

# Bankruptcy Pre-Discharge Education Waiver | Refund Request

Waiver Request  Refund Request If requesting refund indicate date fee for service was paid: \_\_\_\_\_

Client's name: Last, First, Middle	Client's ID number	Client's marital status
Dependents (do not state the name of any minors)	Relationship(s)	Age(s)
Client's mailing address: Street, City, State and ZIP code		
Name of client's employer	How long employed	
Client's employer address: Street, City, State and ZIP code		

The rows labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Spouse's name: Last, First, Middle	
Spouse's mailing address: Street, City, State and ZIP code	
Name of spouse's employer	How long employed
Spouse's employer address: Street, City, State and ZIP code	

**Income:** Estimate of average or projected monthly income at time case filed. Non-cash governmental assistance (such as food stamps or housing subsidies) is not included in calculating income.

	Client	Spouse
1. Monthly gross wages, salary and commissions (prorate if not paid monthly)	(1) \$ _____	(1) \$ _____
2. Estimate monthly overtime	(2) \$ _____	(2) \$ _____
3. Subtotal	(3) \$ _____	(3) \$ _____
4. Less Payroll Deductions		
a. Payroll taxes and social security	(4a) \$ _____	(4a) \$ _____
b. Insurance	(4b) \$ _____	(4b) \$ _____
c. Union dues	(4c) \$ _____	(4c) \$ _____
d. Other (specify): _____	(4d) \$ _____	(4d) \$ _____
5. Subtotal of Payroll Deductions	(5) \$ _____	(5) \$ _____
6. Total Net Monthly Take Home Pay	(6) \$ _____	(6) \$ _____
7. Regular income from operation of business or profession or farm (attach detailed statement)	(7) \$ _____	(7) \$ _____
8. Income from real property	(8) \$ _____	(8) \$ _____
9. Interest and dividends	(9) \$ _____	(9) \$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	(10) \$ _____	(10) \$ _____
11. Social security or government assistance (specify): _____	(11) \$ _____	(11) \$ _____
12. Pension or retirement income	(12) \$ _____	(12) \$ _____
13. Other monthly income (specify): _____	(13) \$ _____	(13) \$ _____
14. Subtotal of lines 7 through 13	(14) \$ _____	(14) \$ _____
15. Average Monthly Income (Add amounts shown on lines 6 and 14)	(15) \$ _____	(15) \$ _____
16. Combined Average Monthly Income: (combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	(16) \$ _____	

I have been informed that Money Management International (MMI) has a policy for refund and waiver of fees. I am submitting my current financial information to be considered for a refund or waiver of this fee. I hereby affirm that the information I am providing to MMI is complete and accurate. I understand that the information provided above may be verified with my Bankruptcy Counselor or the US Bankruptcy Trustee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or fax completed and signed form to:  
 MMI | Attention: Waiver | 9009 West Loop South, Suite 700 | Houston, Texas 77096.1719.  
 Fax: 877.329.2506

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