OMB No. 1105-0084 Approval expires 09/30/2025

Appendix E: Activity Report for Approved Credit Counseling Agencies

Please submit this report within 30 calendar days following the end of each six-month period.

Questions? Contact Executive Office for United States Trustees at (202) 514-4100, or ust.cc.help@usdoj.gov.

Repor	ting Period: (Check one)	ear:						
Agend	cy No:							
Name	of Agency:							
Conta	ct Person: E-Mail:	E-Mail:						
	Someone who could answer USTP questions							
Instructions : Please provide actual (not estimated) data for all clients counseled by the Agency this reporting period. No cell should be left blank. If none, enter "0" in the cell.								
New C	Clients this Reporting Period							
Q1	Number of new pre-bankruptcy clients counseled this reporting period							
Q2	Number of other new clients counseled this reporting period							
Q3	Number of clients requesting counseling in language other than English*							
Q4	Number of clients provided counseling in language other than English*							
Q5	Number of hearing-impaired clients requesting counseling							
Q6	Number of hearing-impaired clients provided counseling							
* Specify languages on next page								
Debt Repayment Plans (DRPs)								
Q7	DRPs active at the start of this reporting period							
Q8	DRPs active at the end of this reporting period							
Q9	Of all new pre-bankruptcy clients seen this reporting period, number enrolled in DRPs							
Q10	Of all other new clients seen this reporting period, number enrolled in DRPs							
Q11	DRPs closed this reporting period with completed debt repayment plans							
Q12	DRPs closed this reporting period without completed debt repayment plans							
Q13	Percentage of new pre-bankruptcy new credit counseling clients enrolled in DRPs	(Q9÷ Q1) x 100						
Q14	Percentage of other new credit counseling clients enrolled in DRPs	(Q10 ÷ Q2) x 100						

Instructions: Please provide actual (not estimated) data for all fees and bankruptcy certificates issued by the Agency this reporting period. No cell should be left blank. If none, please enter "0" in the cell.

Credit Counseling Certificates Issued this Reporting Period

* If more than ten, please attach a list of additional languages provided.

	Counseling Method				Q18		
	a	b	С		Total Fees or		
Q15 Certificates issued at no cost	In-Person	Telephone*	Internet*	-	Contributions		
Q16 Certificates issued at reduced cost				▶a			
Q17 Certificates issued at regular cost				▶b			
Гotal							
	(Q15a+Q16a+Q17a)	(Q15b+Q16b+Q17b)	(Q15c+Q16c+Q17c)	_	(Q18a+Q18b)		
* The former method of delivery, "telephone, on the primary method used for delivery of continuous that the primary method used for delivery of continuous that the primary method used for delivery of continuous that the primary method of delivery, "telephone, on the primary method used for delivery of continuous that the primary method used for delivery of continuous the primary method used for the primary metho	counseling services.						
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2.	7	' .					
3.	8	3.					
4.	9).					
5. 10.							
* If more than ten, please attach a list of additional	l languages requested.						
Languages Provided other than Engli	sh*						
1.	6	3.					
2.	7	7.					
3.	8	3.					
4.	g).					
4.							