



UNITED STATES BANKRUPTCY COURT  
DISTRICT OF PUERTO RICO

How to file an Electronic Proof of Claim:

United States Bankruptcy Court District of Puerto Rico

**File Claim**

Case Number  ← Enter the case number in the format YY-NNNNN.

Example: 14-00002

Name of Creditor  ← Enter a creditor's name or leave blank to see all creditors/create a creditor.

Filed by  ← Select filer type.

**IMPORTANT NOTICE OF REDACTION RESPONSIBILITY:** All filers must redact: Social Security or taxpayer-identification numbers; dates of birth; names of minor children; and financial account numbers, in compliance with Fed. R. Bankr. P. 9037. This requirement applies to all documents, including attachments.

**IMPORTANT WARNING:** A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

☒ I understand that, if I file, I must comply with the redemption rules. I have read this notice.

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

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**Select Creditor**

☐ Creditor not listed ← A list of creditors will appear. If your creditor is not listed, or if you want to create a new creditor, select the "Creditor not listed" option.

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You selected "FILED BY" as CREDITOR. If this is incorrect, [START OVER!!](#)

ALL "Yes/No" Questions MUST be ANSWERED

**CONFIRM this is the CORRECT Case**

Debtor 1 FRATERFOOD SERVICE INC  
Debtor 2  
(Spouse, if filing)  
Case number: 14-00002

Verify the case number and information.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?

JUAN DEL PUEBLO

Name of the current creditor (the person or entity to be paid for this claim)

Address where notices should be sent  
(Do not add the creditor's name in the address)

☐ Check for a Foreign Address

(City, State, Zip)

Telephone Number:

Email:

Other names the creditor used with the debtor

If you selected a creditor, the creditor's name and address will appear here.

If you selected "Creditor not listed", please enter the creditor's name and address here.

2. Has this claim been acquired from someone else? Yes ☐ No ☐

2. Has this claim been acquired from someone else? Yes ☐ No ☒

3. Where should notices and payments to the creditor be sent?

(Notice Address Completed in Section 1)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

☐ CHECK if Payment Address differs from Notice Address

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

[\(See instructions\)](#)

4. You must select the creditor who filed the claim to amend a claim

Does this claim amend one already filed? Yes ☐ No ☒

5. Do you know if anyone else has filed a proof of claim for this claim? Yes ☐ No ☐

**Part 2:** Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? Yes ☐ No ☐

7. How much is the claim?  
(required)

Does this amount include interest or other charges?

☐ No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

**REQUIRED:** Enter the amount of the claim.

If you have entered a claim amount of \$0, the claim amount is unknown, or the claim is unliquidated, please enter a brief explanation.

Comment:

8. What is the basis of the claim?  
(required)

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

**REQUIRED:** Enter the basis of the claim.

Limit disclosing information that is entitled to privacy, such as healthcare information.

[\(See instructions\)](#)

9. Is all or part of the claim secured?

☐ No

☐ Yes.

The claim is secured by a lien on property.

10. Is this claim based on a lease?	<input checked="checked" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ <input style="width: 100px;" type="text"/>
11. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: <input style="width: 200px;" type="text"/>
12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Check all that apply:</i>
Amount entitled to priority	
<p><b>Documents:</b> Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both.</p> <p>Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d). (<a href="#">See instructions</a>, and the definition of "redacted".)</p> <p><b>Attachments:</b></p> <ul style="list-style-type: none"> <li>Necessary documentation can be attached to the Proof of Claim after the information for the form is submitted.</li> <li>Attachments to the Proof of Claim are required to be PDF files.</li> <li>Attachments to the Proof of Claim are NOT to exceed 15 Mb in size.</li> <li>Multiple attachments to the Proof of Claim are permitted.</li> <li><b>Do not upload a completed Proof of Claim form as an attachment to this filing.</b> Attaching a completed Proof of Claim will result in multiple versions of the form being filed (the electronically created proof of claim form plus the proof of claim attached). If filing an Amended Proof of Claim, the attachment of the previously filed claim is allowed.</li> </ul>	
<p><b>Note:</b> You will have the option to select files to upload for this claim once you click on the "Submit Claim" button below</p> <p>Do you wish to attach supporting documentation? <input type="radio"/> Yes <input type="radio"/> No</p>	
<p><b>Part 3: Sign Below</b></p>	
<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p>	<p>Check the appropriate box: <b>(required)</b></p> <p><input type="checkbox"/> I am the creditor.</p> <p><input type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee or the debtor or their authorized agent. Bankruptcy Rule 3004</p>

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box: (required)

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Print the name of the person who is completing and signing this claim:

Signature\*

Title

Company

\*Type Full Name (required)

**REQUIRED: Type full name.**

Identify the corporate servicer as the company if the authorized agent is a servicer

Address

Number and Street

(City, State, Zip)

Contact Phone:

Email:

If the address of the person filing this claim is different from the creditor's notice address, enter the address here.

Enter the verification code and click on the Submit Claim button.

7462

Enter Verification Code (required)

Submit Claim

Clear Form

\*\* Verify debtor name(s) prior to submitting claim to be filed.

*Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.*

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**SUPPORTING DOCUMENTATION** (files should be limited to 15 Mb in size.)

Browse...

You've reached this screen because you selected "Yes" to attach supporting documents. Browse and attach your supporting document. After your first attachment, you can add additional attachments or remove an attachment.

Add Attachment

File Proof of Claim

When you are done adding attachments, click the "File Proof of Claim" button.



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Your claim was successfully filed in case number 14-00002.  
**Your claim number is 55.**

A success message will appear.

Open in new window: Click [55](#) to view/print your filed claim.

*Note: Any attachment(s) added will **NOT** be available to view/print unless you have a Pacer account.*

Click this link to view your claim.

[File additional claims](#)

Click this link if you have more claims to file.