

CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT

DISTRICT OF MISSISSIPPI

CASE NO.

Debtor SS # XXX-XX- Current Monthly Income \$
Joint Debtor SS # XXX-XX- Current Monthly Income \$
Address No. of Dependents
Telephone No. TAX REFUNDS AND EIC FOR DISTRIBUTION:

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

- (A) Debtor shall pay \$ per (monthly / semi-monthly / weekly / bi-weekly ) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:
(B) Joint Debtor shall pay \$ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full: IRS \$ @ \$ /mo
State Tax Commission \$ @ \$ /mo Other \$ @ \$ /mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:

beginning in the amount of \$ per month shall be paid:
direct through payroll deduction through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:

in the amount of \$ shall be paid \$ per month:
through payroll deduction through the plan.

HOME MORTGAGE(S)

MTG PMTS TO: BEGINNING @ \$ ( ) PLAN ( ) DIRECT
MTG PMTS TO: BEGINNING @ \$ ( ) PLAN ( ) DIRECT
MTG PMTS TO: BEGINNING @ \$ ( ) PLAN ( ) DIRECT
MTG ARREARS TO: THROUGH \$ @ \$ /MO\*
(\*Including interest at %)
MTG ARREARS TO: THROUGH \$ @ \$ /MO\*
(\*Including interest at %)
MTG ARREARS TO: THROUGH \$ @ \$ /MO\*
(\*Including interest at %)

Debtor's Initials Joint Debtor's Initials

**SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____

**SPECIAL CLAIMANTS.** (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SPECIAL PROVISIONS** for all payments to be paid through the plan, including, but not limited to, adequate protection payments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNSECURED DEBTS** totaling approximately \$ \_\_\_\_\_ are to be paid in deferred payments to Creditors that have filed claims that are not disallowed: \_\_\_\_\_ IN FULL or \_\_\_\_\_% (PERCENT) MINIMUM.

Total Attorney Fees Charged \$ \_\_\_\_\_  
 Attorney Fees Previously Paid \$ \_\_\_\_\_  
 Attorney fees to be paid through the plan \$ \_\_\_\_\_

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Name/Address/Phone # of Vehicle Insurance Co./Agent

\_\_\_\_\_

\_\_\_\_\_

Attorney for Debtor (Name/Address/Phone # / Email)

\_\_\_\_\_

\_\_\_\_\_

Telephone/Fax \_\_\_\_\_

Telephone/Fax \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

DATE: \_\_\_\_\_

DEBTOR'S SIGNATURE \_\_\_\_\_  
 JOINT DEBTOR'S SIGNATURE \_\_\_\_\_  
 ATTORNEY'S SIGNATURE \_\_\_\_\_

CHAPTER 13 PLAN CONTINUATION SHEET

**Additional Secured Claims**

<u>Creditor's Name</u>	<u>Collateral</u>	<u>Approx. Amt. Owed</u>	<u>Value</u>	<u>Intrst. Rate</u>	<u>Total Amt. To Be Paid</u>	<u>Monthly Payment</u>
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____

**Additional Special Claimants**

<u>Creditor's Name</u>	<u>Collateral or Type of Debt</u>	<u>Approx. Amt. Owed</u>	<u>Proposal to Be Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Additional Special Provisions**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Debtor's Initials \_\_\_\_\_ Joint Debtor's Initials \_\_\_\_\_

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