

District of:  
 Division No:  
 Court No: 35-\*\*\*\*\*  
 Estate No: 35-\*\*\*\*\*

Original  Amended

**REPORT ON INSOLVENCY COUNSELLING SESSION #1** In  
 the matter of the Bankruptcy of NAME OF CLIENT both of the NAME OF TOWN, in the  
 County of Essex and Province of Ontario SUMMARY ADMINISTRATION

<b>Date of Insolvency Counselling Session:</b>			
<b>Insolvency Counselling Provided by:</b>			
<input type="checkbox"/> LIT		<input type="checkbox"/> Employee of the LIT / Corporate LIT	
<input type="checkbox"/> LIT outside the Firm		<input type="checkbox"/> Third-Party BIA Insolvency Counsellor	
Name: Tiara Schutz	Name of Organization: S. Funtig & Associates Inc.	LIT Licence Number:	Counsellor Registration Number:
<b>Method of delivery for BIA Insolvency Counselling:</b> <i>(select method and provide location of bankrupt/consumer debtor during counselling session)</i>			
<input type="checkbox"/> <b>In-person at LIT's authorized office:</b>		<input type="checkbox"/> <b>Other:</b>	
<input type="checkbox"/> Individual Counselling		<input type="checkbox"/> By telephone	
<input type="checkbox"/> Group Counselling		<input type="checkbox"/> In-person at a location other than the LIT's office	
<input type="checkbox"/> <b>In-person at the third party office location of a BIA Insolvency Counsellor</b>		<b>Reasons (if "Other"):</b>	
<input type="checkbox"/> <b>By Videoconference</b>		<input type="checkbox"/> Lack of transportation	
		<input type="checkbox"/> Distance to LIT/Counsellor	
		<input type="checkbox"/> Incarceration	
		<input type="checkbox"/> Medical/Illness/Incapacitation Hospitalization	
		<input type="checkbox"/> Lack of video capabilities	
Address:		Suite/Apt#:	Building Name (if applicable):
City:	Province/Territory/State:	Postal Code/ZIP:	Country (if outside Canada): Canada
<b>Questions on BIA Insolvency Counselling session #1</b>			
<b>Approximately how long did your counselling session last?</b>		<b>Which of the following did you complete by the end of your counselling session?</b>	
<input type="checkbox"/> Less than 15 minutes		<input type="checkbox"/> Developed a budget	
<input type="checkbox"/> 15 to 30 minutes		<input type="checkbox"/> Developed a list of financial goals	
<input type="checkbox"/> 30 minutes to 45 minutes		<input type="checkbox"/> None of the above	
<input type="checkbox"/> 45 minutes to an hour			
<input type="checkbox"/> More than an hour			
<b>Which of the following self-learning modules did you complete before your counselling session?</b>			
<input type="checkbox"/> Introduction	<input type="checkbox"/> Setting and achieving financial goals	<input type="checkbox"/> Responsible use of credit	
<input type="checkbox"/> Budgeting	<input type="checkbox"/> Spending habits	<input type="checkbox"/> None of the above	

**BANKRUPT/CONSUMER DEBTOR DECLARATION**

- I confirm the above information is, to the best of my knowledge and belief, true, correct and complete in all respects.
- I understand that a fee for the insolvency counselling session is included in the regulated cost of the LIT's services and is paid for by my estate. I am not obliged to pay a BIA Insolvency Counsellor directly for insolvency counselling services, before, during or after my insolvency filing.

Name of Bankrupt/Consumer Debtor:

Signature:

Date:

**LIT OR BIA INSOLVENCY COUNSELLOR DECLARATION**I confirm, to the best of my knowledge and ability, that: *(check where applicable)*

- the assigned BIA Insolvency Counsellor does not have interests that may conflict with, or have the appearance of conflicting with, the interests of the bankrupt or consumer debtor.
- the assigned BIA Insolvency Counsellor, or organization or person with which the BIA Insolvency Counsellor has a relationship, is not directly or indirectly receiving any other remuneration or consideration from the individual or corporate LIT other than the amount received for providing the BIA insolvency counselling session(s).

I confirm that the information set out in this Form is, to the best of my knowledge and belief, true, correct and complete in all respects, and that: *(check where applicable)*

- the above-mentioned BIA Insolvency Counsellor(s) provided the insolvency counselling in compliance with the requirements, processes and standards as set out in Directive No. 1R7, *Counselling in Insolvency Matters*;
- excepting *(if applicable)*, regarding the timelines in paragraph 19 of the Directive.
- despite proper scheduling and notification, the bankrupt/consumer debtor has refused or neglected to receive one or more counselling sessions and this has been or will be duly noted on the Statement of Receipts and Disbursements.

*Reason(s):*

- the bankrupt/ consumer debtor did not receive one or more counselling sessions because he/she has deceased prior to or during the administration of the estate or has an incapacity such that it is impossible for him/her to receive counselling, and this has been or will be duly noted on the Statement of Receipts and Disbursements.

Name of LIT/BIA Insolvency Counsellor: Tiara Schutz

Signature:

Date:

**REFERRAL INFORMATION**Was the debtor referred to me/the firm:  Yes  No

Is the assigned BIA Insolvency Counsellor(s) associated with the person or the organization having referred the debtor?

- Yes: *(Please select an item)*  No
- Person
- Organization

**Referred by:** *Complete only if answer is "yes" to the previous question*

Organization:

Name: