

Fill in this information to identify the case:

Debtor Tehum Care Services, Inc.

United States Bankruptcy Court for the: Southern District of Texas
(State)

Case number 23-90086

Official Form 410
Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

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.

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?** Brawn, Veronica L.
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

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

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Brawn, Veronica L.</u> <u>4363 Stewart Creek Road</u> <u>Bruner, MO 65620</u>	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>4175513823</u> Contact email <u>vbrawn@teamcenturion.com</u>	Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	

4. **Does this claim amend one already filed?** No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?** No
 Yes. Who made the earlier filing? _____



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? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

7. How much is the claim? \$ 3249.00. 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).

8. What is the basis of the claim? 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).
Limit disclosing information that is entitled to privacy, such as health care information.
Unpaid PTO

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. **Amount necessary to cure any default as of the date of the petition.** \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- No
 Yes. Check all that apply:

- | | Amount entitled to priority |
|--|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ <u>3249.00</u> |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

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:

- 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 acknowledgement 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 reasonable belief that the information is true and correct.

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

Executed on date 06/27/2023
MM / DD / YYYY

/s/Veronica Brawn
 Signature

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

Name Veronica Brawn
First name Middle name Last name

Title RN

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0491 | International 001-424-236-7244

Debtor: 23-90086 - Tehum Care Services, Inc.		
District: Southern District of Texas, Houston Division		
Creditor: Brawn, Veronica L. 4363 Stewart Creek Road Bruner, MO, 65620 Phone: 4175513823 Phone 2: Fax: Email: vbrawn@teamcenturion.com	Has Supporting Documentation: Yes, please mail physical supporting documentation Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Unpaid PTO	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 3249.00	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(4): 3249.00	
Has Secured Claim: No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Veronica Brawn on 27-Jun-2023 5:56:00 p.m. Eastern Time Title: RN Company:		

**Additional Supporting
Documents Received on
7/5/2023**

RECEIVED

JUL 05 2023

KURTZMAN CARSON CONSULTANTS



239008623070500000000007

Fill in this information to identify the case:

Debtor Tehum Care Services, Inc.
United States Bankruptcy Court for the: Southern District of Texas
(State)
Case number 23-90086

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Where should notices to the creditor be sent?
Brawn, Veronica L.
4363 Stewart Creek Road
Bruner, MO 65620
Where should payments to the creditor be sent? (if different)

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

RECEIVED
JUL 05 2023

Contact phone 4175513823 Contact phone _____
Contact email vbrawn@teamcenturion.com Contact email _____

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

KURTZMAN CARSON CONSULTANTS

4. Does this claim amend one already filed? No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
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Unpaid PTO

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Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

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 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

- No
 Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____
- Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____
- Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ 3249.00
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____
- Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

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Check the appropriate box:

- 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 acknowledgement 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 reasonable belief that the information is true and correct.

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

Executed on date 06/27/2023
MM / DD / YYYY

/s/Veronica Brawn
Signature

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

Name Veronica Brawn
First name Middle name Last name

Title RN

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____

Debtor: 23-90086 - Tehum Care Services, Inc.	
District: Southern District of Texas, Houston Division	
Creditor: Brawn, Veronica L. 4363 Stewart Creek Road Bruner, MO, 65620 Phone: 4175513823 Phone 2: Fax: Email: vbrawn@teamcenturion.com	Has Supporting Documentation: Yes, please mail physical supporting documentation Related Document Statement: Has Related Claim: No Related Claim Filed By: Filing Party: Creditor
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No
Basis of Claim: Unpaid PTO	Last 4 Digits: No Uniform Claim Identifier:
Total Amount of Claim: 3249.00	Includes Interest or Charges: No
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(4): 3249.00
Has Secured Claim: No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:
Submitted By: Veronica Brawn on 27-Jun-2023 5:56:00 p.m. Eastern Time Title: RN Company:	



Corizon LLC
 103 Powell Court
 Brentwood, TN 37027
 800-729-0069

Pay Statement
 Period Start Date 06/13/2021
 Period End Date 06/26/2021
 Pay Date 07/06/2021
 Document 3173678
 Net Pay \$1,995.22

Pay Details

VERONICA LEE BRAWN 4363 STEWART CREEK ROAD BRUNER, MO 65620 USA	Employee Number 00985177 SSN XXX-XX-XXXX Job RN Pay Rate \$36.10 Pay Frequency Biweekly	Pay Group CLC Site Cycle B02 Tax Location Ozark Correctional Ctr Contract MOCONT - Missouri Contract Site 00904 - Ozark Correctional Ctr
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Earnings

Pay Type	Hours	Pay Rate	Current	YTD
Coefficient OT	0.5000	\$18.08	\$9.04	\$409.04
Group Term Life			\$1.08	\$14.32
Hol Prem S1	0.0000	\$0.00	\$0.00	\$418.78
Hol Prem S2	0.0000	\$0.00	\$0.00	\$83.59
OT Shift 1	0.2500	\$36.12	\$9.03	\$336.48
OT Shift 2	0.2500	\$37.88	\$9.47	\$9.47
OT Shift 4	0.0000	\$0.00	\$0.00	\$327.60
OT Shift 5	0.0000	\$0.00	\$0.00	\$207.07
Paid Time Off	0.0000	\$0.00	\$0.00	\$8,001.43
Regular Shift 1	78.7500	\$36.10	\$2,843.48	\$25,465.42
Regular Shift 2	1.2500	\$37.85	\$47.32	\$1,691.21
Regular Shift 4	0.0000	\$0.00	\$0.00	\$4,876.38
Regular Shift 5	0.0000	\$0.00	\$0.00	\$75.30

Total Hours 80.5000

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
Child Sup Life	No	\$0.81	\$11.34	\$0.00	\$0.00
Dental	Yes	\$21.36	\$299.04	\$0.00	\$0.00
EE Sup Life	No	\$6.16	\$86.24	\$0.00	\$0.00
HSA EE	Yes	\$56.25	\$825.00	\$0.00	\$0.00
Medical	Yes	\$124.38	\$1,741.32	\$491.24	\$6,877.36
offset earn	No	\$1.08	\$14.32	\$0.00	\$0.00
Spouse Sup Life	No	\$1.54	\$21.56	\$0.00	\$0.00
Vol AD&D EE Pd	No	\$2.08	\$29.12	\$0.00	\$0.00
Vol ID Theft	No	\$6.44	\$90.16	\$0.00	\$0.00
Vol Legal	No	\$8.31	\$116.34	\$0.00	\$0.00

Taxes

Tax	Current	YTD
Federal Income Tax	\$400.89	\$5,838.79
Employee Medicare	\$39.41	\$566.24
Social Security Employee Tax	\$168.49	\$2,421.15
MO State Income Tax	\$87.00	\$1,278.00

Paid Time Off

Plan	Current	Balance
Ext Sick Leave	0.0000	130.3840
Paid Time Off	10.1600	153.7740

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxx4202	Savings	\$299.28
xxxxxxxx4202	Checking	\$1,695.94
Total		\$1,995.22

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$2,919.42	\$2,717.43	\$695.79	\$228.41	\$1,995.22
YTD	\$41,916.09	\$39,050.73	\$10,104.18	\$3,234.44	