

**EXPERIENCED,**  
**KNOWLEDGEABLE**  
**ADVOCATES**

*We provide compassionate service, support and advocacy for individuals of all faiths and heritages, without regard to race, gender, national origin, age, disability or economic status.*

*Catholic Charities has provided Credit Counseling in Western Wisconsin since 1988, and Housing Counseling services since 1998.*

*Whatever the situation, we provide on-going support to work through your financial difficulties*



**Catholic Charities of the  
Diocese of La Crosse, Inc.**

3710 East Avenue South  
PO Box 266, La Crosse, WI 54602  
Phone: 1-888-212-HELP (4357)  
Fax : 608-782-0702  
Email: [info@cclse.org](mailto:info@cclse.org)  
Website: [www.cclse.org](http://www.cclse.org)



**La Crosse**

3710 East Ave. South  
La Crosse, WI 54601  
Ph 608.782.0710  
Fax 608.782.0702  
[info@cclse.org](mailto:info@cclse.org)

**Eau Claire**

448 North Dewey Street  
Eau Claire, WI 54703  
Ph 715.832.6644  
Fax 715.832.6686  
[eauclaire@cclse.org](mailto:eauclaire@cclse.org)

**Prairie du Chien**

115 East Perry Street  
Prairie du Chien, WI 53821  
Ph 608.326.1616  
Fax 608.326.7152  
[pdchien@cclse.org](mailto:pdchien@cclse.org)

**Wausau**

540 South 3rd Avenue  
Wausau, WI 54401  
Ph 715.849.3311  
Fax 715.849.8414  
Toll Free 1.866.849.3311  
[wausau@cclse.org](mailto:wausau@cclse.org)

**Catholic Charities of  
the Diocese of  
La Crosse, Inc.**

**Providing Help.  
Creating Hope.**

**PRE-FILING  
BANKRUPTCY  
SERVICES**

***APPROVED BY THE OFFICE  
OF US TRUSTEES,  
DEPARTMENT OF JUSTICE\****



**1-888-212-HELP**

*\*Approved to issue certificates in compliance evidencing completion of a personal financial management instructional course in compliance with the Bankruptcy Code. Approval does not endorse or assure the quality of a Provider's services.*

*Catholic Charities services are personal and affordable. Our certified Financial Counselors are experienced and knowledgeable advocates.*

### Credit Counseling Certificates

Everyone filing for bankruptcy protection must complete a "Budget Briefing Session" with an approved, Nonprofit Budget and Credit Counseling Agency during the 180-day period before the bankruptcy petition is filed.

Confidential Budget Briefing sessions may be scheduled with a Financial Wellness Advocate at any of our local field offices. Fees for briefings are \$50 per person.

- Certificates will be presented at the end of the session.
- Sessions last approximately 90 minutes.
- Fee waivers available based on agency set guidelines. Agency guidelines are listed on our website, [www.cclse.org](http://www.cclse.org), and may be provided upon request.
- Duplicate copies of your certificate maybe requested if your certificate has been lost. A \$15.00 charge will apply to reissue a certificate that has not expired within 180 days of issuing.

### What to bring:

Participants must bring a photo ID with them to the session. Participants should also have a list of budgetary items (ex. Amt. of paychecks, money spent on groceries, gas, electricity, rent or mortgage, as well as loans and credit), a pen or pencil and a calculator.

### To register:

Fill out registration to the right and send it along with payment to:

Catholic Charities  
Attn.: CCCC Admin. Asst.  
PO Box 266  
La Crosse, WI 54602

Debit card registrations may be faxed to:  
CCCC Admin Asst at 608-782-0702

**We will call to schedule your appointment time once the payment has been confirmed. Please allow 3 days for processing.**



NATIONAL FOUNDATION FOR  
CREDIT COUNSELING

*Knowing the difference can  
make all the difference.*

### Pre-Filing Counseling Session Registration

Sign up for:	# People	Price	Total
<input type="checkbox"/> In Person Session	_____ x	50.00	_____
<input type="checkbox"/> Telephone Session	_____ x	50.00	_____

(Office location desired)

Name(s) for certificates

Name(s) for certificates

Address

County

Phone

**We accept only the methods of payment specified below**

- Certified Cashiers Check
- Money Order
- Debit card

Card #	Exp. date
Name as it appears on card (printed)	
Billing Address of Card (if different from above)	
I authorize CCDL and Vanco Services to charge my debit card in accordance with the information above.	
Signature (as it appears on card)	

District in which you will be filing  Western  Eastern

Did an attorney refer you to us?  Yes  No

If yes, name of attorney \_\_\_\_\_

Fax # of Attorney \_\_\_\_\_