

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 _____
 Telephone/Fax _____

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

Debtor's Initials _____ Joint Debtor's Initials _____

CHAPTER 13 PLAN, PAGE _____ OF _____