17-52057-cag Claim#10-1 Filed 11/03/17 Main Document Page 1 of 3

Fill in this information to identify the case:				
Debtor 1	CHRISTINA ALEXANDRA MORENO			
Debtor 2 (Spouse, if filing)				
United States	Bankruptcy Court for the: WESTERN District of TEXAS (State)			
Case number	17-52057			

Official Form 410

Proof of Claim 04/16

Read the instruction before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgements, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152,157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim								
1.	Who is the current creditor?	Verizon by American InfoSource LP as agent Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor						
2.	Has this claim been acquired from someone else?	☑ No □ Yes. From whom?						
3.	Where should notices and payments to the creditor be sent?	Where should notices to the cre	editor be sent?	Where should paym different)	ents to the creditor b	e sent? (if		
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g))	Verizon by American InfoSource Name 4515 N Santa Fe Ave Number Oklahoma City OK City State	Street 73118	Verizon by American InfoSource LP as agent Name PO Box 248838 Number Street		ent		
		Contact phone (877) 893-8820		Oklahoma City City	OK State	73124-8838 ZIP Code		
		Contact email POC_AIS@americaninfosource.com		Contact phone (877) 893-8820 Contact email POC AIS@americaninfosource.com				
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):							
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim number on court c	laims registry (if known)	Filed on MM / DD /YYYY				
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No □ Yes. Who made the earlier filir	ng?					

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	Part 2: Give Inform	ormation About the Claim as of the Date the Case Was Filed						
6.	Do you have any number you use to identify the debtor?	Per □ No □ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	s. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0 0 1					
7.	How much is the claim?	Poes this amount include interest or other charges? ☑ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).						
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Services Rendered	redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). isclosing information that is entitled to privacy, such as health care information.					
9.	Is all or part of the claim secured?	All or part of the claim Yes. The claim is secured by a lien on property. Nature of property:						
		Value of property: \$ Amount of the claim that is secured: \$						
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amounts should match the amount in line	7.)					
		Amount necessary to cure any default as of the date of the petition: \$						
		Annual Interest Rate (when case was filed)% □ Fixed □ Variable						
10	. Is this claim based on a [lease?	a ☑ No □ Yes. Amount necessary to cure any default as of the date of the petition. \$ ──────						
11	. Is this claim subject to a E right of setoff?	a ☑ No						
	ו	☐ Yes. Identify the property:						

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12. Is all or part of the claim	☑ No										
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check	all that apply:		Amount entitled to priority							
A claim may be partly priority and partly	11 U.S.C. §	upport obligations (including alimor 507 (a)(1)(A) or (a)(1)(B).	ny and child support) under	\$							
nonpriority. For example, in some categories, the law limits the amount entitled to property.	☐ Up to \$2,85	50* of deposits toward purchase, leading amily, or household use. 11 U.S.C.	ase, or rental of property or services for § 507 (a)(7).	\$							
chance to property.		petition is filed or the debtor's busi	50*) earned within 180 days before the ness ends, whichever is earlier.	\$							
	☐ Taxes or pe	enalties owed to governmental units	s. 11 U.S.C. §507 (a)(8).	\$							
	☐ Contribution	ns to an employee benefit plan . 11	U.S.C. § 507 (a)(5).	\$							
	\$										
	* Amounts are	subject to adjustment on 4/01/19 and ev	ery 3 years after that for cases begun on or after the								
Part 3: Sign Below											
The person completing this proof of claim must	Check the approp	oriate box:									
sign and date it. FRBP 9011(b).	□ I am the creditor.										
11.2. 0011(5):	☑ I am the creditor's attorney or authorized agent.										
If you file this claim	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.										
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	s □ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.										
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward that debt.										
A person who files a fraudulent claim could be fined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.										
imprisoned for up to 5 years, or both.	I declare under penalty of perjury that the foregoing is true and correct.										
18 U.S.C. §§ 152, 157, and 3571.											
	Executed on date	11/03/2017 MM / DD / YYYY									
/s/ Jennifer Harris Signature Print the name of the person who is completing and signing this claim:											
								Name	Jennifer Harris First Name	Middle Name	Last Name
									5		
	Title	Paralegal									
	Company American InfoSource										
1		Identify the cornerate convicer of	the company if the authorized agent is a conv	oor							

Street

OK

State

Email

73118

Zip Code

 $POC_AIS@american in fosource.com$

4515 N Santa Fe Ave

Oklahoma City

(877) 893-8820

Number

City

Address

Contact Phone