OMB No. 1105-0084
Approval expires ___

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.

Reporting Period: (Check one) ☐ July-December ☐ January-June **Year:** _____

Agency No: _____

Name of Agency: _____ **E-Mail:** _____

Contact Person: _____
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 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

	Counseling Method				Q18
	a In-Person	b Telephone*	c Internet*		Total Fees or Contributions
Q15 Certificates issued at no cost					
Q16 Certificates issued at reduced cost				►a	
Q17 Certificates issued at regular cost				►b	
Total					
	(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.