services, Collection Officer, HRSA, whose address is 5600 Fishers Lane, Room 16A09, Rockville, Maryland 20857.
4. I request that any check and/or information respecting this claim be served on the entity named in point 3 above.
5. I specifically waive any right to notice or an order of substitution provided in Federal Bankruptcy Rule 3001, and also waive further notice of any matters in connection with the claim detailed in point 1 above.
6. I understand that, pursuant to 18 USC §152, I shall be fined not more than \$5,000.00, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document.

Executed on _____.

Signature

Print or Type Signor's Name

Address

ORDER GRANTING TRANSFER OF CLAIM

Justice of transfer of claim from the _____
to the United States of America is hereby approved.
IT IS SO ORDERED.

301 (2/22/90)

U.S. Bankruptcy Judge

United States Bankruptcy Court		PROOF OF CLAIM	
District of _____		Case Number _____	
In re (Name of Debtor) _____		Case Number _____	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor <i>(The person or entity to whom the debtor owes money or property)</i>		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Addresses Where Notices Should be Sent			
Telephone No. _____			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____		Check here if this claim: <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) _____			
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ (date) to _____ (date)			
2. DATE DEBT WAS INCURRED: _____		3. IF COURT JUDGMENT, DATE OBTAINED: _____	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges included in secured claim above, if any \$ _____		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned not more than 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) <input type="checkbox"/> Contributions to an employee benefit plan—U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. § 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other—11 U.S.C. §§ 507(a)(2), (a)(5)—(Describe briefly) _____	
<input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		\$ _____ (Total)	
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			THIS SPACE IS FOR COURT USE ONLY
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date _____		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)	