

## 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](mailto:ust.cc.help@usdoj.gov).

<b>Reporting Period:</b> (Check one) <input type="checkbox"/> July-December <input type="checkbox"/> January-June <b>Year:</b> _____	
<b>Agency No:</b> _____	
<b>Name of Agency:</b> _____	<b>E-Mail:</b> _____
<b>Contact Person:</b> _____ <small>Someone who could answer USTP questions</small>	
<b>Instructions:</b> 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.	
<b>New Clients this Reporting Period</b>	
<b>Q1</b>	Number of new <b>pre-bankruptcy</b> clients counseled this reporting period <span style="float: right;"><input style="width: 80px;" type="text"/></span>
<b>Q2</b>	Number of <b>other</b> new clients counseled this reporting period <span style="float: right;"><input style="width: 80px;" type="text"/></span>
<b>Q3</b>	Number of clients <b>requesting</b> counseling in language other than English* <span style="float: right;"><input style="width: 80px;" type="text"/></span>
<b>Q4</b>	Number of clients <b>provided</b> counseling in language other than English* <span style="float: right;"><input style="width: 80px;" type="text"/></span>
<b>Q5</b>	Number of hearing-impaired clients <b>requesting</b> counseling <span style="float: right;"><input style="width: 80px;" type="text"/></span>
<b>Q6</b>	Number of hearing-impaired clients <b>provided</b> counseling <span style="float: right;"><input style="width: 80px;" type="text"/></span>
<small>* Specify languages on next page</small>	
<b>Debt Repayment Plans (DRPs)</b>	
<b>Q7</b>	DRPs active at the start of this reporting period <span style="float: right;"><input style="width: 80px;" type="text"/></span>
<b>Q8</b>	DRPs active at the end of this reporting period <span style="float: right;"><input style="width: 80px;" type="text"/></span>
<b>Q9</b>	Of all new <b>pre-bankruptcy</b> clients seen this reporting period, number enrolled in DRPs <span style="float: right;"><input style="width: 80px;" type="text"/></span>
<b>Q10</b>	Of all <b>other</b> new clients seen this reporting period, number enrolled in DRPs <span style="float: right;"><input style="width: 80px;" type="text"/></span>
<b>Q11</b>	DRPs closed this reporting period <b>with</b> completed debt repayment plans <span style="float: right;"><input style="width: 80px;" type="text"/></span>
<b>Q12</b>	DRPs closed this reporting period <b>without</b> completed debt repayment plans <span style="float: right;"><input style="width: 80px;" type="text"/></span>
<b>Q13</b>	Percentage of new <b>pre-bankruptcy</b> new credit counseling clients enrolled in DRPs <span style="float: right;"><input style="width: 80px;" type="text"/></span> <div style="text-align: right;"><small>(Q9 ÷ Q1) x 100</small></div>
<b>Q14</b>	Percentage of <b>other</b> new credit counseling clients enrolled in DRPs <span style="float: right;"><input style="width: 80px;" type="text"/></span> <div style="text-align: right;"><small>(Q10 ÷ Q2) x 100</small></div>

**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**

	Counseling Method			Q18 Total Fees or Contributions
	a In-Person	b Telephone*	c Internet*	
Q15 Certificates issued at no cost				
Q16 Certificates issued at reduced cost				► a
Q17 Certificates issued at regular cost				► b
<b>Total</b>				
	(Q15a+Q16a+Q17a)	(Q15b+Q16b+Q17b)	(Q15c+Q16c+Q17c)	(Q18a+Q18b)

\* The former method of delivery, "telephone/Internet," has been eliminated. You must select either telephone or Internet based on the primary method used for delivery of counseling services. Please see the Instructions for more information.

**Languages Requested other than English\***

- |    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |

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

**Languages Provided other than English\***

- |    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |

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