# Local Bankruptcy Forms of the United States Bankruptcy Court



## for the Western District of Pennsylvania

Adopted June 10, 2013

The Honorable Thomas P. Agresti, Chief Judge

The Honorable Jeffery A. Deller

The Honorable Carlota M. Böhm

The Honorable Gregory L. Taddonio

John J. Horner, Clerk

# LOCAL BANKRUPTCY FORMS OF THE U.S. BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

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In Re:		:	Bankruptcy No.	
Debtor		; ;		
DECLARATIO	ON RE: ELECTRONIC	FILING OF PE	ETITION, SCHEDULES & STATEMENTS	
PART I – DECLARATION	N OF PETITIONER			
and correct. I consent to my at I understand that this DECL electronically docketed but, in time is extended by order of dismissal of my case pursuant	ttorney sending my petition LARATION RE: ELECTR any event, no later than for court. I understand that fact to 11 U.S.C. § 707(a)(3) w	n, this declaration, st CONIC FILING is ourteen (14) days fo tillure to timely sub- vithout further notice		Court. re been less the esult in
Security number(s) listed belo		der penaity of perju	ury that the information provided in this petition and the	Social
Name of Debtor	Debtor Check	has a Social Securi here if Debtor does	ity number and it is:s not have a Social Security number:	
Name of Joint Debtor	Joint D	ebtor has a Social S	Security number and it is:	
	ive been authorized to file tetition.	this petition on beha	enalty of perjury that the information provided in this pet nalf of the debtor. The debtor requests relief in accordance	ce with
	Title:(Corporate	e or Partnership Fili		
DADTH DECLARATIO		mber of Signer	Address of Signer	
PART II – DECLARATIO				
and correct to the best of my schedules, statements and ma Bankruptcy Court, and have debtor's petition, schedules, a If debtor is an individual, I fur	y knowledge, information uiling matrix. I will give the followed all other required and statements and, to the b rther declare that I have inf	and belief. The de ne debtor a copy of ments for electronic est of my knowledg formed the petitione	nined the debtor's petition and that the information is co- ebtor will have signed this form before I submit the p- if all forms and information to be filed with the United c case filing. I further declare that I have examined the ge, information and belief, they are true, correct, and cor- er that [he or she] may proceed under chapter 7, 11, 12 of each such chapter. This declaration is based on all infor-	etition, States above mplete. or 13 of
			Servicemembers Civil Relief Act of 2003. If debtor be ffidavit advising the Court within fourteen (14) days of the	
Dated:		Attorney for Deb	btor (Signature)	_
		Typed Name		-
		Address		-
		Phone No.		-
		List Bar I.D. and	d State of Admission	_

In Re:	: Bankruptcy No.
	:
Debtor	: :
	ECTRONIC FILING OF PETITION, SCHEDULES & STATEMENTS IDUAL DEBTOR NOT REPRESENTED BY COUNSEL
I,	, and I,, at the Bankruptcy petition, statements, schedules and mailing matrix presented to
the Clerk for filing is true and co be submitted to the Clerk once a following the date the petition w	orrect. I understand that this DECLARATION RE: ELECTRONIC FILING is to all schedules have been filed but, in any event, no later than fourteen (14) days as filed unless the time is extended by order of court. I understand that failure to all of this DECLARATION will result in dismissal of my case pursuant to 11
debtor becomes entitled to protect	s a servicemember as defined by the Servicemembers Civil Relief Act of 2003. If ctions of the Act during the bankruptcy case, he shall file an affidavit advising the of the date of his change in status.
I declare under penalty on number(s) listed below are true a	of perjury that the information provided in this petition and the Social Security nd correct:
	Debtor has a Social Security number and it is:
Signature of Debtor	Check here if Debtor does not have a Social Security number:
	Joint Debtor has a Social Security number and it is:
Signature of Joint Debtor	Check here if Joint Debtor does not have a Social Security number:
Dated:	
	Address
	Phone No.

In Re:	: Bankruptcy No.
Debtor	: Chapter 11
Movant v.	: Related to Document No.
Respondent (if none, then "No Respondent")	: Hearing Date and Time: :
	N FOR DESIGNATION ER 11 BANKRUPTCY CASE
that this case qualifies as a Complex Chapter 11 Bankru	The undersigned party in interest believes uptcy Case pursuant to Local Bankruptcy Rules because: ation of the following "First Day" motions.
than \$ million.  There are more than parties in in  Claims against the debtor are publicly a  Equity interests in the debtor are public	traded.
DATE: By:	Signature
	Typed Name  Address
	Phone No.
	List Bar I.D. and State of Admission

In Re:	: Bankruptcy No.
Debtor(s)	: : Chapter 11
INITIAL ORDER FOR COM	MPLEX CHAPTER 11 BANKRUPTCY CASE
	An Ex Parte Motion Case was filed. After review of the initial pleadings filed in Complex Chapter 11 Case and issues this scheduling order.
motion or other pleading requires notice. U matters will be limited to the parties on the a. The Service List shall initi unsecured creditors' committee, U.S. Trus creditors, any indenture trustee, and any par b. Any party in interest that wi shall be added to the Service List merely Debtor and Debtor's counsel. c. Parties on the Service List service of process, and parties are encourag mail service may be included in the party's d. The Service List shall be fi	ially include the Debtor, Debtor's counsel, counsel for the stee, all secured creditors, the twenty (20) largest unsecured
	following dates and times for hearing all motions and other at
dispute prior to the hearing, the parties m Court determines that the notice of the dis	hearing and the parties reach agreement on a settlement of the hay announce the settlement at the scheduled hearing. If the spute and the hearing is adequate notice of the effects of the ement at the hearing without further notice of the terms of the
If any party in interest objects to the provis	Order to all parties in interest within seven (7) calendar days. sions of this Order, that party shall file and serve a motion for fourteen (14) days of the date of this Order articulating the
Date:	United States Bankruptcy Judge

RESERVED

RESERVED

#### NOTICE OF TERMINATION OF CM/ECF PRIVILEGES

	I,, the undersigned, hereby certify that I am not an attorney of record
on an "Cour	pending case before the Bankruptcy Court for the Western District of Pennsylvania (th.").
Court	I am instructing the Clerk of Court to terminate my status as a registered Filing User in the CM/ECF System, pursuant to W.PA.LBR 5005-4.
Electr	I understand that I will no longer be able to file documents electronically or receive Notices on paic Filing when entries are made on cases.
certifi	I shall mail this signed <b>Notice of Termination of CM/ECF Privileges</b> to the Clerk of Court b d U.S. mail.
EXEC	UTED ON [date]:
By:	
	Signature
	Typed Name
	Address
	Phone No.
	Bar I.D. and State of Admission

In Re:	: Bankruptcy No.
Debtor	: : : Chapter 11
Movant	: :
v.	: Related to Document No
Respondent (if none, then "No Respondent")	: : :

#### **CHAPTER 13 BUSINESS CASE QUESTIONNAIRE**

Local Bankruptcy Rule 1007-4 requires chapter 13 debtors that are self-employed (including debtors acting as landlords), to complete and submit this Questionnaire to the Trustee along with all documents set forth in the Checklist which follows the signature page of the Questionnaire. You must answer all items in the Questionnaire. Use a separate page if additional room is needed, but be sure to reference the additional page next to the item you are answering. All information must be complete and organized. Failure to provide detailed and accurate information may result in the Trustee filing a motion to dismiss your case.

- You must send this completed Questionnaire along with all required attachments to Ronda J. Winnecour, Trustee, U.S. Steel Tower, Suite 3250, 600 Grant Street, Pittsburgh, PA 15219 so that it reaches the Trustee at least fourteen (14) days prior to your first scheduled meeting of creditors. If you fail to do so, the Trustee may require your appearance at an additional meeting or file a motion to dismiss your case.
- Do not file this Questionnaire with the Clerk of the Bankruptcy Court.
- The Questionnaire must be dated.
- The Questionnaire must contain the original signature of all debtors in the case.
- A copy of the Questionnaire should be kept by the debtor for future reference.
- If you have questions concerning this Questionnaire, please contact your attorney.

Debtor (s)' Name(s)		
Chapter 13 Case No.		
Name of Business		
List all past names used by Business		
Location where business is operated		
Description of Business Activities/Type of Business		
What circumstances led you to file this bankruptcy?		

How	do you expect these circumstances to change so that you will be able to fund a Chapter 13 Plan?			
1.	Type of Business Organization, circle one:			
	Corporation Sole Proprietorship Partnership Other			
	Has business ever been incorporated? Yes No			
	Date business began			
	Federal ID number (if applicable) State ID number			
2.	If your business is a Partnership, please answer (a) to (c) below:			
	(a) Names of Partners			
	(b) Percentage of your ownership: Debtor % Joint Debtor %			
	(c) Is there a written partnership agreement? Yes No			
	If yes, please include a copy of the agreement with this Questionnaire when you return it to the Trustee.			
3.	If your business is a Corporation, please answer (a) to (g) below:			
	(a) Who are the shareholders?			
	(b) How many shares have been issued and are outstanding?			
	(c) What is your percentage ownership? Debtor % Joint Debtor %			
	(d) State of incorporation			
	(e) Is the corporation in good standing with the Secretary of State? Yes No			
	If no, why not?			
	(f) Fair Market Value of Corporate Assets, including going concern value \$			
	Basis of value			
	(g) Amount of Corporate Debts \$			
4.	Is the business cyclical? Yes No			
	If yes, when is the busy season?			
	If you when is the slow seeson?			

5.	Do you have an accountant or bookkeeper? Yes If yes, please provide the name, address and phone number of this individual					
	understand that you are required to file monthly operating reports with the Court a copy by the 15th of each month that you are in bankruptcy? Yes					
6.	Are all tax returns which should have been filed to this point in time filed?	YesNo				
	If no, list years that are delinquent, type of return owed, and entity to which return is owed:					
	Year Entity(s) and Type of Return Due					
	understand that while you are in Chapter 13, you are individually responsible for keepost-petition business as well as personal tax obligations? Yes					
•	understand that the Court in this District has entered a General Order which require to be filed within sixty (60) days from the date that you filed your bankruptcy case?	res all delinquent tax				
	Yes No					
7.	Have you filed estimated quarterly income tax returns with the IRS? Yes No					
	If yes, please provide copies of the last three (3) estimated returns filed, with proof of payment.					
	If no, explain why not					
8.	Does the business have employees? Yes No					
	If yes, how many? Are any of these persons related to you? Yes	esNo				
	Does the business withhold from their wages? Yes No	)				
	If yes, where do you deposit the withholdings and how often?					
	i					
	ii					
	Please provide copies of proof of payment of employee withholding tax months prior to the month that your case was filed.	xes for the three (3)				

Ara 1000s issued?	15: 165	]	No	
Ale 10998 Issued!	Yes	No		
Is your business required to	o collect sales tax?	Yes	N	0
If yes, has your business co	ollected and remitted sa	ales taxes on a re	gular basis?	Yes
If no, explain why				
Do you understand that yo	ou must keep the sales to			
Yes	No			
Please provide copies of pr	roof of payment of sale	es taxes for three	(3) months prior	to the month y
was filed.				
Are you leasing office space	ce?Yes		No	
If yes, answer (a) to (e) be	low:			
(a) Address of Property _				
(b) Landlord's Name and	Address			
(c) Monthly Rental Payme	ent \$			
(c) Wolling Kellai Laylik				
(d) Term of lease				
(d) Term of lease	ue the lease?			No
(e) Do you wish to continu		tos?	Yes	
(d) Term of lease  (e) Do you wish to continue  Does the business lease but If yes, answer (a) to (e) between the properties of the propertie	siness equipment or au	tos?	_Yes	1,0

(e) Do you wish to continue the	e lease?	Yes		No	
Does the business have any outs	standing contrac	ts?	Yes		No
If yes, please describe					
If you rent real property owned	by you to others				
Address of Tenant Date L	ease Began	Date Le	ase Ends	Amount o	f Monthly Rei
•	any business lic	enses or p	permits?	Yes	
Is the business required to have If yes, please list:	any business lic	eenses or p	permits?	Yes	
Is the business required to have  If yes, please list:  If yes, are licenses/permits curre	any business lic	eenses or p	permits?	Yes	
Is the business required to have  If yes, please list:  If yes, are licenses/permits curre  Does the business carry the following	any business lic	Yes e policies?	permits?	Yes	
Is the business required to have  If yes, please list:  If yes, are licenses/permits curre	ent?owing insurance	Yes policies?	Policy No	Yes	Exp. Date _
Is the business required to have If yes, please list:  If yes, are licenses/permits curre Does the business carry the foll- Commercial Liability?  Workmans Compensation?	ent?owing insurance	Yes policies? No F	Policy No	Yes	Exp. Date _
Is the business required to have  If yes, please list:  If yes, are licenses/permits curre  Does the business carry the following commercial Liability?  Workmans Compensation?  Fire Building?	ent? owing insurance Yes	Yes policies? No F No F	Policy No	No Yes	Exp. Date _ Exp. Date _
Is the business required to have  If yes, please list:  If yes, are licenses/permits curre  Does the business carry the following commercial Liability?  Workmans Compensation?  Fire Building?  Fire Contents?	ent? owing insurance Yes Yes Yes	Yes policies? No F No F No F	Policy No Policy No Policy No	No Yes	Exp. Date _ Exp. Date _ Exp. Date _
Is the business required to have  If yes, please list:  If yes, are licenses/permits curre  Does the business carry the followork commercial Liability?  Workmans Compensation?  Fire Building?  Fire Contents?  Automobile Coverage?	ent? owing insurance Yes Yes Yes Yes Yes	Yes policies? No F No F No F No F	Policy No Policy No Policy No Policy No	No Yes	Exp. Date _
Is the business required to have  If yes, please list:  If yes, are licenses/permits curre  Does the business carry the followork commercial Liability?  Workmans Compensation?  Fire Building?  Fire Contents?  Automobile Coverage?	ent? owing insurance Yes	_ Yes e policies? _ No F	Policy No Policy No Policy No Policy No Policy No	Yes	Exp. Date _

	Do you know that in order to continue the operation	on of your busir	ness, it is your responsibility to obtain
	and maintain comprehensive liability insurance for	the operation for	your business?
	Yes No		
16.	Does the business keep inventory on hand?	Yes	No
	If yes, what would you estimate the market value of	f your inventory	to be? \$
	When was the last physical count of your inventory	?	
	What was the value of the inventory at that time? \$	6	
	Please provide a list of your inventory.		
17.	What is the balance of the business accounts receive	able? \$	
	What amount of the receivables is reasonably collection	ctible? \$	
	Please provide a copy of your accounts receivable l	edger.	
	Have you pledged your receivables, rents, profits, or	or other cash as c	ollateral for any loans?
	Yes No		
	If yes, please identify		
	Do you understand that if you have borrowed mone	ey from any cred	itor and as security or collateral for the
	loan you have pledged accounts receivables, re	ents, or other c	ash, you may not use the accounts
	receivables, rents or cash without express writte	en consent from	the Creditor, or an order from the
	Bankruptcy Court allowing the use?	Yes	No
18.	If you were to buy your business today, how much	would you pay f	or it? \$
	I/We declare under penalty of perjury that	at the foregoing	statement of information is true and
correc	ect to the best of my/our knowledge, information, and b	pelief.	
Dated:	ed:		
	De	ebtor's signature	
		int Dobton's s'	oturo
	JO	int Debtor's sign	ature

## CHECKLIST OF DOCUMENTS THAT MUST BE RETURNED WITH YOUR QUESTIONNAIRE

You must send <u>copies</u> of the following documents to Ronda J. Winnecour, the Trustee, along with your completed Questionnaire within fifteen (15) days before the first scheduled § 341 meeting date. Failure to do so may cause the Trustee to require your attendance at an additional meeting or file a motion to dismiss your case.

 Operating statements showing income and expenses for the business for the twelve (12) months prior to the time of filing your bankruptcy case.
 Bank statements for all accounts for the twelve (12) months prior to the time of filing your bankruptcy case.
 Federal income tax returns with all accompanying schedules for the two (2) years prior to filing your bankruptcy case.
 State income tax returns with all accompanying schedules for the two (2) years prior to filing your bankruptcy case.
 Appraisals or other third party valuations of real estate, equipment, inventories and other business property listed in your bankruptcy schedules.
 Financial statements furnished to third parties such as banks and trade creditors within the two (2) years prior to filing your bankruptcy case, including but not limited to the balance sheet, income statement and cash flow statement.
 Current schedule of accounts receivable and accounts payable.
 Current insurance policies that cover the assets listed in your bankruptcy schedules.
 The business's check register for the three (3) months prior to filing your bankruptcy case.
 If your business has employees, proof of payment of employee withholding taxes for the three (3) months prior to the month your case was filed.
 If your business is required to collect and remit sales taxes, proof of payment of sales taxes for the three (3) months prior to the month your case was filed.
 The last three (3) federal quarterly income tax returns with proof of payment.
 Any partnership agreement that exists.
List of your inventory and equipment.

#### MONTHLY OPERATING REPORT FOR CHAPTER 13 CASES

Debtor's name		· · · · · · · · · · · · · · · · · · ·
Case No.		
Month	Year	
Gross receipts for month:		
(If more than one source, list each)		
	TOTAL GROSS RECEIPTS:	\$
Business expenses paid:		
Description	Amount	
	TOTAL EXPENSES:	\$
	NET PROFIT OR (LOSS) FOR MONTH:	\$

Reports for each month are due by the 15th day of the following month and should be mailed to: Chapter 13 Trustee, U.S. Steel Tower, Suite 3250, 600 Grant Street, Pittsburgh, PA 15219

USE ADDITIONAL SHEETS IF NEEDED

# BANKRUPTCY RULE 2015 AND SECTION 1304(c) DUTY OF CHAPTER 13 DEBTORS ENGAGED IN A BUSINESS TO KEEP RECORDS, MAKE REPORTS AND GIVE NOTICE OF CASE

Bankruptcy Rule 2015 and Section 1304(c) of the Bankruptcy Code requires debtors engaged in business that file a Chapter 13 bankruptcy petition to:

- Keep a record of receipts and the disposition of money and property received.
- File with the Court, the Trustee, and with any governmental unit charged with responsibility for collection or determination of any tax arising out of such operation, periodic reports and summaries of the operation of the business, including a statement of receipts and disbursements, which shall include a statement, if payments are made to employees, or the amounts of deductions for all taxes required to be withheld or paid for on behalf of employees and the place where these amounts are deposited.
- As soon as possible after the commencement of the case, give notice of the case to every entity known to be holding money or property subject to withdrawal, including every bank, savings or buildings and loan association, public utility company, and the landlord with whom the debtor has a deposit, and to every insurance company which has issued a policy having a cash surrender value payable to the debtor, except that notice need not be given to any entity who has knowledge or has previously been notified of the case.

In Re:	: Bankruptcy No.
	:
Debtor	:
	: Chapter
Movem	
Movant	: Related to Document No.
v.	. Related to Document No.
<b>v.</b>	
	· :
Respondent (if none, then "No Respondent")	:
• • • • • • • • • • • • • • • • • • • •	
AMENDMEN	NT COVER SHEET
Amendment(s) to the following petition, list(s), schedu	ule(s), or statement(s) are transmitted herewith:
Voluntary Petition - Specify reason for amend	lment:
Official Form 6 Schedules (Itemization of Cha	anges Must Be Specified)
Summary of Schedules	
Schedule A - Real Property	
Schedule B - Personal Property	
Schedule C - Property Claimed as Exempt	
Schedule D - Creditors holding Secured Clain	ns
Check one:	
Creditor(s) added	
NO creditor(s) added	
Creditor(s) deleted	
Schedule E - Creditors Holding Unsecured Pr	iority Claims
Check one:	
Creditor(s) added	
NO creditor(s) added Creditor(s) deleted	
Schedule F - Creditors Holding Unsecured No	appriority Claims
Check one:	onpriority Claims
Creditor(s) added	
NO creditor(s) added	
Creditor(s) deleted	
Schedule G - Executory Contracts and Unexp	ired Leases
Check one:	
Creditor(s) added	
NO creditor(s) added	
Creditor(s) deleted	
Schedule H - Codebtors	
Schedule I - Current Income of Individual Del	btor(s)
Schedule J - Current Expenditures of Individu	al Debtor(s)
Statement of Financial Affairs	
Chapter 7 Individual Debtor's Statement of In	tention
Chapter 11 List of Equity Security Holders	
Chapter 11 List of Creditors Holding 20 Large	
Disclosure of Compensation of Attorney for I	Debtor
Other:	

#### NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Bankruptcy Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case, and to entities affected by the amendment as follows:

Date:	
	Attorney for Debtor(s) [or pro se Debtor(s)]
	(Typed Name)
	(Address)
	(Phone No.)
	List Bar I.D. and State of Admission

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

In Re:	<ul><li>: Bankruptcy No.</li><li>: Chapter</li></ul>
Debtor	: Chapter
Movant	: Related to Document No.
v.	: Hearing Date and Time: :
Respondent (if none, then "No Respondent")	: :
CERTIFICATE OF S	ERVICE OF (Specify Document Served)
	served the above captioned pleading on the parties at the addresses
	parties (first-class mail, electronic notification, hand delivery, or
by the type of service. For example, the ful the person or entity represented, for each	e was employed, this certificate of service groups the parties Il name, email address, and where applicable the full name of party served by electronic transmission is listed under the me and complete postal address for each party served by mail, t-Class Mail."
EXECUTED ON:	_
By:	
	Signature
	Typed Name
	Address
	Phone No.

List Bar I.D. and State of Admission

In Re:		: Bankruptcy No.
	Debtor	: :
	20001	: Chapter
		:
Movant		: Related to Document No.
	v.	. Related to Document No.
		:
Respondent (if r	none, then "No Respondent")	: Hearing Date and Time :
SUMM		ICE OF HEARING ON PROFESSIONAL FEES 2 AND 13 ON BEHALF OF
	in Chai leas /, i	2 AND 13 ON BEHALF OF
To All Creditors	s and Parties in Interest:	
1.	Applicant represents	
2.	This is (check one)	
	a final application	
	an interim application	
2	for the periodt	<u></u>
3. 4.	Previous retainer paid to Applicant: S	\$ved to Applicant: \$
	Applicant requests additional:	ved to Applicant. \$
3.	Compensation of \$	
	Reimbursement of Expenses	s of \$
6.	A hearing on the Application wil	s of \$
.m., on		, a see note in courteeon, a see note in courte on, a
7. Any	written objections must be filed v	with the court and served on the Applicant on or before a from the date of this notice plus an additional three (3) days table from the applicant.
·		Date of service:
		Signature of Applicant or Attorney for Applicant
		Typed Name
		Address
		1 idulos
		Phone No.
		List Bar I.D. and State of Admission

(Note: 1. Scheduling dates in this Notice shall comply with Local Rules. 2. The full application need be served only upon Debtor, counsel for Debtor, the U.S. Trustee, and the trustee and counsel for the trustee. 3. Applicant shall serve this Notice on all creditors and parties in interest including any person who has filed a request for notices. 4. A certificate of service shall be filed with this Notice and the application.)

PAWB Local Form 8 (07/13)

In Re:		:	Bankruptcy No.
		:	
	Debtor	:	CI.
		:	Chapter
		:	
Movant		:	B 1 - 1 - B
		:	Related to Document No.
v.		:	
		:	II ' D . 177'
D 1 ///C	1 (O) D 1 (2)	:	Hearing Date and Time:
Respondent (if non	e, then "No Respondent")	:	

#### SUMMARY COVER SHEET FOR FEE APPLICATIONS IN CHAPTER 11 AND CHAPTER 15

1.	Your applicant was appointed on	•
	(Attach a copy of the order approving appointment.)	
2.	Your applicant represents	
3.	The total amount of the compensation requested is \$ to	for the period from
4.	The compensation is (State whether interim or final compensation.)	
5.	A retainer of \$ was paid on	
6.	The amount of compensation previously requested is \$	<del>.</del>
7.	The amount of compensation previously approved is \$	
8.	The amount of compensation previously paid is \$	·
9.	The total amount of expenses for which reimbursement is sought is \$ for the period from to	
10.	The amount of expenses previously requested is \$	
11.	The amount of expenses previously approved is \$	
12.	The amount of expenses previously paid is \$	·
13.	The blended hourly rate for this application is \$	

14.	Other factors bearing on fee	e application	:	
DATE	3:	By:	Signature	
			Typed Name	
			Address	
			Phone No.	
			List Bar I.D. and State of Admission	

#### APPENDIX EXAMPLE OF CATEGORY LISTING OF TIME AND SERVICES PURSUANT TO W.PA.LBR 2016-1(c)(5)(A)

## IN THE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

In Re:			: Bankrup	tcy No.		
		Debtor	: : Chapter			
Movant			: : Related	to Document No.		
	V.		<b>:</b>			
Responder	nt (if none, then "No	Respondent")	: Hearing :	Date and Time:		
PART "A	,,					
		me and services or tasks 1985 to the closing of th		on behalf of Acme	Shoe Company, Debtor	r,
\$_ pre	eparation and filing	le of real estate at 320including negotiation of Motion and Order for of sale. After payment	ns with purcha r sale, hearing	ser, drafting Agree on sale and closing	ment of Sale, lien search g on sale and preparatio	h.
<u>DATE</u>	<u>ATTY</u>	DESCRIPTION OF SI	<u>ERVICE</u>		<u>HOURS</u>	
5/1/85	RB	Conference with Jones representatives re: pote purchase of 320 Grant	ential			
5/3/85	RB	Preparation of Agreem for 320 Grant Avenue	ent of Sale			
TO	OTAL IN CATEGOI	RY 1:				
of	Motion, obtaining C	ribution to Creditors per Order of Court and making	ng the distribu	tion of \$	to priorit	y
<u>DATE</u>	<u>ATTY</u>	DESCRIPTION OF SI	ERVICE		<u>HOURS</u>	
9/17/85	JS	Review & Sign Distrib	oution Checks			
9/18/85	JS	Covering letters to all of Anderson, Wagner, Be	rnstein &			

TOTAL IN CATEGORY 2:

<u>CATEGORY 3.</u> - Tax returns and tax refund including arranging for filing of final returns, numerous calls and letters to Pennsylvania Department of Revenue resulting in tax refund of \$12,435.04.

5/02/85 JS Telephone Call: Virginia Vatz

of Pa. Dept. of Revenue re tax

refund

5/04/85 JS Letter: PA Dept. of Revenue

re status of tax returns

**TOTAL IN CATEGORY 3:** 

TOTAL TIME IN ALL CATEGORIES:

#### **DISBURSEMENTS**

6/24/85 JS Copy Expense

8/23/85 JS Copy Expense and postage on distribution

TOTAL DISBURSEMENTS:

#### **BILLING SUMMARY**

JS	Hrs.	Min.	\$135.00	\$
RB	Hrs.	Min.	\$125.00	-
CLIENT TO	OTAL .	-		\$
CURRENT CURRENT	BILLING: EXPENSES:			\$
TOTAL AM	IOUNT DUE:			\$

## EXAMPLE OF CHRONOLOGICAL SUMMARY OF TIME AND SERVICES PURSUANT TO W.PA.LBR 2016-1(c)(5)(B)

## IN THE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

In Re: : Bankruptcy No.

\_

Debtor :

Chapter

Movant

:

•

Related to Document No.

:

Respondent (if none, then "No Respondent")

v.

#### **PART A**

#### CHRONOLOGICAL SUMMARY OF TIME AND SERVICES RENDERED ON BEHALF OF DEBTOR DURING PERIOD FROM MAY 1, 1985 TO CONCLUSION OF CASE

<u>DATE</u>	<u>ATTY</u>	DESCRIPTION OF SERVICE	<u>HOURS</u>
5/1/85	RB	Conference with Jones Co. representative re: potential purchase of 320 Grant Avenue	
5/2/85	JS	Telephone call: Virginia Vatz and Pa. Dept. of Revenue Re: tax refund	
5/3/85	RB	Preparation of Agreement of Sale for 320 Grant Avenue	
5/4/85	JS	Letter: Pa. Dept. of Revenue re: status of tax claim	
9/17/85	JS	Review & Sign: Distribution checks	
9/18/85	JS	Covering letters to all creditors, Anderson, Wagner, Bernstein & Debtor re: the distributions	

#### **TOTAL HOURS**

			<u>DISBURSEMENTS</u>
6/24/85	JS	Copy Expense	\$
8/23/85	JS	Copy Expense and postage on distribution	\$
	TOTA	AL DISBURSEMENTS	\$

# JS 2 Hrs. 0 Min. \$135.00 \$ RB 2 Hrs. 0 Min. \$125.00 \$ CLIENT TOTAL: \$ CURRENT BILLING: \$ TOTAL AMOUNT DUE: \$

In Re: : Bankruptcy No.

:

Debtor :

Chapter

Movant

: Related to Document No.

v. :

:

Hearing Date and Time:

Respondent (if none, then "No Respondent")

#### PART "B"

#### CATEGORY LISTING OF TIME AND SERVICES ON BEHALF OF ACME SHOE COMPANY, DEBTOR, DURING THE PERIOD FROM MAY 1, 1985 TO THE CLOSING OF THE CASE.

I. Category 1. - Sale of real estate at 320 Grant Avenue, Pittsburgh, PA to Jones Company for \$30,000.00 including negotiations with purchaser, drafting Agreement of Sale, lien search, preparation and filing of Motion and Order for sale, hearing on sale and closing on sale and preparation and filing of report of sale. After payment of all liens and expenses of sale the estate netted \$24,500.00

II. <u>Category 2.</u> - Distribution to Creditors per Order of August 14, 1985, including preparation and filing of Motion, obtaining Order of Court and making the distribution of \$36,533.61 to priority creditors and \$21,794.45 as a 4% distribution to Class 4 general creditors

III. <u>Category 3.</u> - Tax returns and tax refund including arranging for filing of final

returns, numerous calls and letters to Pennsylvania Department of Revenue resulting in tax refund of \$12,435.04 hrs. min.

hrs. min.

hrs. min.

TOTAL hrs.

Fill in this info	ormation to identify your	case:		
Debtor 1	First Name Mid	dle Name Last Name		Check if this is an amended plan, and list below the
Debtor 2 (Spouse, if filing)	First Name Mid	dle Name Last Name		sections of the plan that have been changed.
United States Ba	nkruptcy Court for the Westerr	n District of Pennsylvania	-	
Case number	r			
	District of Penn  13 Plan Dat	•		
Chapter	13 Flail Dat	eu		
Part 1: Not	ices			
To Debtors:	indicate that the optio	n is appropriate in your		nce of an option on the form does no t comply with local rules and judicia dered by the court.
	In the following notice to	creditors, you must check	each box that applies.	
To Creditors:			AN. YOUR CLAIM MAY BE REDUCE	
	You should read this pla attorney, you may wish t		vith your attorney if you have one in thi	s bankruptcy case. If you do not have a
	ATTORNEY MUST FILE THE CONFIRMATION PLAN WITHOUT FURT ADDITION, YOU MAY N	E AN OBJECTION TO CO HEARING, UNLESS OTH HER NOTICE IF NO OBJI IEED TO FILE A TIMELY	ONFIRMATION AT LEAST SEVEN (7 TERWISE ORDERED BY THE COUR ECTION TO CONFIRMATION IS FILE PROOF OF CLAIM IN ORDER TO BE	SION OF THIS PLAN, YOU OR YOUI T) DAYS BEFORE THE DATE SET FOI RT. THE COURT MAY CONFIRM THIS ED. SEE BANKRUPTCY RULE 3015. II E PAID UNDER ANY PLAN.
	includes each of the f		ncluded" box is unchecked or both	n boxes are checked on each line, the
payment			Part 3, which may result in a partial parate action will be required to	☐ Included ☐ Not Included
		ossessory, nonpurchase e required to effectuate s	e-money security interest, set out in such limit)	☐ Included ☐ Not Included
.3 Nonstanda	ard provisions, set out in	Part 9		☐ Included ☐ Not Included
<u>'</u>				
Part 2: Pla	n Payments and Leng	th of Plan		
1 Debtor(s) will	make regular payments t	to the trustee:		
Total amount of	of \$ per	month for a remaining pla	n term of months shall be pai	d to the trustee from future earnings as
Payments	By Income Attachment	Directly by Debtor	By Automated Bank Transfer	
D#1	\$	\$	\$	
Diri				
D#2	\$	\$	\$	_

Debtor(s) Case number

2.2	Additional payments:							
	Unpaid Filing Fees. available funds.	The balance of \$	shall	l be fully paid by	the Trustee to	the Clerk o	f the Bankruptc	y Court from the first
	Check one.							
	None. If "None" is cl	hecked, the rest of Secti	on 2.2 need not be	e completed or	reproduced.			
		nake additional payme each anticipated payme		ee from other s	sources, as spe	ecified below	w. Describe the	e source, estimated
2.3	The total amount to b plus any additional so	urces of plan funding o			y the trustee b	pased on the	ne total amour	nt of plan payments
Pal	rt 3: Treatment of 9	Secured Claims						
3.1	The debtor(s) will mathematically the applicable contractor arrearage on a listed	hecked, the rest of Secti aintain the current contr act and noticed in confor d claim will be paid in f	on 3.1 need not be actual installment mity with any app full through disbur	e completed or payments on t licable rules. T sements by the	reproduced. ne secured clair hese payments	will be dist ut interest.	oursed by the tr If relief from th	ustee. Any existing ne automatic stay is
		em of collateral listed in vill cease, and all secure						nder this paragraph
	Name of creditor	Coll	lateral		Current installm paymer (includir	ent	Amount of arrearage (if any)	Start date (MM/YYYY)
					\$		\$	
3.2	Insert additional claims as Request for valuation of Check one.		fully secured cla	ims, and modi	fication of und	ersecured	claims.	
	None. If "None" is cl	hecked, the rest of Secti	on 3.2 need not be	e completed or	reproduced.			
	The remainder of the	nis paragraph will be ef	fective only if the	e applicable bo	x in Part 1 of t	his plan is	checked.	
	The debtor(s) will red below.	quest, <i>by filing a separa</i>	ate adversary pro	oceeding, that t	ne court determ	ine the valu	e of the secured	d claims listed
	For each secured claim Amount of secured claim							
	The portion of any allower amount of a creditor's secunsecured claim under P	ecured claim is listed be	elow as having no	value, the cre	ditor's allowed	claim will b	e treated in its	
	Name of creditor	Estimated amount of creditor's total claim (See Para. 8.7 below)	Collateral	Value of collateral	Amount of claims senior to creditor's claim	Amount of secured claim	of Interest rate	Monthly payment to creditor
		\$		\$	\$	\$	%	\$

Insert additional claims as needed.

Debtor(s) Case number

	Secured claims excluded from 11	U.S.C. § 506.			
	Check one.				
	None. If "None" is checked, the	rest of Section 3.3 need not be comple	eted or reproduced.		
	The claims listed below were eit	her:			
	(1) Incurred within 910 days before use of the debtor(s), or	the petition date and secured by a purc	hase money security interes	in a motor ve	hicle acquired for personal
	(2) Incurred within one (1) year of th	e petition date and secured by a purch	ase money security interest i	n any other th	ing of value.
	These claims will be paid in full under	er the plan with interest at the rate state	d below. These payments wi	ll be disbursed	by the trustee.
	Name of creditor	Collateral	Amount of claim	Interest rate	Monthly payment to creditor
			\$	%	\$
	Insert additional claims as needed.				_
3.4	Lien Avoidance.				
	Check one.				
		e rest of Section 3.4 need not be come box in Part 1 of this plan is checked		he remainder	of this paragraph will be
	debtor(s) would have been entited the avoidance of a judicial lien of any judicial lien or security interpretation of the judicial lien or security interpretation.	sory, nonpurchase-money security inte tled under 11 U.S.C. § 522(b). The de or security interest securing a claim liste est that is avoided will be treated as ar terest that is not avoided will be paid in re than one lien is to be avoided, provide	btor(s) will request, <b>by filing</b> d below to the extent that it unsecured claim in Part 5 to full as a secured claim unc	in a separate in a separate in impairs such to the extent all ler the plan.	<b>notion</b> , that the court order exemptions. The amount of lowed. The amount, if any,
	Name of creditor	Collateral			
		Conacoral	Modified principal balance*	Interest rate	Monthly payment or pro rata
		Conatoral			
	Insert additional claims as needed.		balance*		or pro rata
		eert \$0 for Modified principal balance.	balance*		or pro rata
3.5			balance*		or pro rata
3.5	*If the lien will be wholly avoided, ins		balance*		or pro rata
3.5	*If the lien will be wholly avoided, ins Surrender of Collateral. Check one.		\$		or pro rata
3.5	*If the lien will be wholly avoided, ins  Surrender of Collateral.  Check one.  None. If "None" is checked, the  The debtor(s) elect to surrender  confirmation of this plan the star	eert \$0 for Modified principal balance.	eted or reproduced. eral that secures the creditorted as to the collateral only a	rate 's claim. The and that the si	or pro rata  % \$  debtor(s) request that upon ay under 11 U.S.C. § 1301
3.5	*If the lien will be wholly avoided, ins  Surrender of Collateral.  Check one.  None. If "None" is checked, the  The debtor(s) elect to surrender  confirmation of this plan the star	ert \$0 for Modified principal balance.  e rest of Section 3.5 need not be completo each creditor listed below the collaty under 11 U.S.C. § 362(a) be terminany allowed unsecured claim resulting from	eted or reproduced. eral that secures the creditorted as to the collateral only a	rate 's claim. The and that the si	or pro rata  % \$  debtor(s) request that upon ay under 11 U.S.C. § 1301
3.5	*If the lien will be wholly avoided, ins  Surrender of Collateral.  Check one.  None. If "None" is checked, the  The debtor(s) elect to surrender confirmation of this plan the state be terminated in all respects. All	ert \$0 for Modified principal balance.  e rest of Section 3.5 need not be completo each creditor listed below the collaty under 11 U.S.C. § 362(a) be terminany allowed unsecured claim resulting from	eted or reproduced. eral that secures the creditored as to the collateral only a community of the coll	rate 's claim. The and that the si	or pro rata  % \$  debtor(s) request that upon ay under 11 U.S.C. § 1301
3.5	*If the lien will be wholly avoided, ins  Surrender of Collateral.  Check one.  None. If "None" is checked, the  The debtor(s) elect to surrender confirmation of this plan the state be terminated in all respects. All	ert \$0 for Modified principal balance.  e rest of Section 3.5 need not be completo each creditor listed below the collaty under 11 U.S.C. § 362(a) be terminany allowed unsecured claim resulting from	eted or reproduced. eral that secures the creditored as to the collateral only a community of the coll	rate 's claim. The and that the si	or pro rata  % \$  debtor(s) request that upon ay under 11 U.S.C. § 1301

PAWB Local Form 10 (12/17) Chapter 13 Plan Page 3 of 9

Debtor(s) Case number

	_		
3.6	Seci	ired tax	x claims.

Name of taxing authority	Total amount of claim	Type of tax	Interest rate*	Identifying number(s) if collateral is real estate	Tax periods
	\$		%		

Insert additional claims as needed.

Part 4:

#### **Treatment of Fees and Priority Claims**

#### 4.1 General.

Trustee's fees and all allowed priority claims, including Domestic Support Obligations other than those treated in Section 4.5, will be paid in full without postpetition interest.

#### 4.2 Trustee's fees.

Trustee's fees are governed by statute and may change during the course of the case. The trustee shall compute the trustee's percentage fees and publish the prevailing rates on the court's website for the prior five years. It is incumbent upon the debtor(s)' attorney or debtor (if *pro se*) and the trustee to monitor any change in the percentage fees to insure that the plan is adequately funded.

#### 4.3 Attorney's fees.

Attorney's fees are payable to	In addition to a retainer of \$	(of which \$	was a
payment to reimburse costs advanced and/or a no-look costs dep	posit) already paid by or on behalf of the	ne debtor, the amount of \$	is
to be paid at the rate of \$ per month. Including any re-	etainer paid, a total of \$ ir	fees and costs reimbursement	has beer
approved by the court to date, based on a combination of th	e no-look fee and costs deposit an	d previously approved applicat	ion(s) fo
compensation above the no-look fee. An additional \$	will be sought through a fee application	ation to be filed and approved b	efore any
additional amount will be paid through the plan, and this plan co	0 1 7	dditional amount, without dimini	shing the
amounts required to be paid under this plan to holders of allowed u	unsecured claims.		
Check here if a no-look fee in the amount provided for in Local	I Bankruptcy Rule 9020-7(c) is being re	equested for services rendered t	o the
debtor(s) through participation in the bankruptcy court's Loss N	Mitigation Program (do not include the	no-look fee in the total amount o	of

## compensation requested, above). 4.4 Priority claims not treated elsewhere in Part 4.

None. If "None" is checked, the rest of Section 4.4 need not be completed or reproduced.

Name of creditor	Total amount of claim	Interest rate (0% if blank)	Statute providing priority status
	\$	%	

Insert additional claims as needed.

<sup>\*</sup> The secured tax claims of the Internal Revenue Service, Commonwealth of Pennsylvania, and any other tax claimants shall bear interest at the statutory rate in effect as of the date of confirmation.

4.5	Priority Domestic Support Obligations not assigned or owed to a governmental unit.							
	If the debtor(s) is/are currently paying Domestic Support Obligations through existing state court order(s) and leaves this section blank, the debtor(s) expressly agrees to continue paying and remain current on all Domestic Support Obligations through existing state court orders.							
	Check here if this payment is for prepetition arro	earages only.						
	Name of creditor (specify the actual payee, e.g. PASCDU)	A Description		Claim		onthly payment pro rata		
				\$	\$			
	Insert additional claims as needed.							
4.6	Domestic Support Obligations assigned or owed to a governmental unit and paid less than full amount.  Check one.							
	None. If "None" is checked, the rest of Section 4.6 need not be completed or reproduced.							
	The allowed priority claims listed below are based on a Domestic Support Obligation that has been assigned to or is owed to a governmental unit and will be paid less than the full amount of the claim under 11 U.S.C. § 1322(a)(4). This provision requires that payments in Section 2.1 be for a term of 60 months. See 11 U.S.C. § 1322(a)(4).							
	Name of creditor							
	Name of creditor		Amount of claim to	be paid				
			\$					
	Insert additional claims as needed.							
4.7	Priority unsecured tax claims paid in full.							
	Name of taxing authority To	otal amount of claim	Type of tax		Interest rate (0% if blank)	Tax periods		
	\$				%			
	Insert additional claims as needed.		-			•		

Case number Debtor(s)

Part 5:		
Fall D.	$\mathbf{D}_{\mathbf{a}}$	
	Εа	ю.

# **Treatment of Nonpriority Unsecured Claims**

5.1	Nonpriority unsecured claims not separately of	classified.					
	Debtor(s) <b>ESTIMATE(S)</b> that a total of \$	will be available for dis	stribution to nonpriority unsec	cured creditors.			
	Debtor(s) <b>ACKNOWLEDGE(S)</b> that a <b>MINIMUM</b> alternative test for confirmation set forth in 11 U.S.	of \$ shall be S.C. § 1325(a)(4).	paid to nonpriority unsecur	ed creditors to comply	y with the liquidatio		
	The total pool of funds estimated above is <b>NO</b> available for payment to these creditors under the percentage of payment to general unsecured credit of allowed claims. Late-filed claims will not be payor-rata unless an objection has been filed within included in this class.	ne plan base will be detern editors is% aid unless all timely filed cl	nined only after audit of the The percentage of payment a aims have been paid in full.	plan at time of comple may change, based u <sub>l</sub> Thereafter, all late-file	etion. The estimate pon the total amour ed claims will be pai		
5.2	Maintenance of payments and cure of any def	fault on nonpriority unse	cured claims.				
	Check one.						
	None. If "None" is checked, the rest of Section 5.2 need not be completed or reproduced.						
	The debtor(s) will maintain the contractual installment payments and cure any default in payments on the unsecured claims listed below on which the last payment is due after the final plan payment. These payments will be disbursed by the trustee. The claim for the arrearage amount will be paid in full as specified below and disbursed by the trustee.						
	Name of creditor	Current installment payment	Amount of arrearage to be paid on the claim	Estimated total payments by trustee	Payment beginning date (MM/ YYYY)		
		\$	\$	\$			
	Insert additional claims as needed.				-		
5.3	Postpetition utility monthly payments.						
	The provisions of Section 5.3 are available of monthly combined payment for postpetition utility not change for the life of the plan. Should the u amended plan. These payments may not resold debtor(s) after discharge.	services, any postpetition tility obtain a court order a	n delinquencies, and unpaid s authorizing a payment chang	security deposits. The ge, the debtor(s) will b	e claim payment wil e required to file ar		
	Name of creditor	Monthly pa	yment Postpetit	ion account number			
	Name of creditor	Monthly pa	yment Postpetit	ion account number			

\$

Insert additional claims as needed.

5.4	.4 Other separately classified nonpriority unsecured claims.							
	Check one.							
	None. If "None" is checke	d, the rest of Section 5.4 need not be o	completed or reproc	duced.				
	The allowed nonpriority un	secured claims listed below are separa	ately classified and	will be treated as follo	ws:			
	Name of creditor	Basis for separate cla treatment	ssification and	Amount of arrearag to be paid	rate payn		imated total ments trustee	
				\$	%	\$		
	Insert additional claims as need	ded.		-	_			
Par	t 6: Executory Contrac	ts and Unexpired Leases						
6.1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executand unexpired leases are rejected.  Check one.  None. If "None" is checked, the rest of Section 6.1 need not be completed or reproduced.  Assumed items. Current installment payments will be disbursed by the trustee. Arrearage payments will be disbursee.  Name of creditor  Description of leased property or current installment payments by paid  Estimated total payments by trustee						oe disbu total by	•	
			\$	\$	\$			
	Insert additional claims as need	ded.						
Par	t 7: Vesting of Property	y of the Estate						
		ot re-vest in the debtor(s) until the d  Applicable to All Chapter 13 Pla		npleted all payments	under the co	onfirmed	l plan.	
. «.	ocheral i interpres	The state of the state of the						

- 8.1 This is the voluntary chapter 13 reorganization plan of the debtor(s). The debtor(s) understand and agree(s) that the chapter 13 plan may be extended as necessary by the trustee (up to any period permitted by applicable law) to insure that the goals of the plan have been achieved. Notwithstanding any statement by the trustee's office concerning amounts needed to fund a plan, the adequacy of plan funding in order to meet the plan goals remains the sole responsibility of debtor(s) and debtor(s)' attorney. It shall be the responsibility of the debtor(s) and debtor(s)' attorney to monitor the plan to ensure that the plan remains adequately funded during its entire term.
- 8.2 Prior to the meeting of creditors, the debtor(s) shall comply with the tax return filing requirements of 11 U.S.C § 1308 and provide the trustee with documentation of such compliance by the time of the meeting. Debtor(s)' attorney or debtor(s) (if pro se) shall provide the trustee with the information needed for the trustee to comply with the requirements of 11 U.S.C. § 1302 as to the notification to be given to Domestic Support Obligation creditors, and debtor(s)' attorney or debtor(s) (if pro se) shall provide the trustee with the calculations relied upon to determine the debtor(s)' current monthly income and disposable income.
- 8.3 The debtor(s) shall have a duty to inform the trustee of any assets acquired while the chapter 13 case is pending, such as insurance proceeds, recovery on any lawsuit or claims for personal injury or property damage, lottery winnings, or inheritances. The debtor(s) must obtain prior court approval before entering into any postpetition financing or borrowing of any kind, and before selling any assets.

8.4 Unless otherwise stated in this plan or permitted by a court order, all claims or debts provided for by the plan to receive a distribution shall be paid by and through the trustee.

8.5 Percentage fees to the trustee are paid on receipts of plan payments at the rate fixed by the United States Trustee. The trustee has the discretion to adjust, interpret, and implement the distribution schedule to carry out the plan, provided that, to the extent the trustee seeks a material modification of this plan or its contemplated distribution schedule, the trustee must seek and obtain prior authorization of the court. The trustee shall follow this standard plan form sequence unless otherwise ordered by the court:

Level One: Unpaid filing fees.

Level Two: Secured claims and lease payments entitled to 11 U.S.C. § 1326(a)(1)(C) pre-confirmation adequate protection payments.

Level Three: Monthly ongoing mortgage payments, ongoing vehicle and lease payments, installments on professional fees, and

postpetition utility claims.

Level Four: Priority Domestic Support Obligations.

Level Five: Mortgage arrears, secured taxes, rental arrears, vehicle payment arrears.

Level Six: All remaining secured, priority and specially classified claims, and miscellaneous secured arrears.

Level Seven: Allowed nonpriority unsecured claims.

Level Eight: Untimely filed nonpriority unsecured claims for which an objection has not been filed.

8.6 As a condition to the debtor(s)' eligibility to receive a discharge upon successful completion of the plan, debtor(s)' attorney or debtor(s) (if pro se) shall file Local Bankruptcy Form 24 (Debtor's Certification of Discharge Eligibility) with the court within forty-five (45) days after making the final plan payment.

- 8.7 The provisions for payment to secured, priority, and specially classified unsecured creditors in this plan shall constitute claims in accordance with Bankruptcy Rule 3004. Proofs of claim by the trustee will not be required. In the absence of a contrary timely filed proof of claim, the amounts stated in the plan for each claim are controlling. The clerk shall be entitled to rely on the accuracy of the information contained in this plan with regard to each claim. Unless otherwise ordered by the court, if a secured, priority, or specially classified creditor timely files its own claim, then the creditor's claim shall govern, provided the debtor(s) and debtor(s)' attorney have been given notice and an opportunity to object. The trustee is authorized, without prior notice, to pay claims exceeding the amount provided in the plan by not more than \$250.
- 8.8 Any creditor whose secured claim is not modified by this plan and subsequent order of court shall retain its lien.
- 8.9 Any creditor whose secured claim is modified or whose lien is reduced by the plan shall retain its lien until the underlying debt is discharged under 11 U.S.C. § 1328 or until it has been paid the full amount to which it is entitled under applicable nonbankruptcy law, whichever occurs earlier. Upon payment in accordance with these terms and entry of a discharge order, the modified lien will terminate and be released. The creditor shall promptly cause all mortgages, liens, and security interests encumbering the collateral to be satisfied, discharged, and released.
- 8.10 The provisions of Sections 8.8 and 8.9 will also apply to allowed secured, priority, and specially classified unsecured claims filed after the bar date. LATE-FILED CLAIMS NOT PROPERLY SERVED ON THE TRUSTEE AND THE DEBTOR(S)' ATTORNEY OR DEBTOR(S) (IF PRO SE) WILL NOT BE PAID. The responsibility for reviewing the claims and objecting where appropriate is placed upon the debtor(s).

# Part 9: Nonstandard Plan Provisions 9.1 Check "None" or List Nonstandard Plan Provisions. None. If "None" is checked, the rest of part 9 need not be completed or reproduced.

Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Local Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.

The following plan provisions will be effective only if the applicable box in Part 1 is checked. Any provision set forth herein is subject to court approval after notice and a hearing upon the filing of an appropriate motion.

PAWB Local Form 10 (12/17) Chapter 13 Plan Page 8 of 9

Part 10: Signatures

#### 10.1 Signatures of Debtor(s) and Debtor(s)' Attorney.

If the debtor(s) do not have an attorney, the debtor(s) must sign below; otherwise the debtor(s)' signatures are optional. The attorney for the debtor(s), if any, must sign below.

By signing this plan the undersigned, as debtor(s)' attorney or the debtor(s) (if pro se), certify(ies) that I/we have reviewed any prior confirmed plan(s), order(s) confirming prior plan(s), proofs of claim filed with the court by creditors, and any orders of court affecting the amount(s) or treatment of any creditor claims, and except as modified herein, this proposed plan conforms to and is consistent with all such prior plans, orders, and claims. False certifications shall subject the signatories to sanctions under Bankruptcy Rule 9011.

By filing this document, debtor(s)' attorney or debtor(s) (if pro se), also certify(ies) that the wording and order of the provisions in this chapter 13 plan are identical to those contained in the standard chapter 13 plan form adopted for use by the United States Bankruptcy Court for the Western District of Pennsylvania, other than any nonstandard provisions included in Part 9. It is further acknowledged that any deviation from the standard plan form shall not become operative unless it is specifically identified as a "nonstandard" term and is approved by the court in a separate order.

X	X
Signature of Debtor 1	Signature of Debtor 2
Executed on	Executed on
MM/DD/YYYY	MM/DD/YYYY
x	Date
Signature of debtor(s)' attorney	MM/DD/YYYY

PAWB Local Form 10 (12/17) Chapter 13 Plan Page 9 of 9

In Re:		: Bankruptcy No.
Truste	Debtor(s) ee, or Debtors(s), Movant v.	: : Chapter 13 : Motion No. □ WO-1 : Motion No. □ WO-2
Respo	ondents	: :
•		PAY TRUSTEE PURSUANT TO WAGE ATTACHMENT
	The undersigned respectfully represents	as follows:
1.	A Chapter 13 case was filed.	
2.	It appears that the Debtor receives regulate Chapter 13 Plan.	ar income which may be attached under 11 U.S.C. §1326 to fund
3.	The likelihood of success in the case we plan.	ill be much greater if the Debtor's income is attached to fund the
Order	<b>WHEREFORE</b> , the Chapter 13 Trust to Pay Trustee in the form attached.	ee and/or the Debtor respectfully request that this Court enter ar
		Signature of Chapter 13 Trustee or Attorney for Debtor(s)
		Typed Name of Chapter 13 Trustee or Attorney for Debtor(s)
		Address of Chapter 13 Trustee or Attorney for Debtor(s)
		Phone No. and Pa. I.D. No. of Chapter 13 Trustee or Attorney for Debtor(s)

In Re:	: Bankruptcy No.
Debtor	: : Chapter 13
Standing Chapter 13 Trustee or Debtor(s) Movant  v.	Related to Document No.
Respondent(s)	: :
ORDER TO PAY TRUSTEE PUR	RSUANT TO WAGE ATTACHMENT
attach wages to fund the Chapter 13 Plan: IT IS, THEREFORE, ORDERED that until fureceives income:	apter 13 petition and Debtor(s) or Trustee having moved to rther order of this Court, the entity from which the Debtor
this order and shall deduct a similar amount each pay preceives a periodic or lump sum payment as a result	, beginning on the next pay day following receipt of period thereafter, including any period for which the Debtor t of vacation, termination, or other benefit arising out of s payable to the Debtor, and shall remit the deducted sums
RONDA J. WINNECOUR CHAPTER 13 TRUSTEE, W. P.O. BOX 84051 CHICAGO, IL 60689-4002	D.PA.
Debtor's income is terminated and the reason therefor.  IT IS FURTHER ORDERED that the Debtor Debtor's Social Security Number, Local Bankruptcy number on the above-named entity. Debtor shall file local form, but the Social Security number shall not be IT IS FURTHER ORDERED that all remaining	r-named entity shall notify the Chapter 13 Trustee if the rs shall serve this order and a copy of the Notification of Form 12, that includes the debtor's full Social Security a certificate of service regarding service of the order and included on the certificate.  In the service is the service of the order and included on the certificate.  In the service is the service of the order and included on the certificate.  In the service is the service is the service of the order and included on the certificate.
IT IS FURTHER ORDERED THAT NO C	OTHER DEDUCTIONS FOR GARNISHMENT, WAGE RPOSE SHALL BE MADE FROM THE INCOME OF SUPPORT PAYMENTS.
in this case.	upersedes previous orders made to the above-named entity
administration of this attachment order, except as may	named entity shall not charge any fee to the Debtor for the be allowed upon application to and order of this Court.
DATED this day of	_,
United	d States Bankruptcy Judge

In Re:	Bankruptcy No.
Debtor(s)	Chapter
Movant (s)	Related to Document No.
v. :	
Respondent(s)	
NOTIFICATION OF DEBTOR	'S SOCIAL SECURITY NUMBER
Name of employer or other party subject to wage attach	ment:
Debtor's name:	
Debtor's nine-digit Social Security number:	- <sup>-</sup>
Debtor's address:	
Debtor's phone number:	
	nent Order issued by a United States Bankruptcy Judge or's Social Security number is being provided to assist in
	CS THE DEBTOR'S FULL SOCIAL SECURITY PLOYER BUT SHALL NOT BE FILED WITH THE
DATE:	Signature: Attorney for Debtor(s) [or pro se Debtor(s)]
	(Typed Name)
	(Address)
	(Phone No.)
	List Bar I.D. and State of Admission

In Re:		Bankruptcy No.
		DISCLOSURE STATEMENT TO ACCOMPANY PLAN DATED
	-	1 Small Business (Check box only if debtor has elected to be considered a small business (C. §1121(e))
Bankr is atta vote n the ore	ruptcy C ched he nust con der app	shes this disclosure statement to creditors in the above-captioned matter pursuant to code §1125 to assist them in evaluating debtor's proposed Chapter 11 plan, a copy of which creto. Creditors may vote for or against the plan of reorganization. Creditors who wish to implete their ballots and return them to the following address before the deadline noted in roving the disclosure statement and fixing time. The Court will schedule a hearing on the to 11 U.S.C. §1129.
	Addre	ess for return of ballots:
<u>I.</u>	Backg	<u>round</u>
	1.	Name of Debtor
	2.	Type of Debtor (individual, partnership, corporation)
	3.	Debtor's Business or Employment
	4.	Date of Chapter 11 Petition

5.	Events that Caused the Filing:
6.	Anticipated Future of the Company & Source of this Information and Opinion
7.	Summarize all Significant Features of the Plan Including When and How Each Class of Creditor Will Be Paid and What, If Any, Liens Will Be Retained By Secured Creditors or Granted to Any Creditor Under the Plan
8.	Are All Monthly Operating Statements Current and on File With The Clerk of Court?  Yes No  If Not, Explain:
9.	Does the plan provided for releases of nondebtor parties? Specify which parties and terms of release.
10.	Identify all executory contracts that are to be assumed or assumed and assigned.
11.	Has a bar date been set? Yes No (If not, a motion to set the bar date has been filed simultaneously with the filing of this disclosure statement.)
12.	Has an election under 11 U.S.C. §1121(e) been filed with the Court to be treated as a small business?  Yes No
13.	Specify property that will be transferred subject to 11 U.S.C. §1146(c).

# <u>II.</u> <u>Creditors</u>

# A. Secured Claims

# SECURED CLAIMS

Creditor	Total Amount Owed	Arrearages	Type of Collateral Priority of Lien (1, 2, 3)	Disputed (D) Liquidated (L) Unliquidated (U)	Will Liens Be Retained Under the Plan? (Y) or (N)
TOTAL	\$	\$			

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# B. Priority Claims

# PRIORITY CLAIMS

Creditor	Total Amount Owed	Type of Collateral	(D) (L) (U) *
TOTAL	\$		

<sup>\*</sup> Disputed (D), Liquidated (L), or Unliquidated (U)

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#### C. **Unsecured Claims**

1.	Amount Debtor Scheduled (Disputed and Undisputed)	\$
2.	Amount of Unscheduled Unsecured Claims <sup>1</sup>	\$
3.	Total Claims Scheduled or Filed	\$
4.	Amount Debtor Disputes	\$
5.	Estimated Allowable Unsecured Claims	\$

#### Other Classes of Creditors D.

1.	Amount Debtor Scheduled (Disputed and Undisputed)	\$
2.	Amount of Unscheduled Claims <sup>1</sup>	\$
3.	Total Claims Scheduled or Filed	\$
4.	Amount Debtor Disputes	\$
5.	Estimated Allowable Claims	\$

#### E. Other Classes of Interest Holders

1.	Amount Debtor Scheduled (Disputed and Undisputed)	\$
2.	Amount of Unscheduled Claims <sup>1</sup>	\$
3.	Total Claims Scheduled or Filed	\$
4.	Amount Debtor Disputes	\$
5.	Estimated Allowable Claims	\$

<sup>1</sup> Includes (a.) unsecured claims filed by unscheduled creditors; (b.) that portion of any unsecured claim filed by a scheduled creditor that exceeds the amount debtor scheduled; and (c.) any unsecured portion

of any secured debt not previously scheduled. **PAWB Local Form 13** (07/13)

## **ASSETS**

Assets	Value	Basis for Value Priority of Lien	Name of Lien Holder (if any) (Fair Market Value/ Book Value)	Amount of Debtor's Equity (Value Minus Liens)
	1			
	\$			\$
	TOTAL			TOTAL

1. Are any assets which appear on Schedule A or B of the bankruptcy petition not listed above?

If so, identify asset and explain why asset is not in estate:

2. Are any assets listed above claimed as exempt? If so attach a copy of Schedule C and any amendments.

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# IV. SUMMARY OF PLAN

1.	Effective Date of Plan:
2.	Will cramdown be sought? Yes No If Yes, state bar date:

3. Treatment of Secured **Non-Tax** Claims

## SECURED NON-TAX CLAIMS

Name of Creditor	Class	<b>Amount Owed</b>	Summary of Proposed Treatment
TOTAL		\$	

4. Treatment of Secured Tax Claims

# SECURED TAX CLAIMS

Name of Creditor	Class	<b>Amount Owed</b>	Summary of Proposed Treatment
TOTAL		\$	

## 5. Treatment of Administrative **Non-Tax** Claims<sup>2</sup>

## ADMINISTRATIVE NON-TAX CLAIMS

Name of Creditor*	<b>Amount Owed</b>	Type of Debt**	Summary of Proposed Treatment and Date of First Payment

## 6. Treatment of Administrative Tax Claims

## ADMINISTRATIVE TAX CLAIMS

Name of Creditor*	<b>Amount Owed</b>	Type of Debt**	Summary of Proposed Treatment and Date of First Payment

<sup>\*</sup> Identify and Use Separate Line for Each Professional and Estimated Amount of Payment

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<sup>\*\*</sup> Type of Debt (P=Professional, TD=Trade, TX=Taxes)

<sup>&</sup>lt;sup>2</sup> Include all §503(b) administrative claims.

# 7. Treatment of Priority Non-Tax Claims

# PRIORITY NON-TAX CLAIMS

Name of Creditor	Class	Amount Owed	Date of Assessment	Summary of Proposed Treatment

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#### Treatment of Priority Tax Claims<sup>3</sup> 8.

## PRIORITY TAX CLAIMS

Name of Creditor	Class	<b>Amount Owed</b>	Date of Assessment	Summary of Proposed Treatment

<sup>3</sup> Include dates when any §507(a)(7) taxes were assessed. **PAWB Local Form 13** (07/13)

9. Treatment of General Unsecured Non-Tax Claims

# GENERAL UNSECURED NON-TAX CLAIMS

Creditor	Class	Total Amount Owed	Percent of Dividend
TOTAL		\$	

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# 10. Treatment of General Unsecured Tax Claims

## GENERAL UNSECURED TAX CLAIMS

Creditor	Class	<b>Total Amount Owed</b>	Percent of Dividend
TOTAL		\$	

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11.	Will periodic payments be made to unsecured creditors?
	Yes No First payment to begin
	If so:
	Amount of each payment (aggregate to all unsecured claimants) Estimated date of first payment: Time period between payments: Estimated date of last payment: Contingencies, if any:
	State source of funds for planned payments, including funds necessary for capital replacement, repairs, or improvements:
	Other significant features of the plan:
	Include any other information necessary to explain this plan:

# V. Comparison of Plan with Chapter 7 Liquidation

If debtor's proposed plan is not confirmed, the potential alternatives would include proposal of a different plan, dismissal of the case or conversion of the case to Chapter 7. If this case is converted to Chapter 7, a trustee will be appointed to liquidate the debtor's non-exempt assets. In this event, all secured claims and priority claims, including all expenses of administration, must be paid in full before any distribution is made to unsecured claimants.

Total value of Chapter 7 estate (See Section III)	\$
1. Less secured claims (See Section II A)	\$
2. Less administrative claims (See Section IV-5-6	
and include approximate Chapter 7 expenses)	\$
3. Less other priority claims (See Section II B)	\$
Total Amount Available for Distribution to Unsecured Creditors	\$
Divided by total allowable unsecured claims of (See Section II C)	\$
Divided by total anomable unsecured claims of (See Section II C)	Ф

Percentage of Dividend to Unsecured Creditors:

	Yes No
Expl	ain:
Feasi	<u>ibility</u>
A.	Attach Income Statement for Prior 12 Months.
B.	Attach Cash Flow Statement for Prior 12 Months.
C.	Attach Cash Flow Projections for Next 12 Months.
Estin	nated amount to be paid on effective date of plan, including administrative expenses.
Estin	
	\$
	\$ w how this amount was calculated.  Administrative Class
Show	\$ w how this amount was calculated.  Administrative Class \$ Taxes
Show	\$ w how this amount was calculated.  Administrative Class

	Cash on hand § (Curre	ent). Att	tach current bank statemen	t.
	Cash on hand \$	(Estim	ated amount available on d	late of confirmation)
	If this amount is less than the amount shortfall?	nt necess	sary at confirmation, how v	will debtor make up the
VII.	Management Salaries			
	MANA	AGEME	ENT SALARIES	
	Position/Name of Person Holding Position		Salary at Time of Filing	Proposed Salary (Post-Confirmation)
VIII.	Identify the Effect on Plan Payments	s and Sp	pecify Each of the Followin	<u>ıg:</u>
	1. What, if any, litigation is pen	nding?		
	2. What, if any, litigation is pro	posed o	or contemplated?	

Will funds be available in the full amount for administrative expenses on the effective date of the plan?

From what source? If not available, why not and when will payments be made?

IX.	Additional Informat	ion and Comments	
<u>X.</u>	<u>Certification</u>		
	The undersigned he	reby certifies that the information herein is t ef formed after reasonable inquiry.	rue and correct to the best of my
	If Debtor is a corp Disclosure Statemen	oration, attach a copy of corporate resolution and Plan.	on authorizing the filing of this
	If Debtor is a gener to the filing of the b	al partnership, attach a copy of the consent a ankruptcy.	agreement of all general partners
		Signature of Debtor or Authorized Representative	Date
		Signature of Debtor or Authorized Representative	Date
		Debtor's Counsel	Date

# **OPTIONAL TABLE**

6. Treatment of Other Claims

N/A

# OTHER CLASSES OF CREDITORS

Creditor	Class	Total Amount Owed	Percent of Dividend

A.	Will periodic payments be made?	
	Yes No If so:	
	Amount of each payment (aggregate to all claimants)	\$
	Estimated date of first payment	
	Time period between payments	
	Estimated date of last payment	
	Contingencies, if any:	

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## **OPTIONAL TABLE**

7. Treatment of Interest Holders (Other Than Equity Holders)

### OTHER CLASSES OF INTEREST HOLDERS

Creditor	Class	Total Amount Owed	Percent of Dividend

8. Treatment of Equity Holders (Specify how the market test of *Bank of America National Trust and Savings Association v. 203 North LaSalle Street Partnership*, 526 U.S. 434, 110 S.Ct. 1411 (1999), is met)

# **EQUITY HOLDERS**

Creditor	Class	<b>Total Amount Owed</b>	Percent of Dividend

A.	Will periodic payments be made?	
	Yes No	
	If so:	
	Amount of each payment (aggregate to all claimants)	\$
	Estimated date of first payment	
	Time period between payments	
	Estimated date of last payment	
	Contingencies if any	

Contingencies, if any:

1994

# HISTORIC SUMMARY

POST PETITION PERIODS	MONTH ONE	MONTH TWO	MONTH THREE	MONTH FOUR	MONTH FIVE	MONTH SIX	MONTH SEVEN	MONTH EIGHT	MONTH NINE	MONTH TEN	MONTH ELEVEN	MONTH TWELVE
1. TOTAL CASH FLOW FROM OPERATIONS:	\$10,000	\$12,000	\$14,000	\$9,000	\$15,000	\$18,000	\$14,000	\$22,000	\$35,000	\$30,000	\$38,000	\$36,000
2. LESS TOTAL DISBURSEMENTS EXCLUDING PAYMENTS TO CREDITORS IN A PLAN:	\$10,000	\$14,000	\$12,000	\$10,000	\$12,000	\$15,000	\$12,500	\$16,000	\$30,000	\$23,000	\$30,000	\$30,000
3. TOTAL NET CASH FLOW:	0	(2,000)	2,000	(1,000)	3,000	3,000	1,500	6,000	5,000	7,000	8,000	6,000
				DEF	INITIONS							
TOTAL CASH FLOW FROM OPERATIONS: THE TOTAL AMOUNT OF FUNDS COLLECTED IN A SPECIFIC PERIOD FROM CASH SALES, COLLECTION OF ACCOUNTS RECEIVABLE, AND OTHER INCOME, EXCLUDING LOANS PROCEEDS, CASH CONTRIBUTIONS FROM INSIDERS, AND SALES TAXES COLLECTED.												
TOTAL DISBURSEMENTS EXCLUDING PAYMENTS TO CREDITORS IN A PLAN:	EXCLUDING PAYMENTS TO EXCLUDING PAYMENTS TO CREDITORS TO BE PAID UNDER THE TERMS OF THE PLAN.									Æ COSTS,		

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# PROJECTED SUMMARY

POST PETITION PERIODS	MONTH ONE	MONTH TWO	MONTH THREE	MONTH FOUR	MONTH FIVE	MONTH SIX	MONTH SEVEN	MONTH EIGHT	MONTH NINE	MONTH TEN	MONTH ELEVEN	MONTH TWELVE
4. TOTAL PROJECTED CASH FLOW FROM OPERATIONS:	\$38,000	\$40,000	\$41,000	\$43,000	\$45,000	\$45,000	\$46,000	\$47,000	\$48,000	\$48,000	\$48,000	\$50,000
5. LESS TOTAL PROJECTED DISBURSEMENTS EXCLUDING PMTS TO CREDITORS IN A PLAN:	\$30,000	\$32,000	\$32,000	\$32,000	\$33,000	\$33,000	\$35,000	\$35,000	\$38,000	\$38,000	\$38,000	\$39,000
6. ANTICIPATED CASH FLOW AVAILABLE FOR PLAN:	8,000	8,000	9,000	11,000	12,000	12,000	11,000	12,000	10,000	10,000	10,000	11,000
	DEFINITIONS											
TOTAL PROJECTED CASH FLOW FROM OPERATIONS:  TOTAL AMOUNT OF PROJECTED FUNDS COLLECTED IN A SPECIFIC PERIOD FROM CASH SALES, COLLECTION OF ACCOUNTS RECEIVABLE, AND OTHER INCOME, EXCLUDING LOANS PROCEEDS, CASH CONTRIBUTIONS FROM INSIDERS, AND SALES TAXES COLLECTED.												
TOTAL DISBURSEMENTS  EXCLUDING PAYMENTS TO CREDITORS IN A PLAN:  TOTAL PROJECTED DISBURSEMENTS IN A SPECIFIC PERIOD FOR PRODUCTION COSTS, GENERAL AND ADMINISTRATIVE COSTS, EXCLUDING PAYMENTS TO CREDITORS TO BE PAID UNDER THE TERMS OF THE PROPOSED PLAN.												

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# PLAN FEASIBILITY

POST PETITION PERIODS	MONTH ONE	MONTH TWO	MONTH THREE	MONTH FOUR	MONTH FIVE	MONTH SIX	MONTH SEVEN	MONTH EIGHT	MONTH NINE	MONTH TEN	MONTH ELEVEN	MONTH TWELVE
ANTICIPATED RECEIPTS AVAILABLE FOR PLAN (SEE LINE 6, ABOVE):	\$8,000	\$8,000	\$9,000	\$11,000	\$12,000	\$12,000	\$11,000	\$12,000	\$10,000	\$10,000	\$10,000	\$11,000
LESS PROPOSED PLAN PAYMENTS (SEE SECTION IV):	\$5,000	\$5,000	\$5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,500	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
OVERAGE/(SHORTAGE)OF CASH FLOW AVAILABLE TO FUND PLAN:	3,000	3,000	4,000	6,000	7,000	7,000	5,500	7,000	5,000	5,000	5,000	6,000

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In Re:		:	Bankruptcy No.
Movant (s)  v.  Respondent(s)	Debtor(s)		Chapter 11 Related to Document No.
	REPORT FOR BANKRUPTO	CY JUD	GES IN CASES TO BE CLOSED
	СНА	PTER 1	1 CASES
	Plan Confirmed		Plan Not Confirmed
	med and the case is still in Chapt unsecured class of creditors?		hat percentage dividend was (or is) to be paid under the
			wided on this form is true and correct to the best of my ayments have been designated appropriately as such.
DATE	PREPARER		SIGNATURE

In Re:		: Case No.
	Debtor(s).	: Chapter 13
Movant(s),	Debtor(s), v.	· : : :
Respondent (if	none, then "No Respondent").	: : :
		LARATION OF PLAN TGAGE PAYMENT CHANGES
for the paymer	e per year. The debtor(s)' Chapter 13 F	or named below is subject to payment fluctuations occurring Plan accommodates those payment fluctuations by providing or, designed to be at least, but not more than \$50 above, the ng twelve (12) month period.
2.	•	sal from the requirement to file amended plans and/or
3. payment amou	The amount of the set monthly payment, is stated in the Chapter 13 Plan.	ng the plan term, as permitted by W.PA.LBR 3002-4(d).  ent, and if applicable, the effective beginning date for that
4. W.PA.LBR 30 3002-4(d)(2).	• •	ayment has been calculated in the manner required by a reviewed annually by the debtor pursuant to W.PA.LBR
5. creditor have b	Contemporaneously with the filing of een served with a copy of this declaration	f this declaration, the Chapter 13 Trustee and the affected on.
Name	of creditor:	
Court	claim number: or (_	) No claim filed.
		Name:

Telephone:\_\_\_\_

In Re:		: Bankruptcy No.
	Debtor(s)	: Adversary No.
Plaintiff/Movant		· :
v.		· :
Defendant/Respondent		:
	CERTIFICATION THA	T BRIEFING COMPLETED
		ned matter have been filed by the parties or that the deadline for trial or other disposition by the Court.
DATE:	By:	
		Signature
		Typed Name
		Address
		Phone No.
		List Bar I.D. and State of Admission

In Re:		: Bankruptcy No.
	Debtor(s)	: : Chapter
Movant (s)		: : Related to Document No.
V.		: : :
Respondent(s)		: WITHDRAWAL OF APPEARANCE INATION OF CM/ECF RECORD
to this Honorable Co captioned case, and ( in the above-caption requests that this Ho	ourt that [he/she] (a) has so (b) has informed and received case. Having so cer	counsel to [client's name] in the above-captioned case, and certifies satisfied the interest of [his/her] client [client's name] in the above-ived the consent of [client's name] to withdraw [his/her] appearance rtified, and pursuant to W.PA.LBR 9010-2(b), [attorney's name] s/her] request for leave for withdrawal of [his/her] appearance and s case.
Date: [date]	Movant/Attorney:	[attorney's address] [attorney's telephone number] [attorney's Bar ID No.]
		<u>ORDER</u>
is hereby ORDEREL	O that [attorney's name] is	Withdrawal of Appearance, and pursuant to W.PA.LBR 9010-2(b), it is GRANTED leave to withdraw from the above-captioned case, and M/ECF attorney record in this case.
Date: [date]		United States Bankruptcy Judge

In Re:		: Bankruptcy No.					
	Debtor	: Chapter :					
	Movant	:					
		: Related to Document No.					
	V.	: :					
	Respondent (if applicable)	: Hearing Date and Time:					
	MOTION FOR A	PRO HAC VICE ADMISSION					
1.		e is being filed on behalf of: ( <u>Applicant's name, firm name, Par I.D. Number and State of Admission</u> ) by ( <u>Movant's name as</u>					
2.	Applicant represents (Name and address of client). Accompanying this Motion is the required \$70 filing fee paid using the Movant's CM/ECF account at the time of filing.						
3.	any pending disciplinary matters, is personal	of the Bar of, is not the subject of onally familiar with the <i>Local Bankruptcy Rules</i> of the United rn District of Pennsylvania and shall abide by those <i>Local</i>					
4.	member of the Bar of the Bankruptcy Co	lowing attorney acting in this matter as local counsel, who is a purt for the Western District of Pennsylvania: ( <u>Movant's name</u> , <u>address</u> , <u>Bar I.D. Number and State of Admission</u> ).					
5.	Applicant and Movant have read and shall comply with Local Bankruptcy Rules 9010-1(b), 9010-1(c) and 9010-1(d).						
6.	Applicant has previously received <i>Pro Ha</i> in the following matters: (Applicant must a	ac Vice admission to this Court by Orders datedidentify each prior admission).					
Data	By:						
Date		Signature of Movant					
		Typed Name					
		Address					
		Phone No.					
		List Bar I.D. and State of Admission					

In Re:	Bankruptcy No.
Debtor :	Chapter
: Movant :	
v. :	Related to Document No.
: :	Hearing Date and Time:
Respondent(s) :	Treating Date and Time.
	LD SUPPORT CREDITOR* ESENTATIVE
	port creditor* of the above-named debtor, or the authorized ect to the child support obligations which is set out below.
Name: Organization: Address:	
Telephone Number:	
Date X Child Suppo	ort Creditor* or Authorized Representative
Summary of Child Support Obligation	
Amount of arrears:	If Child Support has been assigned:
\$	Amount of Support which is owed under assignments:
Amount currently due per week or per month: on a continuing basis:	\$
\$	Amount owed primary child support Creditor (balance not assigned):
\$(per week) (per month)	\$
Attach an itemized	l statement of account

PAWB Local Form 19 (07/13)

<sup>\*</sup> Child support creditor includes both creditor to whom the debtor has a primary obligation to pay child support as well as any entity to whom such support has been assigned to the Federal Government or to any State or political subdivision of a State.

	TOR THE WESTERN I	DISTRICT OF FEI	NINS I L V AINIA
IN RE:			
	Debtor(s)	: Case N : Chapte	• • • • • • • • • • • • • • • • • • • •
	Plaintiff(s)/Movant(s)		d to Doc No. sary No.
	v.	· :	
	Defendant(s)/Respondent(s)	: Hearin	g:
	NOTICE AND ORDER SETTIN	G HEARING ON A	AN EXPEDITED BASIS
Request for an I	AND NOW, this day of	, 20_	, NOTICE IS HEREBY GIVEN THAT a
, Counsel for	( Motion ) has been filed in the abov	ve-referenced case by	y
	On	, <u>20</u> at	M. a hearing has been scheduled in
Bankruptcy Cou	On or before	, Responses to	the <i>Motion</i> shall be filed with the Clerk of the
secured creditors absence of a co	acsimile <u>or</u> (3) email (separate from CMs whose interests may be affected by the	I/ECF) on the Resporelief requested, U.S	rder and the Motion by U.S. Mail <u>and</u> , (1) hand ondent(s), Trustee, Debtor, Debtor's Counsel, all and counsel for any committee. In the d creditors. Movant shall immediately file a
			United States Bankruptcy Judge

In Re		: Bankruptcy No.	
	Debtor	: : Chapter 13	
Mova	ant V.	: : Related to Document No.	
Dogno	ondent(s)	· : :	
Kespe	. ,	OBLIGATION CERTIFICATION	
I, the	debtor named below, state as follows:		
OR	spouse, child, child's parent, legal guar	-	
	I owe the following obligation(s) for alimony, maintenance, or support:  □ alimony □ child support □ other owed to:  Name:		
	Phone:		
	I am $\square$ current OR $\square$ in arrears on the	is obligation.	
		jury that the information in this certificate, including any d complete as of the date provided below.	
Sig	gnature of Debtor:		
Tyj	pe or Print Name of Debtor:		
Da	te Certificate is Signed:		
Ch	apter 13 Case Number:		

In Re:	: Bankruptcy No.	
Debtor	: : Chapter 13	
Manage	:	
Movant	: Related to Document N	No
v.	: Related to Document I	
	: :	
Respondent(s)	:	
	C SUPPORT OBLIGATION M HOLDER REPORT	
Debtor Daytime Phone:	Evening:	
Attorney Name:		
Name of Claim Holder:		
Address of Claim Holder:		
Mailing Address	City/State	ZIP Code
Summart Trues		
Support Type: Spousal Support Both	Child Support	
The following information must be completed for		
Name of Applicable State Agency Whe	re Claim Holder Resides:	
Payment Address:		
Mailing Address	City/State	ZIP Code
Account #:	Agency Phone #:	
Monthly Payment Amount: \$	Monthly Due Date:	
Date Payment Late:	Years Remaining:	
Are ongoing payments being made to the	ne claim holder by Wage Orders? Ye	es No
Is the Debtor currently employed? Yes	No	
If yes, Employer Information:		
Mailing Address	City/State	ZIP Code

**PAWB Local Form 22 (07/13)** 

RESERVED

In Re	:	:	Bankruptcy No.
	Debtor(s)	· :	Chapter 13
Trusto	ee, or Debtors(s), Movant	· :	Chapter 13
	v.	: :	
Respo	ondents	: :	
	DEBTOR'S CERTIFICATION	N OF DISCHA	RGE ELIGIBILITY
1.	The Debtor has made all payments require	d by the Chapte	er 13 Plan.
2. Include whichever one of the two following statements applies: [The Debtor is not required to pay any Domestic Support Obligations] OR [The Debtor required to pay Domestic Support Obligations and the Debtor has paid any amounts pay under a Court Order or Statute that were due on or before the date of this Certification (includamounts due before the petition was filed, but only to the extent provided for in the Plan).]		port Obligations] OR [The Debtor is Debtor has paid any amounts payable the date of this Certification (including	
3. The Debtor is entitled to a discharge under the terms of Section 1328 of the Bankruptcy C The Debtor has not received a prior discharge in a bankruptcy case within the time fra specified in Section 1328(f)(1) of the Bankruptcy Code. Section 1328(h) of the Bankruptcy C does not render the Debtor ineligible for a discharge.		nkruptcy case within the time frames	
4.	On [date], at docket number [number], Procedure 1007(c) by filing a <i>Certification Personal Financial Management</i> , with the	of Completion	of Postpetition Instructional Course in

Dated: \_\_\_\_\_ By: \_\_\_\_\_\_Signature

This Certification is being signed under penalty of perjury by (*include whichever one of the two following statements applies*):[Debtor(s) carefully examined and understand each of the Bankruptcy Code sections referenced in this Certification.] *OR* [Undersigned Counsel duly questioned Debtor(s) about the statements in this Certification and verified the answers in

Name of Filer - Typed

Address of Filer

Email Address of Filer

Phone Number of Filer

Bar I.D. and State of Admission

In Re:	:
	: Bankruptcy No.
Debtor	: Chapter
	: Document No.
Movant	: Hearing Date & Time:
	:
v.	:
Respondent(s)	: :
	ION OF NO OBJECTION REGARDING eading Title and Document Number)
the [Application/Motion] filed on further certifies that the Court's docket responsive pleading to the [Application/M the [Application/Motion] were to be filed a	has been received. The undersigned in this case has been reviewed and no answer, objection or other otion] appears thereon. Pursuant to the Notice of Hearing, objections to and served no later than  Order attached to the [Application/Motion] be entered by the Court.
	- 22
Dated:	By:Signature
	Typed Name
	Address
	Phone No.

List Bar I.D. and State of Admission

In Re:		:	
		:	Bankruptcy No.
	Debtor	:	Chapter
		:	Document No.
	Movant	:	Hearing Date & Time:
	v.	:	
	Respondent(s)	:	
	SETTLEMENT A	ND CERTIFICATION (Insert Pleadi	ON OF COUNSEL REGARDING ng Title)
			been reached with the respondent(s) regarding the (State "None" if no prior Motion or Application.)
_	ature requirements of W.PA lected in the attached docum		en followed in obtaining the agreement of all parties
The unde	rsigned further certifies that:		
	the court as an attachmaignified by a line in the	ent to the motion is a middle of the original	ng the changes made to the order originally filed with attached to this Certificate of Counsel. Deletions are all text (strikeout) and additions are signified by text in the order be entered by the Court.
	No other order has been to	filed pertaining to the	subject matter of this agreement.
	The attached document d	oes not require a prop	osed order.
Dated:		Ву:	
		Sig	gnature
		Ty	ped Name
		Ad	ldress
		Ph	one No.
		— Lis	st Bar I.D. and State of Admission

RESERVED

In Re:

PAWB Local Form 28 (07/13)

		: Bankruptcy No.
Debtor		: Chapter
		: Document No.
Movant		: Hearing Date & Time:
		:
v.		•
٧.		•
Respondent(s)		· :
Tì	(COMPLETE A	D LOAN HISTORY ABSTRACT SEPARATE ABSTRACT FOR SACTION AND EACH ASSIGNMENT)
TYPE OF	Mortgage	Retail Installment Contract
INSTRUMENT	Assignment	UCC Financing Statement
III SIROMENI	Lease	Promissory Note / Security Agreement
		110missory 1vote / Security 11greement
PARTIES		Borrower/Lessee
		Lender/Lessor
DATE OF INSTRUME	NT	# OF PAGES
	First Pa Last Payment Applied to Amour Total A	at Rate cayment Due cent Amount cency of Payments (weekly, monthly, yearly, etc.) cayment Due Date of Installment due on cent in Arrears Amount of Claim on Date of Filing of Petition Amount of Claim on Date of Filing of Motion
Real Proper	ty Motor Vo	TehicleOtherAddress/Description
Lien Recording	Recorder of Deeds	
	County/Commonwealth	h/State
	Secretary of State/Com	
		cles (Commonwealth/State)
		· · · · · · · · · · · · · · · · · · ·
	Book & Page/Instrumer	nt Number
OTHER ESSENTIAL I PROOF OF CLAIM FI		S. BANKRUPTCY COURT (Yes/No)

In Re:	: Bankruptcy No.
Debtor	: : Chapter
Movant v.	: Related to Document No. :
Respondent (if none, then "No Respondent")	: :
NOTICE REGARDING FIL	LING OF MAILING MATRIX
In accordance with Local Bankruptcy Ru	ale 1007-1(e) I,
counsel for the debtor(s) in the above-captioned counsel for the debtor(s) in the debto	ase, hereby certify that the following list of creditors
names and addresses was uploaded through the cr	reditor maintenance option in CM/ECF to the above-
captioned case.	
Ву:	Signature
	Typed Name
	Address
	Phone No.
	List Bar I.D. and State of Admission

In Re:	: Bankruptcy No.
Debtor	: : Chapter
Movant v.	Related to Document No. :
Respondent (if none, then "No Respondent")	: :
NOTICE REGARDING MODIF	ICATION TO MAILING MATRIX
In accordance with Local Bankruptcy Ru	ule 1007-1(f) I,
counsel for the debtor(s) in the above-captioned counsel for the debtor(s) in the debto	ase, hereby certify that the following list of creditors
names and addresses was uploaded through the cr	reditor maintenance option in CM/ECF to the above-
captioned case regarding the filing of an amendme	nt to the schedules.
Ву:	
	Signature
	Typed Name
	Address
	Phone No.
	List Bar I.D. and State of Admission

### APPLICATION FOR ADMISSION TO BANKRUPTCY MEDIATION PROGRAM REGISTER

#### **General Instructions**

- (1) Each applicant shall read Local Bankruptcy Rules 9019-2 through 9019-7.
- (2) If additional space is needed to respond fully to any item on this application, the response(s) shall be set forth in an attached, signed separate page with an identification of the question number to which it responds.
  - (3) Attorney applicants shall complete Parts I, II and IV of this Application.
  - (4) Non-attorney applicants shall complete Parts I, III and IV of this Application.

#### Part I. ALL APPLICANTS.

Name:		
Firm:		
Office Address:		
	Street	
City	State	Zip Code
Office Phone:		
Office Fax:		
E-Mail:		
Pa. I.D. or other Professional Ass	ociation I D	

#### Part II. ATTORNEY APPLICANTS

	1.	List each state and federal court in which you currently are licensed to practice law:				
		Court			Date of Admission	
		ich you have			st recent adversary proceeding ty-in-interest from commence	
	Case T	Title	Case Number	Dates	Representation	
a.						
b.						
c.						
served conclus					nt three bankruptcy cases in wing party represented) from comment	
	Case T	Title	Case Number	Dates	Representation	
a.						
b.						
c.						

	Case Title	Case Number	Dates	Representation	
	Case Title	Case Number	Dates	Representation	
a.					
b.					
c.					
Part	III. NON-ATTOI	RNEY APPLICANTS			
role),	•	nave participated in media hree of those matters below		R processes (either as a neutral or	in another
	Case Title	Case Number	Dates	Representation	
a.					
b.					
c.					
Part	IV. ALL APPLIC	CANTS			
years				n bar admission) and include the eal estate broker, appraiser, engine	
Profe	ession	Accrediting Or	ganization	Years of Prace	tice

2. your members	List any professional organiz ship, and any positions held and/		ere an active member, the length of
Organization	No. of Years	Active/Retired	Positions/Projects
3.	List any relevant bankruptcy o	or mediation experience not inc	luded in any response above.
4. that has quali			raining that you have completed and approved by a court of competent
jurisdiction wi	ithin the past three years.		
Course Title	Trainer/School	Court/Sponsor	CLE Credit Hours Dates
5. three years.	List speaking engagements, pa	anel/seminar participation teacl	ning experience, etc., within the past
6. which you wo	List any other relevant expe		, publications, or other information

•	organization while		• •	•	n, or have you resign l misconduct was per	•
Yes _ If so, please ex	No xplain the circums	tances of suc	h removal or	resignation.		
, r	1					
8.	Check the city(i	es) in which	you are willir	g to conduct mediat	ion conferences:	
	_ Pittsburgh		J	ohnstown		
	_ Erie		(	Other (specify):		
qualifications with the relev thereto relatin for whom I ha the provisions  If I an the state and the	set forth therein it vant provisions of ig to mediation. I ave accepted appoint of Local Bankrup mapplying for app	for admission this Court's will immedi intment as a tcy Rule 901 ointment as a d above. If	n to this Counted General Ord ately contact mediator, upo 9-3.  In attorney mediator attorney mediator	t's Register of meders, Local Rules, Lethe Mediation Progen learning I am no lediator, I certify that	through 9019-7, the interest interest into the interest i	Il fully comply modifications and any parties rve pursuant to
					tion to Court persor kruptcy Mediation F	
I decla	are under penalty	of perjury tha	t the informa	ion contained in this	s Application is true	and correct.
	Executed on	(1 ( )	, at	(city)		·
		(date)	(year)	(city)	(state)	
were my hand		I understand			ature to this applicati nature shall have the	

In re:	) Bankruptcy No
Debtor	
	) Motion No
Plaintiff/Movant	
VS.	) ) )
Defendant/Respondent	)
1. I hereby certify that pursuant	to an order of assignment of this Court to the Bankruptcy , a Mediation Program Conference was held or
(list all date(s) on which conference was help	/was not held.
2. A settlement/resolution of this i	matter was/was not reached.
Dated:	Mediator:Signature
	Type or print:
	Name:
	Address:
	Telephone:

RESERVED

RESERVED

TOR THE WESTERN DIA	OTHER OF TENINGTE VANIA
In Re: Debtor	<ul><li>Bankruptcy No.</li><li>Adversary Proceeding No.</li><li>Chapter</li></ul>
Movant v.	: Related to Document No.
Respondent (if none, then "No Respondent")	: : :
NOTICE OF INTENT T	O REQUEST REDACTION
<b>WHEREAS</b> , on [INSERT DATE] a transcript was fil DOCUMENT NUMBER],	ed in the above-captioned case at Document No. [INSERT
NOTICE IS HEREBY GIVEN THAT:	
above-referenced transcript and intend to serve upon the	Tederal Rules of Bankruptcy Procedure, I have reviewed the ne transcriber, [INSERT NAME OF TRANSCRIBER], and after [INSERT THE ABOVE-REFERENCED DATE OF a that transcript.
I understand that the above-referenced transcriber has REFERENCED DATE OF FILING] to deliver a redaction of the state of t	s until thirty-one (31) days after [INSERT THE ABOVE-ted version of the transcript to the Court.
I HEREBY CERTIFY THAT:	
	h the Court and served a copy on: [INSERT RECIPIENTS ng the CM/ECF system and [INSERT RECIPIENTS IL SERVICE] using the United States Postal Service.
Date:	Signed:
	Name of Filer - Typed
	Address
	Phone No.
	Bar I.D. and State of Admission

Name of Party Represented

In Re:	Ι	Debtor :	Adversary Pr Chapter		
Movant	v.	:	Related to Do	ocument No.	
Respondent (i	f none, then "No Re	spondent'')			
		REDACTIO	ON REQUEST		
To:	[INSERT COUR	Γ REPORTER/TRAN	[SCRIBER]		
From:	[INSERT NAME OF PERSON MAKING THE REQUEST] Address:				
	Telephone:				
On behalf of:	[INSERT NAME OF PARTY REPRESENTED or "SELF"]				
RE:	Western District of Pennsylvania Bankruptcy Case Number  Document Number  Hearing Dated				
Request Date	<b>:</b>				
identifiers spe	cifically enumerated ourt approval, the u	d in Rule 9037 of the	Federal Rules of Bo	ction of any information other than the ankruptcy Procedure requires a separate g redaction of personal identifiers in the	
Page(s)	Line(s)	Identifie	r as is	Identifier as redacted	

Page(s)	Line(s)	Identifier as is	Identifier as redacted
Date:		Signed:	
		Name of Filer - T	yped
		Address	
		Phone No.	
		Bar I.D. and State	of Admission
		Name of Party Re	presented

This form must be served on the transcriber identified above and all parties in interest; it should <u>not</u> be filed with the Court.

In Re:  Debtor	<ul><li>Bankruptcy No.</li><li>Adversary Proceeding No.</li><li>Chapter</li></ul>
Movant v.	: Related to Claim No. :
Respondent (if none, then "No Respondent")	:
REQUEST TO RESTRICT	Γ PUBLIC ACCESS TO CLAIM
identifiers specifically enumerated in Fed. R. Banki under penalty of perjury, the <b>UNDERSIGNED HERI</b> 1. [creditor's name] filed a proof	of filing original claim] which contains one or more of the
	ed claim], [creditor's name] filed an amended claim on the BR 3002-2(a), a copy of which is attached hereto, and the redaction of personal identifiers.
3. I am requesting that the Cour to the unredacted claim.	rt take whatever steps are necessary to restrict public access
Date:	Signed:
	On behalf of:

Name of Filer - Typed

Email Address of Filer

Phone Number of Filer

Bar I.D. and State of Admission

Address of Filer

In Re:	<ul><li>: Bankruptcy No.</li><li>: Adversary Proceeding No.</li></ul>
Debtor	: Chapter
Movant	: Related to Document No.
V.	: Related to Document No.
Respondent (if none, then "No Respondent")	:
REQUEST TO RESTRICT PUB	ELIC ACCESS TO [specify document]
	nding that the redaction of any information other than the P. P. 9037 requires a separate motion and Court approval, EBY CERTIFIES that:
	e redacted] was filed in the above-captioned case on [date of the docket entry number] which contains one or more of P. 9037.
2. Attached hereto is an amend change made to the original document is the re	ded version of the [specify the document], and the only edaction of personal identifiers.
	t accept the attached [specify the document] in substitution access are necessary to restrict public access to the
Date:	Signed:
	Name of Filer - Typed
	Address
	Email Address
	Phone No.

Bar I.D. and State of Admission

In Re:	: Bankruptcy No.
Debtor	: Chapter :
	:
Movant	: :
	:
V.	: :
Respondent (if none, then "No Respondent")	: :
MOTION FOR I	LOSS MITIGATION
1. The Debtor(s) in this case hereby re	quest the commencement of the Court's Loss Mitigation
Program (LMP) as set forth in W.PA.LBR 9020-1	through 9020-7 with respect to property located at: [FULL
ADDRESS OF THE ELIGIBLE PROPERTY].	
2. The Creditor is [FULL NAME OF CR	EDITOR] and [is / is not] registered on the Portal.
3. The Creditor is the holder of a [first / s	second / third] mortgage.
4. A Certification of LMP Eligibility and	d Readiness (Local Bankruptcy Form 40) and a Proposed
Loss Mitigation Order (Local Bankruptcy Form 4	1) are attached to this Motion pursuant to W.PA.LBR 9020-
2(c).	
5. Pursuant to <i>W.PA.LBR 9020-2(d)</i> , any	objection to the relief requested herein must be filed within
fourteen (14) days of service of the Motion.	
·	Signed:
	On behalf of:
	Name of Debtor(s)
	Name of Attorney - Typed
	Postal Address of Attorney
	Email Address of Attorney
	Phone Number of Attorney

Date:

Attorney's Bar I.D. and State of Admission

In Re:	: Bankruptcy No.
Debtor	: Chapter :
	: :
Movant	:
v.	: :
	: :
Respondent (if none, then "No Respondent")	:
<b>CERTIFICATION OF LMI</b>	P ELIGIBILITY AND READINESS
I. CERTIFICATION OF THE DEBTOR(S)	
[I am / We and that:	are] the [debtor / debtors] in this case and hereby certify
1. [I / We] will participate in the Court's	Loss Mitigation Program (LMP) as set forth in W.PA.LBF
9020-1 through 9020-7 [in full cooperation wi	ith my / our undersigned counsel (if represented by ar
attorney)] in good faith.	
2. [I / We] understand and agree to the	ongoing obligation to promptly provide information and
documentation that may be reasonably requested by	by the Creditor during the LMP process.
3. [I / We] will make (or cause to be m	nade) adequate protection payments to [FULL NAME OF
CREDITOR] in the amount of \$ each n	nonth during the LMP period, pursuant to W.PA.LBR 9020
3(f), unless and until otherwise ordered by the Co	urt.
4. [I / We] understand that commencing	the LMP is voluntary, and that [I am / we are] not required
to enter into any agreement or settlement with a	ny other party, and no other party is required to enter into
any agreement or settlement with [me / us] as part	of the LMP.
5. [I / We] understand that [I am / we are	re] not required to request dismissal of this case as part of
any resolution or settlement that is offered or agree	ed to during the LMP.
6. $[I / We]$ understand that if $[I / we]$ defined that	o not fully comply with the requirements of the LMP, our
participation in the LMP may be terminated.	
Date:	
	Debtor
Date:	
	Joint Debtor (if any)

#### II. CERTIFICATION OF COUNSEL TO DEBTOR(S)

- I, [ATTORNEY NAME] represent [NAME(S) OF DEBTOR(S)] (my "Client(s)") in this case and hereby certify that:
- 1. I have discussed the details of the Court's *Loss Mitigation Program* (LMP) set forth in *W.PA.LBR* 9020-1 through 9020-7 with my Client(s).
- I performed adequate due diligence to determine my Client's eligibility for the LMP. As part of this process, I obtained and reviewed all loan documentation from my Client and confirmed all pertinent details of the Eligible Loan, including but not limited to, the following: (i) the complete loan number; (ii) the original loan amount, origination date and maturity date; (iii) the principal balance and interest rate; (iv) monthly principal, interest and escrow payments; (v) the specific amount of any arrears; (vi) any applicable balloon payments or other conditions of repayment; and (vii) the details of any previous activities related to modification of the loan. I also confirmed that the debtor is named on the applicable loan documentation and I identified the complete name of the Creditor as registered on the Portal (to the extent the Creditor is registered on the Portal).
- 3. In light of my due diligence, I [am aware of no reasons why the commencement of the LMP in this case would be futile or otherwise contrary to reasonable expectations of a successful outcome.] OR [I have a colorable argument for LMP notwithstanding the following fact(s) which might hinder the pursuit of a successful outcome: [IF KNOWN, COUNSEL MUST SPECIFY THESE FACT(S), for example, the debt-to-income ratio is outside of the standard range for loan modification, the loan was recently denied for modification, the loan is currently under a modification, and any similarly problematic facts]. I am moving for the commencement of the LMP because [FOR EACH OF THE AFOREMENTIONED FACTS, PROVIDE SPECIFIC REASONS WHY LMP IS SOUGHT IN GOOD FAITH].
- 4. I have fully complied with the requirements set forth in W.PA.LBR 9020-2(b)(1), (2), and (3) and I am prepared to upload the required documents to the Portal upon entry of the Loss Mitigation Order.

Date:	Signed:
	Name of Attorney - Typed
	Postal Address of Attorney
	Email Address of Attorney
	Phone Number of Attorney
	Attorney's Bar I.D. and State of Admission

In Re:	<ul><li>: Bankruptcy No.</li><li>: Chapter</li></ul>
Deotoi	:
Movant	: Related to Document No.
v.	: Hearing Date and Time:
Respondent (if none, then "No Respondent"	: : ')·
- · · · · · · · · · · · · · · · · · · ·	
LOSS MITIG	ATION ORDER
	by on The ject and the Court has reviewed any objections filed
<b>AND NOW</b> , this day of	, 20, it is hereby ORDERED that:
(1) The following parties are directed to ( <b>LMP</b> ) as set forth in <i>W.PA.LBR 9020-1</i> through 90	o participate in the Court's <i>Loss Mitigation Program</i> 020-7.
Debtor:	
Creditor:	
	od, the Debtor shall make (or cause to be made) per month to the Creditor or the Creditor's
	e entry of this Order, the Creditor shall register and (if not previously registered) pursuant to W.PA.LBR
	ntry of this Order or Creditor's registration on the la completed Core LMP Package through the Portal
	debtor's submission of the Core LMP Package, the single point of contact for Debtor's review, pursuant
(6) Within sixty (60) days from the ent	try of this Order, the Debtor shall file and serve upon

all interested parties an LMP Status Report, pursuant to W.PA.LBR 9020-4(e).

	(7)	One hundred twenty (120) days from the entry of this Order, the LMP Period shall
termi	nate unle	ess extended pursuant to W.PA.LBR 9020-5(b).
subm	(8) it an LM	Within seven (7) days of the termination of the Loss Mitigation Period, the Debtor shall P Final Report pursuant to W.PA.LBR 9020-4(f).
servi	(9) ce eviden	Debtor shall <i>immediately</i> serve a copy of this Order on Creditor and file a certificate of scing same.

United States Bankruptcy Judge

In Re: : Bankruptcy No.

Chapter

Debtor

.

[Related to Document No. ]

Movant

•

v. : [Hearing Date and Time: ]

.

Respondent (if none, then "No Respondent") :

#### MOTION TO EXTEND THE LOSS MITIGATION PERIOD

[FULL NAME OF MOVANT] hereby requests an extension of the Loss Mitigation Period in this case, pursuant to W.PA.LBR 9020-5(b), and in support for said request attests as follows:

#### Part 1: LMP Background

[In separately numbered paragraphs, and in chronological order, identify each docket event related to the LMP in this case; for example "1. On October 11, 2013, Debtor filed a *Motion For Loss Mitigation* at Docket N0. 23." Include in the chronology an account of each hearing and conference related to the LMP in this case; for example "13. On December 15, 2013 a status conference was held before the Honorable Thomas P. Agresti, resulting in the entry of an Order on December 16, 2013 at Docket No. 25. Said Order required Debtor to submit IRS Form 4506T to the creditor via the Portal on or before January 3, 2014."]

#### **Part 2: LMP Progress**

[In separately numbered paragraphs, and in chronological order, identify each of the specific steps taken by the debtor and creditor towards arriving at a consensual resolution as of the date of this Motion]

#### Part 3: Reasons Supporting an Extension of the LMP Period

[In separately numbered paragraphs, set forth the specific reasons why the creditor and debtor are unable to reach a consensual resolution on or before the present LMP termination date as ordered by the Court, and set forth the specific reasons why an extension of the LMP Period should be granted by the Court.]

A proposed order (substantially in the form of Local Bankruptcy Form 43) and a complete and current printout of the entire account history from the Portal are attached hereto pursuant to *W.PA.LBR 9020-5(b)*.

Date:	Signed:
	On behalf of: Name of Debtor(s)
	Name of Bestor(s)
	Name of Attorney - Typed
	Postal Address of Attorney
	Tostal Mouney
	Email Address of Attorney
	Phone Number of Attorney
	Attorney's Bar I.D. and State of Admission

In Re:	Bankruptcy No. Chapter
Debtor :	
Movant :	Related to Document No.
v. :	Hearing Date and Time:
Respondent : (if none, then "No Respondent"):	
<u>OR</u>	<u>DER</u>
A Loss Mitigation Order dated	, was entered in the above matter at Document
No, a <b>Mo</b> , a <b>Mo</b> ,	otion to Extend the Loss Mitigation Period was filed
by [movant] at Document No	
AND NOW, thisday of	, 20, it is hereby <i>ORDERED</i> ,
ADJUDGED AND DECREED that the loss m	itigation period is extended up to and including
, 20	
	United States Bankruptcy Judge

In Re: : Bankruptcy No.

Chapter

Debtor

:

[Related to Document No. ]

Movant

:

v. : [Hearing Date and Time: ]

:

:

Respondent (if none, then "No Respondent") :

#### MOTION TO TERMINATE THE LOSS MITIGATION PROGRAM

[FULL NAME OF MOVANT] hereby requests the termination of the Loss Mitigation Program in this case, pursuant to W.PA.LBR 9020-5(c), and in support for said request attests as follows:

#### Part 1: LMP Background

[In separately numbered paragraphs, and in chronological order, identify each docket event related to the LMP in this case; for example "1. On October 11, 2013, Debtor filed a *Motion For Loss Mitigation* at Docket No. 23." Include in the chronology an account of each hearing and conference related to the LMP in this case; for example "13. On December 15, 2013 a status conference was held before the Honorable Thomas P. Agresti, resulting in the entry of an Order on December 16, 2013 at Docket No. 25. Said Order required Debtor to submit IRS Form 4506T to the creditor via the Portal on or before January 3, 2014."]

#### **Part 2: LMP Progress**

[In separately numbered paragraphs, and in chronological order, identify each of the specific steps taken by the debtor and creditor towards arriving at a consensual resolution as of the date of this Motion]

#### Part 3: Reasons Supporting a Termination of the LMP Period

[In separately numbered paragraphs, set forth the specific reasons why the creditor and debtor are unable to reach a consensual resolution, and/or set forth the specific reasons why the Court should terminate the Loss Mitigation Program in this case.]

A proposed order substantially in the form of Local Bankruptcy Form 45, and a complete and current printout of the entire account history from the Portal, are attached hereto pursuant to  $W.PA.LBR\ 9020-5(c)$ 

Date:	Signed:
	On behalf of: Name of Debtor(s)
	Name of Attorney - Typed
	Postal Address of Attorney
	Email Address of Attorney
	Phone Number of Attorney
	Attorney's Bar I.D. and State of Admission

In Re:	Bankruptcy No. Chapter
Debtor :	Chapter
: Movant :	Related to Document No.
v. :	Hearing Date and Time:
Respondent : (if none, then "No Respondent") :	
ORI	<u>DER</u>
A Loss Mitigation Order dated	, was entered in the above matter at Document
No, a <i>Moti</i>	on to Terminate the Loss Mitigation Program was
filed by [movant] at Document No	
<b>AND NOW</b> , this day of	
ADJUDGED AND DECREED that the loss mitig	ation program in this case is terminated, effective
, 20, and the Final Report is du	ne seven (7) days thereafter pursuant to W.PA.LBR
9020-4(f).	
	United States Bankruptcy Judge

In Re:	:	Bankruptcy No.
ın ke:	:	Bankruptcy No

: Chapter

Debtor

:

Related to Document No.

Movant :

.

v. : Hearing Date and Time:

:

Respondent :

(if none, then "No Respondent")

#### **ORDER SUBSTITUTING LMP SERVICER**

On [DATE OF NOTICE OF REQUEST FOR LMP] the above named Debtor(s) filed a *Motion for Loss Mitigation* upon which the Court entered a *Loss Mitigation Order* dated [DATE OF DOCKETING], at Document No. \_\_\_, naming [FORMER SERVICER] ("Former Servicer") as the Party responsible for representing the creditor in the LMP and setting forth certain deadlines for the then named Respondent.

Subsequent to entry of the above-referenced Order, the Debtor(s) was notified that the
Former Servicer changed and that the current Servicer/Lender is [FULL AND
COMPLETE NAME OF CURRENT SERVICER] with an address of [FULL AND COMPLETE
ADDRESS OF CURRENT SERVICER] ("Current Servicer"). On[DATE], the Debtor complied
with all its obligations to properly designate the Current Servicer on the LMP Portal and now it is
incumbent on the Court to relieve the Former Servicer from any further responsibilities under the current
Loss Mitigation Order and formally transfer those duties, responsibilities and obligations to the Current
Servicer.

AND NOW, this [DAY] of [MONTH, 20\_], for the foregoing reasons it is hereby

ORDERED, ADJUDGED and DECREED that:

(1) [FORMER SERVICER] is relieved from any further responsibility pursuant to the

Loss Mitigation Order referred to above and that Order is VACATED as to it.

(2) [CURRENT SERVICER] is now designated as the Current Servicer responsible

for completion of all LMP duties, responsibilities and obligations previously imposed on the Former

Servicer referred to in Paragraph 1, above. The Current Servicer is now fully responsible for

compliance with all LMP requirements as if originally designated in the Loss Mitigation Order in the

first instance.

(3) Within three (3) days of entry of this *Order*, the party filing this proposed order

shall upload this signed *Order* on the LMP Portal and serve this *Order* electronically on the Chapter 13

Trustee at the following email address: LMP@chapter13trusteewdpa.com. The Debtor shall not be

entitled to rely on CM/ECF or United States Mail for service of this *Order* on the Chapter 13 Trustee.

The Debtor(s) Certificate of Service shall reflect service upon the above identified email address.

(4) The Chapter 13 Trustee is authorized and directed to make payments to the

[CURRENT SERVICER], beginning with the next distribution date that is not less than ten (10) days

from service of this *Order* upon the Chapter 13 Trustee.

UNITED STATES BANKRUPTCY JUDGE

Case administrator to serve:

Debtor(s)
Counsel for Debtor(s)
Ronda J. Winnecour, Esq. Ch 13 Trustee
[Counsel for Creditor]

In Re:		:	Bankruptcy No.
		:	Chapter
	Debtor	:	
		:	
		:	Related to Document No.
Movant		:	
		:	
v.		:	Hearing Date and Time:

:

Respondent

**PAWB Local Form 47 (04/14)** 

(if none, then "No Respondent") :

### **INTERIM MORTGAGE MODIFICATION ORDER**

On [DATE OF TRIAL MODIFICATION AGREEMENT] the above named Debtor(s) and Respondent [NAME OF LENDER/SERVICER] ("Creditor") entered into a trial modification (the "Trial Modification"), through the Court's *Loss Mitigation Program* (LMP), with respect to the [FIRST/SECOND/THIRD] mortgage on the Debtor's residence. The terms of the Trial Modification require monthly payments in the amount of [\$ AMOUNT] ("Trial Payments") to begin on [DUE DATE OF FIRST TRIAL PAYMENT] and to continue in that amount until [DUE DATE OF LAST TRIAL PAYMENT] (the "Trial Modification Period"). In light of the need for an immediate change in the distribution to the Creditor, the Debtor(s) request the Court to enter this *Interim Mortgage Modification Order* until a final, permanent modification can be presented to the Court for approval.

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_, for the foregoing reasons it is hereby ORDERED, ADJUDGED and DECREED that:

(1) The Chapter 13 Trustee is authorized and directed to modify the distributions to the above-named Creditor for the Trial Modification Period. Each Trial Payment shall be made in the

Page 1 of 2

Amount of [\$AMOUNT] for the following months: [Month 1], [Month 2], [Month 3]. Following the

Trial Modification Period, the Chapter 13 Trustee shall continue to make distributions in the same

amount as the Trial Payments until further Order of Court.

(2) In the event that a Permanent Modification is reached between the Parties, the

Debtor immediately shall file a Motion to Authorize the Loan Modification in compliance with

W.PA.LBR 9020-6(d).

(3) The LMP Period is extended until fourteen (14) days after the expiration of the

Trial Modification Period. If the Debtor has not filed a Motion to Authorize the Loan Modification

within fourteen (14) days after the expiration of the Trial Modification Period, then the Debtor shall

immediately file and serve either a Motion to Extend the Loss Modification Period pursuant to

W.PA.LBR 9020-5(b) or a Motion to Terminate the Loss Modification Program pursuant to W.PA.LBR

9020-5(c) that sets forth the specific reasons why an agreement was not reached.

(4) Any Party may seek a further hearing regarding the amendment or termination of

this *Order* at any time during the Trial Modification Period by filing an appropriate Motion.

(5) Within three (3) days of entry of this *Order*, Debtor shall serve this *Order* 

electronically on the Chapter 13 Trustee at the following email address:

LMP@chapter13trusteewdpa.com and Debtor shall not be entitled to rely on CM/ECF or United

States Mail for service of this Order on the Chapter 13 Trustee. The Debtor(s) Certificate of Service

shall reflect service upon the above identified email address.

UNITED STATES BANKRUPTCY JUDGE

Case administrator to serve:

Debtor(s)

Counsel for Debtor(s)

[Counsel for Creditor]

Ronda J. Winnecour, Esq. Ch 13 Trustee

In Re:		:	Bankruptcy No. Chapter
	Debtor	:	Chapter
Movant		:	Related to Document No.
v.		: : :	Hearing Date and Time:
Respondent (if no	one, then "No Respondent")	:	
	LOAN MODIFI	CATI	ON SUMMARY
Property Valuation:	\$		Source:
Original Loan Amount:	\$		Origination Date:

As of Petition Date		<b>Under Proposed Modification</b>
	Principal Balance	
	Interest Rate	
	Maturity Date	
	P&I Payment	
	<b>Escrow Payment</b>	
	Total Payment	
	Balloon Payment	
	<b>Cumulative Interest</b>	
	LTV	
	Ch. 13 Payment	
	Ch. 13 Pmt. (Arrears)	

Any other term(s) in which there is a substantive difference between the original loan and the proposed modified loan:

Prepetition Arrears: