

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK**

290 Federal Plaza  
Central Islip, New York 11790  
(631)712-6200

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IN RE:

CASE NO.:

SSN/TAX ID

CHAPTER:

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**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 on 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 on 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 creditor counseling requirement.]***

*Explanation:*

\_\_\_\_\_  
[Signature of Attorney]      *Date*

\_\_\_\_\_  
[Signature of Debtor]      *Date*

\_\_\_\_\_  
[Print Name of Attorney]

\_\_\_\_\_  
[Name of Debtor (if this is a Joint Case)]