

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

In Re: _____, Debtor(s)

Case No.: _____

Chapter: _____

**MOTION FOR WAIVER OF DEBTOR'S DUTY TO COMPLY WITH THE
CREDIT COUNSELING REQUIREMENT UNDER SECTION 109(h)(4)**

In accordance with Section 109(h)(4) of the Bankruptcy Code, I hereby request that the Court determine that I may be relieved of the credit counseling requirement imposed by Section 109(h)(1) of the Bankruptcy Code due to an ***incapacity***, a ***disability*** or because I am engaged in ***active military duty in a military combat zone***. For the purposes of making this request under Section 109(h)(4), I understand that “***incapacity*** means that the debtor is impaired by reason of mental illness or mental deficiency so that he is incapable of realizing and making rational decisions with respect to his financial responsibilities; and ***disability*** means that the debtor is so physically impaired as to be unable, after reasonable effort, to participate in an in person, telephone, or Internet briefing” as required by statute.

My request is based on one of the following (please check one of the boxes below):

I have an incapacity.

I have a disability.

I am engaged in active military duty in a military combat zone.

[In the space provided below, please furnish a detailed explanation setting forth the basis for your request. Attach any documentation that will assist the court in making a determination. Please do not include any unnecessary private information such as the names of your minor children or your full social security number (include only the last four numbers of your social security number at the top of this document). If both joint debtors are making a request under Section 109(h)(4), each debtor should file a separate request with the Court. Please note that this waiver applies only to the debtor making the request. A joint debtor to whom this waiver does not apply must still satisfy the credit counseling requirement.]

Explanation:

Signature of Attorney Date

Name of Attorney

Signature of Debtor Date

Name of Debtor (if this is a Joint Case)