

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 approximately \_\_\_\_\_ months, and the total debt to be paid through the plan is approximately \$ \_\_\_\_\_.

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 Amount	Proposed Interest Rate on Arrearage	Proposed Fixed Payment on Arrearage
		<input type="checkbox"/> by Trustee <input type="checkbox"/> by Debtor					
		<input type="checkbox"/> by Trustee <input type="checkbox"/> 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

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

Signature of Debtor