ted States Bankruptcy Court for the		District of	
otor's Name		Case No	
ouse's Name			
otor's Social Security No			
use's Social Security No			
1. Amount of each payment to be made by the debte	or to the Bankruptcy Tru	stee. \$	
2. Frequency of payments. (Check one)  • Weekly  • Bi-Weekly  • Semi-Month	nly 🗖 Monthly	☐ Other	
3. Amount to be paid on priority claims:	Payment per Month	Total Amount	
Name	under Plan	to be Paid	
4. For secured creditors, provide the following data:			
Name	Description of Collateral (Value)	Payment per Month under Plan	Total Amount to be Paid

	Name			Payment per Month under Plan	Total Amour to be Paid
	Name			under Plan	to be Paid
-					
-					
_					
-					
-					
-					
-					
i. Bar	nkruptcy Trustee's Compensation: S	S	per		
			per		
	nkruptcy Trustee's Compensation: See Plan will be completed in		per		
'. The			per		
. The	e Plan will be completed in	months.	per		
. The	e Plan will be completed iner information:  Living expenses \$ per	months.	per		
. The	e Plan will be completed in	months.	per		
'. The	e Plan will be completed iner information:  Living expenses \$ per  Earnings and income \$	months.  month  per month			
. The	e Plan will be completed iner information:  Living expenses \$ per	months.  month  per month			
7. The	e Plan will be completed iner information:  Living expenses \$ per  Earnings and income \$	months.  month  _per month  Def	otor's Signature		

## **List of Creditors**

Name:	Name:	Name:
Address:	Address:	Address:
Name:	Name:	Name:
Address:	Address:	Address:
Name:	Name:	Name:
Address:	Address:	Address:
Name:	Name:	Name:
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Name:	Name:	Name:
Address:	Address:	Address:
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