



Statement of Counseling Services

Please read the following statements carefully so you will understand the procedures for the counseling session. Your signature on the form indicates understanding of all provisions. For simplification the singular is used even when the plural may apply.

I understand Consumer Credit Counseling Service (CCCS) will provide a confidential comprehensive personal money management interview. The interview will be conducted or reviewed by a certified consumer credit counselor on the clients secured/unsecured debt.

I hold CCCS, its employees, agents and volunteers free of liability from any claim, suit, or action or demand of my creditors, myself or any other person resulting from advice or counseling.

I will be given a written assessment outlining a suggested money action plan which may include the following:

- a) I may handle my own finances.
- b) I may choose to enroll in the agency's Debt Management Plan, which serves a dual role of helping clients repay debts and helping creditors collect money owed them. In the event the counselor suggests a DMP, (counseling services does not automatically guarantee participation in the DMP) I will receive complete details of the operations, requirements, and responsibilities. CCCS has no responsibility or obligation for any past, present or future credit rating I receive. In certain circumstances, a DMP may affect my credit rating negatively. Advance fees are not accepted until all DMP related documents are signed and client(s) are accepted on program. (Please note that the DMP may not be suitable for all clients and other options would be discussed. The counselor will discuss with you the program's participating creditors.)
- c) I may be referred to other services/agencies as appropriate.
- d) Should bankruptcy appear as a possible solution, a counselor may answer questions about bankruptcy, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances. I will inform CCCS of the decision if I file bankruptcy.

I understand that most CCCS funding comes from voluntary contributions from creditors who participate in DMPs. Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund CCCS. These contributions are usually calculated as a percentage of payments made through a DMP – up to fifteen percent (15%) of each payment received. However creditors credit one hundred percent (100%) of the DMP payment to the client's account. CCCS works with creditors regardless of whether or not they contribute. I understand that I am responsible for alerting my creditors and CCCS to any discrepancies between the organization's statements and the amount posted on the statement from the creditor.

I understand there is a nominal monthly fee not to exceed \$35.00 for administering a DMP.

I understand that sometime in the future my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of CCCS services..

I understand that in the event I am dissatisfied I can utilize the Complaint & Grievance Resolution Process (see back).

I authorize CCCS to 1) disclose any information concerning my financial situation and status, including but not limited to income, debts, credits, earnings, assets, and residential and work addresses, to creditors listed by me, unless otherwise required by law, 2) obtain whatever financial information concerning me from any creditors, as CCCS deems necessary, and 3) disclose any information concerning my financial situation and status with CCCS to officials who are authorized to do background checks for purposes of employment or security. I have received a copy of the Privacy Notice.

Client Signature _____

Counselor _____

Printed Name _____

Office _____

Client Signature _____

Date _____

Printed Name _____

Client # _____

