

To: Judge Gerber

From: Latrell Barfield
3248 MAIN Street
Sanford, Fla. 32771

Case.

Latrell Barfield cannot file
electronically, electronic filing
is impossible for Latrell Barfield
the indigency determination
must be determined first if it
is included and the the claim,
form and motion can be filed
Latrell Barfield has to serve the
others after indigency determination

/s/ Latrell Barfield
LB 7474

LB7474

IN THE CIRCUIT/COUNTY COURT OF THE 18TH JUDICIAL CIRCUIT
IN AND FOR

CASE NO. 09-50026(REG)

LATRELL DENISE BARFIELD, 3248 MAIN STREET, SANFORD, FLA. 32771
Plaintiff/Petitioner or in the Interest Of

vs.
MOTORS LIQUIDATION COMPANY, ET AL., F/K/A GENERAL
Defendant/Respondent
MOTORS CORP., ETAL.

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

1 I have 0 dependents. (Include only those persons you list on your U.S. Income tax return.)
Are you Married?....Yes... No Does your Spouse Work?....Yes... No Annual Spouse Income? \$ 00.00

2 I have a net income of \$ 606.00 paid () weekly () every two weeks () semi-monthly (monthly) () yearly (other) ONE INCOME
(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus SOCIAL SECURITY deductions required by law and other court-ordered payments such as child support.)

3 I have other income paid () weekly () every two weeks () semi-monthly (monthly) () yearly () other ONE INCOME
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No".) SOCIAL SECURITY

Second Job.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>	Veterans' benefits.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>
Social Security benefits.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>	Workers Compensation.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>
For you.....	Yes \$ <u>606.00</u>	No <input checked="" type="checkbox"/>	Income from absent family members.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>
For child(ren).....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>	Stocks/bonds.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>
Unemployment Compensation.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>	Rental income.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>
Union payments.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>	Dividends or interest.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>
Retirement/Pensions.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>	Other kinds of income not on the list.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>
Trusts.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>	Gifts.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4 I have other assets: (Circle "Yes" and fill in the value of the property, otherwise circle "No")

Cash.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>	Savings account.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>
Bank account(s).....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>	Stocks/Bonds.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>
Certificates of Deposit or Money Market Account(s).....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>	Homestead Real Property*.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>
Boats*.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>	Motor Vehicle*.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>
			Non-homestead real property/real estate*.....	Yes \$ <u>00.00</u>	No <input checked="" type="checkbox"/>

*Show loans on these assets in paragraph 5

Check one: I () DO DO NOT expect to receive more assets in the near future. The asset is: 00.00

5 I have total liabilities and debts of \$ 7,400.00 as follows: Motor Vehicle \$ 00.00, Home \$ 2,000.00, Other Real Property \$ 00.00, Child Support paid direct \$ 00.00, Credit Cards \$ 5,200.00, Medical Bills \$ 00.00, Cost of medicines (monthly) \$ 00.00, Other \$ 60.00

6 I have a private lawyer in this case..... Yes No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under S.57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in S.775.082, F.S. or S.775.083, F.S.

I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this 15 day of JULY, 20 10.
09-24-1972
Date of Birth 3248 MAIN STREET, SANFORD, FLA. 32771
Address, P.O. Address, Street, City, State, Zip Code

LATRELL BARFIELD
Signature of Applicant for Indigent Status
Print Full Legal Name: LATRELL DENISE BARFIELD
Phone Number: 407-916-0687

CLERK'S DETERMINATION

Based on the information in this application, I have determined the applicant to be () Indigent () Not Indigent, according to S.57.082, F.S.

Dated this _____ day of _____, 20_____.

Maryanne Morse, Clerk of the Circuit Court
This form was completed with the assistance of

Clerk/Deputy Clerk/Other authorized person.

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME.

THERE IS NO FEE FOR THIS REVIEW
Sign here if you want the judge to review the clerk's determination Latrell Barfield

LB 7414

03796593
APS0709384572



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM
Your Claim is Scheduled As Follows:

Name of Debtor (Check Only One):
 Motors Liquidation Company (f/k/a General Motors Corporation)
 MLCS, LLC (f/k/a Saturn, LLC)
 MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)
 MLCS of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)

Case No.
09-50026 (REG)
09-50027 (REG)
09-50028 (REG)
09-13558 (REG)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): **BARFIELD, LATRELL**

Name and address where notices should be sent:
**BARFIELD, LATRELL
PO BOX 1824
SANFORD, FL 32772-1824**

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

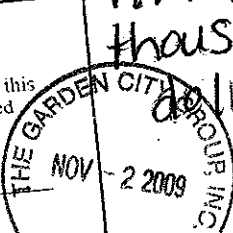
Filed on: _____

Telephone number: **321-262-3255**
Email Address: _____
Name and address where payment should be sent (if different from above):

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

**19,000.00
nineteen
thousand
dollars**



If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form. **EXCEPT AS FOLLOWS:** If the amount shown is listed as **DISPUTED, UNLIQUIDATED, or CONTINGENT**, a proof of claim **MUST** be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

1. Amount of Claim as of Date Case Filed, June 1, 2009: **\$ 19,000.00**
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

Specify the priority of the claim.
 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
 Wages, salaries, or commissions (to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor business, whichever is earlier - 11 U.S.C. § 507(a)(4).

2. Basis for Claim: **services performed/goods sold**
(See instruction #2 on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
 Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

3. Last four digits of any number by which creditor identifies debtor: **1589**
3a. Debtor may have scheduled account as: **71-723371589**
(See instruction #3a on reverse side.)

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 Value of goods received by the Debtor within 20 days before the date of commencement of the 11 U.S.C. § 503(b)(9) (1) § 507(c).

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Equipment Other
Describe: _____
Value of Property: **\$ 19,000.00** Annual Interest Rate **0%**

Amount of arrearage and other charges as of time case filed included in secured claim, if any: **\$ 000.00**
Basis for perfection: **CASH 71-723371589**
Amount of Secured Claim: **\$ 19,000.00** Amount Unsecured: **\$ 000.00**

Other - Specify applicable part of 11 U.S.C. § 507(a)(____).
Amount entitled to priority: _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Date: **10/29/09**
Latrell D. Barfield Latrell Denise Barfield

*Amounts are subject to adjustment under 11 U.S.C. § 507 and every 3 years thereafter, respect to cases commenced on or after the date of adjustment.

FOR COURT USE

127474

IN THE CIRCUIT COURT OF THE 18th JUDICIAL CIRCUIT,
IN AND FOR NEW YORK, New York

Case No.: 09-50026(REG)
Division: bankruptcy

LATRELL, DENISE ; BARFIELD, 3248 MAIN street,
Sanford, Fla. 32711
Petitioner

and

MOTORS LIQUIDATION COMPANY ET, AL
Respondent FRIA GENERAL MOTORS CORP,
ET, AL,
ORDER PROPOSED

This cause having come to be heard on AUGUST 06, 2010
upon Petitioner's / () Respondent's Motion PROPOSED

It is HEREBY ORDERED:

1. That the Court has jurisdiction over the parties and subject matter of this action.

2. That LATRELL BARFIELD Be PAID
19,000.00 IN US FUNDS BY GENERAL

MOTORS CORP, NOW MOTOROS LIQUIDATION COMP
ANY

3. That PAYMENT TO LATRELL BARFIELD
BY DIRECT DEPOSIT TO ACCOUNT

NUMBER 585854-18 ROUTING NUMBER 263

181368. fair winds credit union

ORDERED at UNITED STATES, on AUGUST 06, 2010 OR

BANKRUPTCY COURT BEFORE
FOR THE SOUTHERN DISTRICT
OF NEW YORK, ONE
BOWLING GREEN,
NEW YORK, NEW YORK
10004

Circuit Judge

LB7474