

**Chapter 13 Plan**

Case No.: \_\_\_\_\_

Debtor(s): \_\_\_\_\_ SS#: \_\_\_\_\_ Net Monthly Earnings: \$ \_\_\_\_\_  
 \_\_\_\_\_ SS#: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

**I. Plan Payments:**

( ) Debtor(s) proposes to pay a periodic payment of \$ \_\_\_\_\_ weekly biweekly semi-monthly monthly into the plan; or  
 ( ) Payroll deduction order: To \_\_\_\_\_ for \$ \_\_\_\_\_ weekly biweekly semi-monthly monthly.  
 Length of Plan is \_\_\_\_\_ months, and the total debt to be paid through the plan is \$ \_\_\_\_\_.

Chapter 13 filing fees will be paid through the chapter 13 trustee assigned to the case.

**II. From the payments received, the trustee shall make disbursements pursuant to the Bankruptcy Code including:**

**A. PRIORITY CLAIMS (INCLUDING ADMINISTRATIVE EXPENSES AND SUPPORT) [See § 1322(a)(2)]**

The following priority claims, if allowed, will be paid in full unless creditor agrees otherwise:

CREDITOR	TYPE OF PRIORITY	SCHEDULED AMOUNT	MONTHLY PAYMENT

B. Total Attorney Fee: \$ \_\_\_\_\_; \$ \_\_\_\_\_ paid pre-petition; \$ \_\_\_\_\_ to be paid at confirmation and \$ \_\_\_\_\_ per month.

C. The holder of each SECURED claim shall retain the lien securing such claim until a discharge is granted and such claim shall be paid in full with interest in deferred cash payments as follows:

**1. Long Term Debts:**

Name of Creditor	Total Amount of Debt	Amount of Regular Payment to be Paid (check box)	Regular Payments to Begin: Month/Year	Arrears to be Paid by Trustee	Months Included in Arrearage Amt.	Proposed Interest Rate on Arrearage	Proposed Fixed Payment on Arrearage
		by Trustee by Debtor					
		by Trustee by Debtor					

**2. Secured Debts (not long term debts) to be paid through Trustee:**

Name of Creditor	Adequate Protection Payments	Total Amount of Debt	Debtor's Value	Unsecured Portion	Description of Collateral	Proposed Interest Rate	Proposed Fixed Payment	Fixed Payment to Begin: (Month/Year)

**III. Other debts (not shown in 1 or 2 above) which Debtor(s) proposes to pay direct:**

Name of Creditor	Total Amount of Debt	Amount of Regular Payment	Description of Collateral	Reason for Direct Payment

**IV. Special Provisions (check all applicable boxes):**

This is an original plan.  
 This is an amended plan replacing plan dated \_\_\_\_\_.  
 This plan proposes to pay unsecured creditors \_\_\_\_\_ %.  
 Other provisions:

Name/Address/Telephone/Attorney for Debtor(s): \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Debtor

\_\_\_\_\_  
 Signature of Debtor

Telephone #: \_\_\_\_\_