

# **Local Forms of The United States Bankruptcy Court**



**for  
The Western District of Pennsylvania**

**Adopted July 1, 2004  
Effective June 1, 2010**

**LOCAL FORMS  
OF THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

The Honorable M. Bruce McCullough, Chief Judge

The Honorable. Judith K. Fitzgerald

The Honorable Thomas P. Agresti

The Honorable Jeffery A. Deller

The Honorable Warren W. Bentz

The Honorable Bernard Markovitz

John J. Horner, Clerk

**LOCAL FORMS  
OF THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

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LOCAL BANKRUPTCY FORM NO. 1

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

In Re

BANKRUPTCY NO.

Debtor

DECLARATION RE: ELECTRONIC FILING OF  
PETITION, SCHEDULES & STATEMENTS

PART I - DECLARATION OF PETITIONER

I, \_\_\_\_\_, and I, \_\_\_\_\_,  
the undersigned debtor, certify that the information I give to my attorney for the preparation of the petition, statements, schedules and mailing matrix  
is true and correct. I consent to my attorney sending my petition, this declaration, statements and schedules to the United States Bankruptcy Court. I  
understand that this DECLARATION RE: ELECTRONIC FILING is to be submitted to the Clerk once all schedules have been electronically  
docketed but, in any event, no later than ~~15~~ 14\* days following the date the petition was electronically filed unless the time is extended by order of  
court. I understand that failure to timely submit the signed original of this DECLARATION will result in dismissal of my case pursuant to 11 U.S.C.  
§ 707(a)(3) without further notice.

☐ [If petitioner is an individual] I declare under penalty of perjury that the information provided in this petition and the social security  
number(s) listed below are true and correct:

\_\_\_\_\_  
Name of Debtor Debtor has a social security number and it is: \_\_\_\_\_  
Check here if Debtor does not have a social security number: \_\_\_\_\_

\_\_\_\_\_  
Name of Joint Debtor Joint Debtor has a social security number and it is: \_\_\_\_\_  
Check here if Joint Debtor does not have a social security number: \_\_\_\_\_

☐ [If petitioner is a corporation or partnership] I declare under penalty of perjury that the information provided in this petition is true and  
correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter  
specified in this petition.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Type Debtor name here ) (Joint Debtor, if applicable, type name)  
Title: \_\_\_\_\_  
(Corporate or Partnership Filing)  
\_\_\_\_\_  
Phone Number of Signer Address of Signer

PART II - DECLARATION OF ATTORNEY

I further declare that before filing any document I will have examined the debtor's petition and that the information is complete and correct  
to the best of my knowledge, information and belief. The debtor will have signed this form before I submit the petition, schedules, statements and  
mailing matrix. I will give the debtor a copy of all forms and information to be filed with the United States Bankruptcy Court, and have followed all  
other requirements for electronic case filing. I further declare that I have examined the above debtor's petition, schedules, and statements and, to the  
best of my knowledge, information and belief, they are true, correct, and complete. If debtor is an individual, I further declare that I have informed  
the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of Title 11, United States Code, and have explained the relief available  
under each such chapter. This declaration is based on all information of which I have knowledge.

☐ Check box if debtor is a servicemember as defined by the Servicemembers Civil Relief Act of 2003. If debtor becomes entitled to  
protections from the Act during the bankruptcy case, he shall file an affidavit advising the Court within ~~ten (10)~~ fourteen (14)\* days of the date of his  
change in status.

Dated: \_\_\_\_\_ Attorney for Debtor (Signature)  
\_\_\_\_\_  
Typed Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone No.

\* As amended in General Orders #2009-8 and #2009-10,  
effective December 1, 2009

\_\_\_\_\_  
List Bar I.D. and State of Admission

**LOCAL BANKRUPTCY FORM NO. 1A**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

In Re

BANKRUPTCY NO.

Debtor

**DECLARATION RE: ELECTRONIC FILING OF PETITION, SCHEDULES & STATEMENTS  
FOR INDIVIDUAL DEBTOR NOT REPRESENTED BY COUNSEL**

I, \_\_\_\_\_, and I, \_\_\_\_\_,  
the undersigned debtor, certify that the Bankruptcy petition, statements, schedules and mailing matrix presented to the Clerk for filing is true and correct. I understand that this DECLARATION RE: ELECTRONIC FILING is to be submitted to the Clerk once all schedules have been filed but, in any event, no later than ~~15~~ 14\* days following the date the petition was filed unless the time is extended by order of court. I understand that failure to timely submit the signed original of this DECLARATION will result in dismissal of my case pursuant to 11 U.S.C. § 707(a)(3) without further notice.

☐ Check box if debtor is a servicemember as defined by the Servicemembers Civil Relief Act of 2003. If debtor becomes entitled to protections from the Act during the bankruptcy case, he shall file an affidavit advising the Court within ~~ten (10)~~ fourteen (14)\* days of the date of his change in status.

I declare under penalty of perjury that the information provided in this petition and the social security number(s) listed below are true and correct:

\_\_\_\_\_  
Signature of Debtor

Debtor has a social security number and it is: \_\_\_\_\_  
Check here if Debtor does not have a social security number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Joint Debtor

Joint Debtor has a social security number and it is: \_\_\_\_\_  
Check here if Joint Debtor does not have a social security number: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\* As amended in General Order #2009-8 and #2009-10, effective December 1, 2009.

**LOCAL BANKRUPTCY FORM NO. 2**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

IN RE:

Bankruptcy No.

Debtor(s)

Chapter 11

**EX PARTE MOTION FOR DESIGNATION  
AS COMPLEX CHAPTER 11 BANKRUPTCY CASE**

This bankruptcy case was filed on \_\_\_\_\_. The undersigned party in interest believes that this case qualifies as a Complex Chapter 11 Bankruptcy Case pursuant to Local Rules because:

\_\_\_\_\_ There is a need for emergency consideration of the following "First Day" motions.

\_\_\_\_\_ The debtor has total debt of more than \$\_\_\_\_\_ million and unsecured non-priority debt of more than \$\_\_\_\_\_ million.

\_\_\_\_\_ There are more than \_\_\_\_\_ parties in interest in this case.

\_\_\_\_\_ Claims against the debtor are publicly traded.

\_\_\_\_\_ Equity interests in the debtor are publicly traded.

\_\_\_\_\_ Other: (Substantial explanation is required. Attach additional sheets if necessary.)

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

By: \_\_\_\_\_

Signature

Typed Name

Address

Phone No.

List Bar I.D. and State of Admission

**LOCAL BANKRUPTCY FORM NO. 3**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

IN RE:

Bankruptcy No.  
Chapter 11

Debtor(s)

**INITIAL ORDER FOR COMPLEX CHAPTER 11 BANKRUPTCY CASE**

This bankruptcy case was filed on \_\_\_\_\_. An Ex Parte Motion for Designation as a Complex Chapter 11 Case was filed. After review of the initial pleadings filed in this case, the Court concludes that this is a Complex Chapter 11 Case and issues this scheduling order.

1. The Debtor shall maintain a Service List identifying the parties that must be served whenever a motion or other pleading requires notice. Upon establishment of such a list, notices of motions and other matters will be limited to the parties on the Service List.
  - a. The Service List shall initially include the Debtor, Debtor's counsel, counsel for the unsecured creditors' committee, U.S. Trustee, all secured creditors, the 20 largest unsecured creditors, any indenture trustee, and any party that files a request for notice.
  - b. Any party in interest that wishes to receive notice, other than as listed on the Service List, shall be added to the Service List merely by request filed of record with the Clerk and served on the Debtor and Debtor's counsel.
  - c. Parties on the Service List are encouraged to give a fax number or e-mail address for service of process and parties are encouraged to authorize service by fax or e-mail. Consent to fax or e-mail service may be included in the party's notice of appearance and request for service.
  - d. The Service List shall be filed within 3 calendar days after entry of this Order. Debtors shall update the Service List and file with the Clerk a copy of the updated Service List upon request of a party to be added.
2. The Court hereby establishes the following dates and times for hearing all motions and other matters in this case in Courtroom \_\_\_\_\_ at \_\_\_\_\_.
3. If a matter is properly noticed for hearing and the parties reach agreement on a settlement of the dispute prior to the hearing, the parties may announce the settlement at the scheduled hearing. If the Court determines that the notice of the dispute and the hearing is adequate notice of the effects of the settlement, the Court may approve the settlement at the hearing without further notice of the terms of the settlement.
4. The debtor shall give notice of this Order to all parties in interest within 5\* calendar days. If any party in interest objects to the provisions of this Order, that party shall file and serve a motion for reconsideration and proposed order within ~~10~~ 14\* days of the date of this Order articulating the objection and the relief requested.

Date: \_\_\_\_\_

\_\_\_\_\_  
United States Bankruptcy Judge

\* As amended in General Order #2009-8 and #2009-10, effective December 1, 2009.



**LOCAL BANKRUPTCY FORM NO. 4**

**ABROGATED**

## LOCAL BANKRUPTCY FORM NO. 5

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

#### CHAPTER 13 BUSINESS CASE QUESTIONNAIRE

Local 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 ~~15~~ 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 # \_\_\_\_\_

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? \_\_\_\_\_

\* As amended in General Order #2009-8 and #2009-10, effective December 1, 2009.

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 yes, when is the slow season? \_\_\_\_\_

5. Do you have an accountant or bookkeeper? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please provide the name, address and phone number of this individual \_\_\_\_\_  
\_\_\_\_\_

Do you understand that you are required to file monthly operating reports with the Court and serve the Trustee with a copy by the 15th of each month that you are in bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Are all tax returns which should have been filed to this point in time filed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, list years that are delinquent, type of return owed, and entity to which return is owed:

<u>Year</u>	<u>Entity(s) and Type of Return Due</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you understand that while you are in Chapter 13, you are individually responsible for keeping current with all of your post-petition business as well as personal tax obligations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you understand that the Court in this District has entered a General Order which requires all delinquent tax returns to be filed within 60 days from the date that you filed your bankruptcy case?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

7. Have you filed estimated quarterly income tax returns with the IRS? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please provide copies of the last 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 \_\_\_\_\_ No  
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 taxes for the 3 months prior to the month that your case was filed.

Do you understand that you must keep the withholding funds separate from your general operating funds?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you do not withhold, how are the employees compensated? \_\_\_\_\_

Do you have subcontractors? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are 1099s issued? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Is your business required to collect sales tax? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, has your business collected and remitted sales taxes on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, explain why \_\_\_\_\_

Do you understand that you must keep the sales tax funds separate from your general operating funds?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide copies of proof of payment of sales taxes for 3 months prior to the month your case was filed.

10. Are you leasing office space? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, answer (a) to (e) below:

(a) Address of Property \_\_\_\_\_

(b) Landlord's Name and Address \_\_\_\_\_

(c) Monthly Rental Payment \$ \_\_\_\_\_

(d) Term of lease \_\_\_\_\_

(e) Do you wish to continue the lease? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. Does the business lease business equipment or autos? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, answer (a) to (e) below:

(a) Description of leased/rented items? \_\_\_\_\_

(b) Person or entity's name and address from which items are rented or leased \_\_\_\_\_

(c) Payment terms \_\_\_\_\_

(d) Term of lease \_\_\_\_\_

(e) Do you wish to continue the lease? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Does the business have any outstanding contracts? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

13. If you rent real property owned by you to others, please complete the following:

<u>Address of Tenant</u>	<u>Date Lease Began</u>	<u>Date Lease Ends</u>	<u>Amt. Monthly Rent</u>
--------------------------	-------------------------	------------------------	--------------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Is the business required to have any business licenses or permits? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

If yes, are licenses/permits current? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Does the business carry the following insurance policies?

Commercial Liability? \_\_\_\_\_ Yes \_\_\_\_\_ No Policy No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Workmans Compensation ? \_\_\_\_\_ Yes \_\_\_\_\_ No Policy No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Fire Building? \_\_\_\_\_ Yes \_\_\_\_\_ No Policy No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Fire Contents? \_\_\_\_\_ Yes \_\_\_\_\_ No Policy No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Automobile Coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No Policy No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Liquor liability? \_\_\_\_\_ Yes \_\_\_\_\_ No Policy No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

List Others \_\_\_\_\_

Are all policies current? \_\_\_\_\_ Yes \_\_\_\_\_ No

List insurance agency(s) \_\_\_\_\_

\_\_\_\_\_

Do you know that in order to continue the operation of your business, 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 your inventory to be? \$ \_\_\_\_\_

When was the last physical count of your inventory? \_\_\_\_\_

What was the value of the inventory at that time? \$ \_\_\_\_\_

Please provide a list of your inventory.

17. What is the balance of the business accounts receivable? \$ \_\_\_\_\_

What amount of the receivables is reasonably collectible? \$ \_\_\_\_\_

Please provide a copy of your accounts receivable ledger.

Have you pledged your receivables, rents, profits, or other cash as collateral for any loans?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please identify \_\_\_\_\_

Do you understand that if you have borrowed money from any creditor and as security or collateral for the loan you have pledged accounts receivables, rents, or other cash, you may not use the accounts receivables, rents or cash without express written 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 for it? \$ \_\_\_\_\_

I/We declare under penalty of perjury that the foregoing statement of information is true and correct to the best of my/our knowledge, information, and belief.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Debtor's signature

\_\_\_\_\_  
Joint Debtor's signature

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

You must send copies of the following documents to Ronda J. Winnecour, the Trustee, along with your completed Questionnaire within ~~15~~ 14\* 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 years prior to filing your bankruptcy case.
- \_\_\_\_\_ State income tax returns with all accompanying schedules for the two 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 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 3 months prior to the month your case was filed.
- \_\_\_\_\_ The last three federal quarterly income tax returns with proof of payment.
- \_\_\_\_\_ Any partnership agreement that exists.
- \_\_\_\_\_ List of your inventory and equipment.

\* As amended in General Order #2009-8 and #2009-10, effective December 1, 2009.



## 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.

**LOCAL BANKRUPTCY FORM NO. 6**

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

IN RE

Bankruptcy No.

Debtor(s)

Chapter

**AMENDMENT COVER SHEET**

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

\_\_\_\_\_ Voluntary Petition *Specify reason for amendment:*

\_\_\_\_\_ Official Form 6 Schedules (Itemization of Changes 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 Claims

Check one:

\_\_\_\_\_ Creditor(s) added

\_\_\_\_\_ NO creditor(s) added

\_\_\_\_\_ Creditor(s) deleted

\_\_\_\_\_ Schedule E - Creditors Holding Unsecured Priority Claims

Check one:

\_\_\_\_\_ Creditor(s) added

\_\_\_\_\_ NO creditor(s) added

\_\_\_\_\_ Creditor(s) deleted

\_\_\_\_\_ Schedule F - Creditors Holding Unsecured Nonpriority Claims

Check one:

\_\_\_\_\_ Creditor(s) added

\_\_\_\_\_ NO creditor(s) added

\_\_\_\_\_ Creditor(s) deleted

\_\_\_\_\_ Schedule G - Executory Contracts and Unexpired Leases

Check one:

\_\_\_\_\_ Creditor(s) added

\_\_\_\_\_ NO creditor(s) added

\_\_\_\_\_ Creditor(s) deleted

\_\_\_\_\_ Schedule H - Codebtors

\_\_\_\_\_ Schedule I - Current Income of Individual Debtor(s)

\_\_\_\_\_ Schedule J - Current Expenditures of Individual Debtor(s)

\_\_\_\_\_ Statement of Financial Affairs

\_\_\_\_\_ Chapter 7 Individual Debtor's Statement of Intention

\_\_\_\_\_ Chapter 11 List of Equity Security Holders

\_\_\_\_\_ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims

\_\_\_\_\_ Disclosure of Compensation of Attorney for Debtor

\_\_\_\_\_ Other: \_\_\_\_\_

## NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Fed.R.Bankr.P. 1009(a) and Local 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.

**LOCAL BANKRUPTCY FORM NO. 7**

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

In Re:	:	Bankruptcy No.
	:	
Debtor	:	Chapter
	:	
Movant	:	Document No.
	:	
v.	:	
	:	
Respondent	:	Hearing Date and Time:
(if applicable)	:	

**CERTIFICATE OF SERVICE OF (Specify Document Served)**

I certify under penalty of perjury that I served the above captioned pleading on the parties at the addresses specified below or on the attached list on (date) \_\_\_\_\_.

The type(s) of service made on the parties( first class mail, electronic notification, hand delivery, or another type of service) was: \_\_\_\_\_.

If more than one method of service was employed, this certificate of service groups the parties by the type of service. For example, the names and addresses of parties served by electronic notice will be listed under the heading "Service by Electronic Notification" and those served by mail will be listed under the heading "Service by First Class Mail."

EXECUTED ON:

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
List Bar I.D. and State of Admission

**LOCAL BANKRUPTCY FORM NO. 8**

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

IN RE: \_\_\_\_\_ )  
 ) Bankruptcy No.  
 )  
Debtor(s) \_\_\_\_\_ ) Chapter  
 )

**DECLARATION IN LIEU OF AFFIDAVIT  
Regarding Request To Be Added to the Mailing Matrix**

I am the Attorney for \_\_\_\_\_, a creditor in the above captioned bankruptcy case, and I am authorized by this creditor to make the accompanying request for notices. The new address should be used instead of the existing address, and added to the matrix. I have reviewed the mailing matrix on file in this case and I hereby certify that the request for notices being filed herewith replaces the creditor's address listed on the matrix, supersedes and cancels all prior requests for notice by the within named creditor, and:

*Please check the appropriate box*

- ☐ that there are no other requests to receive notices on behalf of this creditor, or
- ☐ that the following prior request(s) for notice by or on behalf of this creditor shall be deleted from the matrix:

\_\_\_\_\_  
Creditor's Name

\_\_\_\_\_  
Creditor's Address

\_\_\_\_\_  
City, State and Zip

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
Signature of Attorney For Creditor

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
List Bar I.D. and State of Admission

**LOCAL BANKRUPTCY FORM NO. 9**

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

IN RE: \_\_\_\_\_ ) Bankruptcy No. \_\_\_\_\_  
 )  
 ) Chapter \_\_\_\_\_  
Debtor(s) \_\_\_\_\_ )  
 ) Document/ Adversary No. \_\_\_\_\_

**SUMMARY COVER SHEET  
FEES AND EXPENSES APPLICATION FILED ON BEHALF OF**

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 \$\_\_\_\_\_ for the period from \_\_\_\_\_ to \_\_\_\_\_.
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 \$\_\_\_\_\_.
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 \$\_\_\_\_\_ and 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 application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
List Bar I.D. and State of Admission

**APPENDIX  
EXAMPLE OF CATEGORY LISTING OF  
TIME AND SERVICES**

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA

Acme Shoe Company

Bankruptcy No. \_\_\_\_\_  
Chapter 11  
Document No. \_\_\_\_\_

**PART "A"**

Category Listing of time and services or tasks by category on behalf of Acme Shoe Company, Debtor, during the period from May 1, 1985 to the closing of the case.

CATEGORY 1. - Sale of real estate at 320 Grant Avenue, Pittsburgh, PA to Jones Company for \$\_\_\_\_\_ 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 \$\_\_\_\_\_.

<u>DATE</u>	<u>ATTY</u>	<u>DESCRIPTION OF SERVICE</u>	<u>HOURS</u>
5/1/85	RB	Conference with Jones Company representatives re: potential purchase of 320 Grant Avenue	
5/3/85	RB	Preparation of Agreement of Sale for 320 Grant Avenue	

TOTAL IN CATEGORY 1:

CATEGORY 2. - Distribution to Creditors per Order of August 14, 2002, including preparation and filing of Motion, obtaining Order of Court and making the distribution of \$\_\_\_\_\_ to priority creditors and \$\_\_\_\_\_ as a \_\_\_\_\_% distribution to Class 4 general creditors.

<u>DATE</u>	<u>ATTY</u>	<u>DESCRIPTION OF SERVICE</u>	<u>HOURS</u>
9/17/85	JS	Review & Sign Distribution Checks	
9/18/85	JS	Covering letters to all creditors, Anderson, Wagner, Bernstein & Debtor re the distribution	

TOTAL IN CATEGORY 2:



CATEGORY 3. - 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 TOTAL		-		\$
--------------	--	---	--	----

CURRENT BILLING:	\$
------------------	----

CURRENT EXPENSES:	
-------------------	--

TOTAL AMOUNT DUE:	\$
-------------------	----

**EXAMPLE OF CHRONOLOGICAL SUMMARY OF TIME  
AND SERVICES WITH A PART "B" DESCRIBING THE CATEGORIES**

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA

Acme Shoe Company

Bankruptcy No. \_\_\_\_\_  
Chapter \_\_\_\_\_  
Document No. \_\_\_\_\_

**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>	<u>DESCRIPTION OF SERVICE</u>	<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 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 \$
TOTAL DISBURSEMENTS		\$

<u>BILLING SUMMARY</u>			
JS	2 Hrs. 0 Min.	\$135.00	\$
RB	2 Hrs. 0 Min.	\$125.00	
CLIENT TOTAL			\$
CURRENT BILLING:			\$
CURRENT EXPENSES:			
TOTAL AMOUNT DUE:			\$

**PART "B"**

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

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.	<u>Category 1.</u> - 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	hrs.	min.
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	hrs.	min.
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.
TOTAL		hrs.	

LOCAL BANKRUPTCY FORM NO. 10

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA

Bankruptcy Case Number \_\_\_\_\_

Debtor#1: \_\_\_\_\_ Last Four (4) Digits of SSN: \_\_\_\_\_

Debtor#2: \_\_\_\_\_ Last Four (4) Digits of SSN: \_\_\_\_\_

Check if applicable ☐ Amended Plan ☐ Plan expected to be completed within the next 12 months

CHAPTER 13 PLAN DATED \_\_\_\_\_  
COMBINED WITH CLAIMS BY DEBTOR PURSUANT TO RULE 3004

PLAN FUNDING

Total amount of \$ \_\_\_\_\_ per month for a plan term of \_\_\_\_\_ months shall be paid to the Trustee from future earnings as follows:

Payments:	By Income Attachment	Directly by Debtor	By Automated Bank Transfer
D#1	\$ _____	\$ _____	\$ _____
D#2	\$ _____	\$ _____	\$ _____

(Income attachments must be used by Debtors having attachable income) (SSA direct deposit recipients only)

Estimated amount of additional plan funds from sale proceeds, etc.: \$ \_\_\_\_\_

The Trustee shall calculate the actual total payments estimated throughout the plan.

The responsibility for ensuring that there are sufficient funds to effectuate the goals of the Chapter 13 plan rests with the Debtor.

PLAN PAYMENTS TO BEGIN: no later than one month following the filing of the bankruptcy petition.

FOR AMENDED PLANS:

- The total plan payments shall consist of all amounts previously paid together with the new monthly payment for the remainder of the plan's duration.
- The original plan term has been extended by \_\_\_\_\_ months for a total of \_\_\_\_\_ months from the original plan filing date;
- The payment shall be changed effective \_\_\_\_\_.
- The Debtor (s) have filed a motion requesting that the court appropriately change the amount of all wage orders.

The Debtor agrees to dedicate to the plan the estimated amount of sale proceeds: \$ \_\_\_\_\_ from the sale of this property (describe) \_\_\_\_\_ . All sales shall be completed by \_\_\_\_\_. Lump sum payments shall be received by the Trustee as follows: \_\_\_\_\_.

Other payments from any source (describe specifically) \_\_\_\_\_ shall be received by the Trustee as follows: \_\_\_\_\_.

The sequence of plan payments shall be determined by the Trustee, using the following as a general guide:

- Level One: Unpaid filing fees.  
Level Two: Secured claims and lease payments entitled to Section 1326 pre-confirmation adequate protection payments.  
Level Three: Monthly ongoing mortgage payments, ongoing vehicle and lease payments, installments on professional fees.  
Level Four: Priority Domestic Support Obligations  
Level Five: Post-petition utility claims.  
Level Six: Mortgage arrears, secured taxes, rental arrears, vehicle payment arrears.  
Level Seven: All remaining secured, priority and specially classified claims, miscellaneous secured arrears.  
Level Eight: Allowed general unsecured claims.  
Level Nine: Untimely filed unsecured claims for which the Debtor has not lodged an objection.

\*Local Bankruptcy Form No. 10  
(Revised March 18, 2008)

**1. UNPAID FILING FEES \_\_\_\_\_**

Filing fees: the balance of \$\_\_\_\_\_ shall be fully paid by the Trustee to the Clerk of Bankruptcy Court from the first available funds.

**2. SECURED CLAIMS AND LEASE PAYMENTS ENTITLED TO PRECONFIRMATION ADEQUATE PROTECTION PAYMENTS UNDER SECTION 1326 (a)(1)(C)**

*Creditors subject to these terms are identified below within parts 3, 4, 5, 8 or 13.*

Timely plan payments to the Trustee by the Debtor(s) shall constitute compliance with the adequate protection requirements of Section 1326 (a)(1)(C). Distributions prior to final plan confirmation shall be made at Level 2. Upon final plan confirmation, these distributions shall change to level 3. Leases provided for in this section are assumed by the Debtor(s).

**3. LONG TERM CONTINUING DEBTS CURED AND REINSTATED, AND LIEN (if any) RETAINED**

Name of Creditor (include account #)	Description of Collateral (Address or parcel ID of real estate, etc.)	Monthly Payment (If changed, state effective date)	Pre-petition arrears to be cured (w/o interest, unless expressly stated)

*Long term debt claims secured by PERSONAL property entitled to §1326 (a)(1)(C) preconfirmation adequate protection payments:*

--	--	--	--

**4. SECURED CLAIMS TO BE PAID IN FULL DURING TERM OF PLAN, ACCORDING TO ORIGINAL CONTRACT TERMS, WITH NO MODIFICATION OF CONTRACTUAL TERMS AND LIENS RETAINED UNTIL PAID**

*Claims entitled to preconfirmation adequate protection payments pursuant to Section 1326 (a)(1)(C):*

Name of Creditor	Description of Collateral	Contractual Monthly Payment (Level 3)	Principal Balance Of Claim	Contract Rate of Interest

*Other Claims:*

Name of Creditor	Description of Collateral	Contractual Monthly Payment (Level 3)	Principal Balance Of Claim	Contract Rate of Interest

**5. SECURED CLAIMS TO BE FULLY PAID ACCORDING TO MODIFIED TERMS AND LIENS RETAINED***Claims entitled to preconfirmation adequate protection payments pursuant to Section 1326 (a)(1)(C):*

Name of Creditor	Description of Collateral	Modified Principal Balance	Interest Rate	Monthly Payment at Level 3 or Pro Rata

*Other Claims:*

Name of Creditor	Description of Collateral	Modified Principal Balance	Interest Rate	Monthly Payment at Level 3 or Pro Rata

**6. SECURED CLAIMS NOT PAID DUE TO SURRENDER OF COLLATERAL; SPECIFY DATE OF SURRENDER****7. THE DEBTOR PROPOSES TO AVOID OR LIMIT THE LIENS OF THE FOLLOWING CREDITORS:**

Name the Creditor and identify the collateral with specificity.	Name the Creditor and identify the collateral with specificity.

**8. LEASES. Leases provided for in this section are assumed by the debtor(s). Provide the number of lease payments to be made by the Trustee.***Claims entitled to preconfirmation adequate protection payments pursuant to Section 1326 (a)(1)(C):*

Name of Creditor (include account#)	Description of leased asset	Monthly payment amount and number of payments	Pre-petition arrears to be cured (Without interest, unless expressly stated otherwise)

*Other Claims:*

Name of Creditor (include account#)	Description of leased asset	Monthly payment amount and number of payments	Pre-petition arrears to be cured (Without interest, unless expressly stated otherwise)

**9. SECURED TAX CLAIMS FULLY PAID AND LIENS RETAINED**

Name of Taxing Authority	Total Amount of Claim	Type of Tax	Rate of Interest *	Identifying Number(s) if Collateral is Real Estate	Tax Periods

\* The secured tax claims of the Internal Revenue Service, Commonwealth of Pennsylvania and County of Allegheny shall bear interest at the statutory rate in effect as of the date of confirmation of the first plan providing for payment of such claims.

**10. PRIORITY DOMESTIC SUPPORT OBLIGATIONS:**

If the Debtor (s) is 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.

Name of Creditor	Description	Total Amount of Claim	Monthly Payment or Prorata

**11. PRIORITY UNSECURED TAX CLAIMS PAID IN FULL**

Name of Taxing Authority	Total Amount of Claim	Type of Tax	Rate of Interest (0% if blank)	Tax Periods

**12. ADMINISTRATIVE PRIORITY CLAIMS TO BE FULLY PAID**

- a. Percentage fees payable to the Chapter 13 Fee and Expense Fund shall be paid at the rate fixed by the United States Trustee.
- b. Attorney fees: payable to \_\_\_\_\_. In addition to a retainer of \$\_\_\_\_\_ already paid by or on behalf of the Debtor, the amount of \$\_\_\_\_\_ at the rate of \$\_\_\_\_\_ per month.

**13. OTHER PRIORITY CLAIMS TO BE PAID IN FULL**

*Claims entitled to preconfirmation adequate protection payments pursuant to Section 1326 (a)(1)(C):*

Name of Creditor	Total Amount of Claim	Interest Rate (0% if blank)	Statute Providing Priority Status

*Other Claims:*

Name of Creditor	Total Amount of Claim	Interest Rate (0% if blank)	Statute Providing Priority Status

**14. POST-PETITION UTILITY MONTHLY PAYMENTS** *(applicable only upon agreement between Debtor(s) and utility)*

These payments comprise a single monthly combined payment for post-petition utility services, any post-petition delinquencies and unpaid security deposits. The claim payment will not change for the life of the plan. Should the utility file a motion requesting a payment change, the Debtor will be required to file an amended plan. These payments may not resolve all of the post-petition claims of the utility. The utility may require additional funds from the Debtor (s) after discharge.

Name of Creditor	Monthly Payment	Post-petition Account Number

**15. CLAIMS OF UNSECURED NONPRIORITY CREDITORS TO BE SPECIALLY CLASSIFIED**

Name of Creditor	Principal Balance or Long Term Debt	Rate of Interest (0% if blank)	Monthly Payments	Arrears to be Cured	Interest Rate on Arrears

**16. CLAIMS OF GENERAL, NONPRIORITY UNSECURED CREDITORS**

The Debtor (s) estimate that a total of \$\_\_\_\_\_ will be available for distribution to unsecured, non-priority creditors, and Debtor (s) admit that a minimum of \$\_\_\_\_\_ must be paid to unsecured non-priority creditors in order to comply with the liquidation alternative test for confirmation. The estimated percentage of payment to general unsecured creditors is \_\_\_\_\_. The percentage of payment may change, based upon the total amount of allowed claims. Late-filed claims will not be paid unless all timely filed claims have been paid in full. Thereafter, all late-filed claims will be paid pro-rata unless an objection has been filed within 30 days of filing the claim. Creditors not specifically identified in Parts 1 - 15, above, are included in this class.

**GENERAL PRINCIPLES APPLICABLE TO ALL CHAPTER 13 PLANS**

This is the voluntary Chapter 13 reorganization plan of the Debtor (s). The Debtor (s) understand and agree that the Chapter 13 plan may be extended as necessary by the Trustee, to not more than 60 (sixty) months, in order to insure that the goals of the plan have been achieved. Property of the estate shall not re-vest in the Debtor until the bankruptcy case is closed.

The Debtor (s) shall comply with the tax return filing requirements of Section 1308, prior to the Section 341 Meeting of Creditors, and shall provide the Trustee with documentation of such compliance at or before the time of the Section 341 Meeting of Creditors. Counsel for the Debtor(s), or Debtor (if not represented by counsel), shall provide the Trustee with the information needed for the Trustee to comply with the requirements of Section 1302 as to notification to be given to Domestic Support Obligation creditors, and Counsel for the Debtor(s), or Debtor (if pro se) shall provide the Trustee with the calculations relied upon by Counsel to determine the Debtor (s)' current monthly income and disposable income.

As a condition to eligibility of the Debtor(s) to receive a discharge upon successful completion of the plan, Counsel for the debtor(s), or the debtor(s) if not represented by counsel, shall file with the Court a certification:

- (1) that the debtor(s) is entitled to a discharge under the terms of Section 1328 of the Bankruptcy Code;
- (2) specifically certifying that all amounts payable under a judicial or administrative order or, by statute, requiring the debtor(s) to pay a domestic support obligation that are due on or before the date of the certification (including amounts due before the petition was filed, but only to the extent provided for by the plan) have been paid;
- (3) that the debtor(s) did not obtain a prior discharge in bankruptcy within the time frames specified in Section 1328(f)(1) or (2);
- (4) that the debtor(s) has completed an instructional course concerning personal financial management within the meaning of Section 1328(g)(1); and
- (5) that Section 1328(h) does not render the debtor(s) ineligible for a discharge.



All pre-petition debts are paid through the Trustee. Additionally, ongoing payments for vehicles, mortgages and assumed leases are also paid through the Trustee, unless the Court orders otherwise.

Percentage fees to the Trustee are paid on all distributions 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. The Trustee shall follow this standard plan form sequence unless otherwise ordered by the Court.

The provisions for payment to secured, priority and specially classified creditors in this plan shall constitute claims in accordance with Bankruptcy Rule 3004. Proofs of claim by the Trustee will not be required. The Clerk shall be entitled to rely on the accuracy of the information contained in this plan with regard to each claim. If the secured, priority or specially classified creditor files its own claim, then the creditor's claim shall govern, provided the Debtor (s) and Debtor (s)' counsel 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.

Any Creditor whose secured claim is modified by the plan, or reduced by separate lien avoidance actions, shall retain its lien until the plan has been fully completed, or until it has been paid the full amount to which it is entitled under applicable non-bankruptcy law, whichever occurs earlier. Upon payment in accordance with these terms and successful completion of the plan by the Debtor (s), the creditor shall promptly cause all mortgages and liens encumbering the collateral to be satisfied, discharged and released

Should a pre-petition Creditor file a claim asserting secured or priority status that is not provided for in the plan, then after notice to the Trustee, counsel of record, (or the Debtor (s) in the event that they are not represented by counsel), the Trustee shall treat the claim as allowed unless the Debtor(s) successfully objects.

Both of the preceding provisions will also apply to allowed secured, priority and specially classified claims filed after the bar date. LATE-FILED CLAIMS NOT PROPERLY SERVED ON THE TRUSTEE AND THE DEBTOR(S)' COUNSEL OF RECORD (OR DEBTOR, IF PRO SE) WILL NOT BE PAID. The responsibility for reviewing the claims and objecting where appropriate is placed on the Debtor.

**BY SIGNING THIS PLAN THE UNDERSIGNED, AS COUNSEL FOR THE DEBTOR(S), OR THE DEBTOR(S) IF NOT REPRESENTED BY COUNSEL, CERTIFY 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, THAT THIS PROPOSED PLAN CONFORMS TO AND IS CONSISTENT WITH ALL SUCH PRIOR PLANS, ORDERS AND CLAIMS.**

Attorney Signature\_\_\_\_\_

Attorney Name and Pa. ID #\_\_\_\_\_

Attorney Address and Phone \_\_\_\_\_

Debtor Signature\_\_\_\_\_

Debtor Signature\_\_\_\_\_

**LOCAL BANKRUPTCY FORM NO. 11**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

IN RE:	:	Bankruptcy No.
Debtor(s)	:	
	:	Chapter 13
Trustee, and Debtor(s), Movants	:	
	:	Motion No. <input type="checkbox"/> WO-1
v.	:	Motion No. <input type="checkbox"/> WO-2
	:	
Respondent(s)	:	

**EX PARTE MOTION FOR ORDER TO PAY TRUSTEE PURSUANT TO WAGE ATTACHMENT**

\_\_\_\_\_, Chapter 13 Trustee, and the Debtor respectfully represent as follows:

1. A Chapter 13 case was filed.
2. It appears that the Debtor receives regular income which may be attached under 11 U.S.C. §1326 to fund the Chapter 13 Plan.
3. The likelihood of success in the case will be much greater if the Debtor's income is attached to fund the plan.

**WHEREFORE**, the Chapter 13 Trustee and/or the Debtor respectfully request that this Court enter an Order to Pay Trustee in the form attached.

\_\_\_\_\_  
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 THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

IN RE:	:	Bankruptcy No.
	:	
	:	Chapter 13
Standing Chapter 13 Trustee and Debtor(s),	:	
Movants	:	Motion No. <input type="checkbox"/> WO-1
	:	Motion No. <input type="checkbox"/> WO-2
v.	:	
	:	
Respondent(s)	:	

**ORDER TO PAY TRUSTEE PURSUANT TO WAGE ATTACHMENT**

The above-named Debtor(s) having filed a Chapter 13 petition and Debtor(s) or Trustee having moved to attach wages to fund the Chapter 13 Plan:

IT IS, THEREFORE, ORDERED that until further order of this Court, the entity from which the Debtor receives income:

shall deduct from that income the sum of \$\_\_\_\_\_, beginning on the next pay day following receipt of this order and shall deduct a similar amount each pay period thereafter, including any period for which the Debtor receives a periodic or lump sum payment as a result of vacation, termination, or other benefit arising out of present or past employment, or from any other benefits payable to the Debtor, and shall remit the deducted sums ON AT LEAST A MONTHLY BASIS to:

RONDA J. WINNECOUR  
CHAPTER 13 TRUSTEE, W.D. PA.  
POB 1132  
MEMPHIS, TN 38101-1132

IT IS FURTHER ORDERED that the above-named entity shall notify the Chapter 13 Trustee if the Debtor's income is terminated and the reason therefore.

IT IS FURTHER ORDERED that the Debtors shall serve this order and a copy of the Notification of Debtor's Social Security Number, Local Form No. 12, that includes the debtor's full social security number on the above-named entity. Debtor shall file a certificate of service regarding service of the order and local form, but the social security number shall not be included on the certificate.

IT IS FURTHER ORDERED that all remaining income of the Debtor, except the amounts required to be withheld for taxes, social security, insurance, pension, or union dues shall be paid to the Debtor in accordance with usual payment procedures.

IT IS FURTHER ORDERED THAT NO OTHER DEDUCTIONS FOR GARNISHMENT, WAGE ASSIGNMENT, CREDIT UNION, OR OTHER PURPOSE SHALL BE MADE FROM THE INCOME OF DEBTOR WITH THE SOLE EXCEPTION OF ANY SUPPORT PAYMENTS.

IT IS FURTHER ORDERED that this order supersedes previous orders made to the above-named entity in this case.

IT IS FURTHER ORDERED that the above-named entity shall not charge any fee to the Debtor for the administration of this attachment order, except as may be allowed upon application to and order of this Court.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
United States Bankruptcy Judge

**LOCAL BANKRUPTCY FORM NO. 12**

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

IN RE	)	Bankruptcy No. _____
	)	
	)	Chapter _____
	)	
Debtor(s)	)	Related to Document No. _____
	)	
	)	

**NOTIFICATION OF DEBTOR'S SOCIAL SECURITY NUMBER**

Name of employer or other party subject to wage attachment:

Debtor's name:

Debtor's nine digit social security number:   \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

Debtors address:

Debtors phone number:

This notification is accompanied by a Wage Attachment Order issued by a United States Bankruptcy Judge regarding attachment of the debtor's wages. The debtor's social security number is being provided to assist in complying with the court order.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature: Attorney for Debtor(s) [or pro se Debtor(s)]

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone No.)

\_\_\_\_\_  
List Bar I.D. and State of Admission

**LOCAL BANKRUPTCY FORM NO. 13**

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

In Re:

Bankruptcy No.

**DISCLOSURE STATEMENT  
TO ACCOMPANY PLAN DATED \_\_\_\_\_**

☐ Chapter 11 Small Business (Check box only if debtor has elected to be considered a small business under 11 U.S.C. §1121(e))

Debtor furnishes this disclosure statement to creditors in the above-captioned matter pursuant to Bankruptcy Code §1125 to assist them in evaluating debtor's proposed Chapter 11 plan, a copy of which is attached hereto. Creditors may vote for or against the plan of reorganization. Creditors who wish to vote must complete their ballots and return them to the following address before the deadline noted in the order approving the disclosure statement and fixing time. The Court will schedule a hearing on the plan pursuant to 11 U.S.C. §1129.)

Address for return of ballots:

**I. Background**

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) has 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).

II.     Creditors

A.     Secured Claims

SECURED CLAIMS

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

B. Priority Claims

PRIORITY CLAIMS

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

\* Disputed (D), Liquidated (L), or Unliquidated (U)



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	\$

D. Other Classes of Creditors

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.

III.    Assets

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)
	\$ <b>TOTAL</b>			\$ <b>TOTAL</b>

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.

**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**

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

4. Treatment of Secured Tax Claims

**SECURED TAX CLAIMS**

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

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

ADMINISTRATIVE NON-TAX CLAIMS

Name of Creditor*	Amount Owed	Type of Debt**	Summary of Proposed Treatment and Date of First Payment

6. Treatment of Administrative Tax Claims

ADMINISTRATIVE TAX CLAIMS

Name of Creditor*	Amount Owed	Type of Debt**	Summary of Proposed Treatment and Date of First Payment

\* Identify and Use Separate Line for Each Professional and Estimated Amount of Payment

\*\* Type of Debt (P=Professional, TD=Trade, TX=Taxes)

---

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

7. Treatment of Priority Non-Tax

PRIORITY NON-TAX CLAIMS

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

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

PRIORITY TAX CLAIMS

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

---

<sup>3</sup>Include dates when any §507(a)(7) taxes were assessed.

9. Treatment of General Unsecured Non-Tax Claims

GENERAL UNSECURED NON-TAX CLAIMS

Creditor	Class	Total Amount Owed	Percent of Dividend
TOTAL		\$	

10. Treatment of General Unsecured Tax Claims

GENERAL UNSECURED TAX CLAIMS

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



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 IV-2)	
2. Less administrative expenses (See Section IV-3 and include approximate Chapter 7 expenses)	\$
3. Less other priority claims (See Section IV-4)	\$
Total Amount Available for Distribution to Unsecured Creditors	\$
Divided by total allowable unsecured claims of (See Section II C)	\$
Percentage of Dividend to Unsecured Creditors:	

Will the creditors fare better under the plan than they would in a Chapter 7 liquidation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain:

VI.    Feasibility

- 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.

Estimated amount to be paid on effective date of plan, including administrative expenses.

\$ \_\_\_\_\_

Show how this amount was calculated.

\$	Administrative Class
\$	Taxes
\$	Unsecured Creditors
\$ _____	UST Fees
<u><u>\$</u></u>	TOTAL

What assumptions are made to justify the increase in cash available for the funding of the plan?

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?

Cash on hand \$\_\_\_\_\_ (Current). Attach current bank statement.

Cash on hand \$\_\_\_\_\_ (Estimated amount available on date of confirmation)

If this amount is less than the amount necessary at confirmation, how will debtor make up the shortfall?

VII.    Management Salaries

MANAGEMENT SALARIES

<b>Position/Name of Person Holding Position</b>	<b>Salary at Time of Filing</b>	<b>Proposed Salary (Post-Confirmation)</b>

VIII.    Identify the Effect on Plan Payments and Specify Each of the Following:

1.        What, if any, litigation is pending?
  
  
  
  
  
  
  
  
  
  
2.        What, if any, litigation is proposed or contemplated?

IX.     Additional Information and Comments

IX.     Certification

The undersigned hereby certifies that the information herein is true and correct to the best of my knowledge and belief formed after reasonable inquiry.

If Debtor is a corporation, attach a copy of corporate resolution authorizing the filing of this Disclosure Statement and Plan.

If Debtor is a general partnership, attach a copy of the consent agreement of all general partners to the filing of the bankruptcy.

\_\_\_\_\_  
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:

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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	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:

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

### DEFINITIONS

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:	THE TOTAL DISBURSEMENTS IN A SPECIFIC PERIOD FOR PRODUCTION COSTS, GENERAL AND ADMINISTRATIVE COSTS, EXCLUDING PAYMENTS TO CREDITORS TO BE PAID UNDER THE TERMS OF

1994

## 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.



1994

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

**LOCAL BANKRUPTCY FORM NO. 14**

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

**IN RE:**

:  
:  
:  
:  
:

Bankruptcy No: \_\_\_\_\_

**REPORT FOR BANKRUPTCY JUDGES IN CASES TO BE CLOSED**

**CHAPTER 11 CASES**

\_\_\_\_\_ Plan Confirmed

\_\_\_\_\_ Plan Not Confirmed

If plan was confirmed and the case is still in Chapter 11, what percentage dividend was (or is) to be paid under the plan to the general unsecured class of creditors: \_\_\_\_\_%

**Fees and Expenses** (actual past payments):

\_\_\_\_\_ Trustee's Statutory Compensation

\_\_\_\_\_ Fee for Attorney for Trustee

\_\_\_\_\_ Fee for Attorney for Debtor

\_\_\_\_\_ Fee for Attorney for Creditors' Committee

\_\_\_\_\_ Expenses Awarded to Professionals (Detail Below)

\_\_\_\_\_ Fee for Accountant

\_\_\_\_\_ Fee for Broker

\_\_\_\_\_ Fee for Auctioneer

\_\_\_\_\_ Other (Detail Below)

I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge, information, and belief and that all estimated payments have been designated appropriately as such.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PREPARER

\_\_\_\_\_  
SIGNATURE

LOCAL BANKRUPTCY FORM NO. 15

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA

IN RE:

:  
:  
:  
:

Bankruptcy No: \_\_\_\_\_

REPORT FOR BANKRUPTCY JUDGES IN CASES TO BE CLOSED  
CHAPTER 7 CASES

DATE PETITION FILED: \_\_\_\_\_

\_\_\_\_\_ Gross Cash Receipts \_\_\_\_\_ Total  
Disbursements

A. Fees and Expenses

_____ Trustee's Statutory Compensation	_____ Fee for Accountant
_____ Fee for Attorney for Trustee	_____ Fee for Broker
_____ Fee for Attorney for Debtor	_____ Fee for Auctioneer
_____ Fee for Attorney for Creditors' Committee	_____ Other
_____ Expenses Awarded to Professionals*	

B. Distributions

_____ Secured Creditors	_____ Equity Security Holders
_____ Priority Creditors	_____ Debtor
_____ Unsecured Creditors	_____ Others

Total Disbursements (sum of A & B): \_\_\_\_\_

If applicable, list portion of this total distributed by Trustee in Chapter other than Chapter 7 (DO NOT include Payments to Debtor): \_\_\_\_\_

---

---

ITEMIZATIONS (in dollars)

FEES PAID TO OTHER PROFESSIONALS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPENSES AWARDED TO PROFESSIONALS

\_\_\_\_\_ Trustee  
\_\_\_\_\_ Attorney for Debtor  
\_\_\_\_\_ Attorney for Trustee  
\_\_\_\_\_ Attorney for Creditors' Committee  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISTRIBUTIONS (OTHERS)

I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PREPARER

\_\_\_\_\_  
SIGNATURE

**LOCAL BANKRUPTCY FORM NO. 16**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

In Re:	)	
	)	
Debtor(s)	)	Bankruptcy No.
	)	
	)	Adversary No.
Plaintiff / Movant	)	
	)	
v.	)	
	)	
Defendant / Respondent	)	
	)	
	)	

**CERTIFICATION THAT BRIEFING COMPLETED**

I hereby certify that briefs in the above-captioned matter have been filed by the parties or that the deadline for filing all briefs has expired and the matter is ready for trial or other disposition by the Court.

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

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
List Bar I.D. and State of Admission

**LOCAL BANKRUPTCY FORM NO. 17**

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

IN RE:	)	Bankruptcy No. _____
	)	Chapter _____
	)	
Debtor(s)	)	Related to Document No. _____
	)	
	)	
Movant(s)	)	
	)	
v.	)	
	)	
Respondent(s)	)	

**MOTION FOR** \_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Counsel/Movant

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
List Bar I.D. and State of Admission

LOCAL BANKRUPTCY FORM NO. 18

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA

In Re: \_\_\_\_\_ : Bankruptcy No.  
: Chapter  
Debtor \_\_\_\_\_ :  
Movant \_\_\_\_\_ :  
: Related to Document No.  
v. \_\_\_\_\_ :  
:   
Respondent (if applicable) : Hearing Date and Time:

**MOTION FOR *PRO HAC VICE* ADMISSION**

- (1) This motion for admission *pro hac vice* is being filed on behalf of: (Applicant's name, firm name, address, phone number, email address, Bar I.D. Number and State of Admission) by (Movant's name as identified in Paragraph 4 below).
- (2) Applicant represents (Name and address of client). Accompanying this Motion is the required \$40 filing fee paid using the Movant's CM/ECF account at the time of filing.
- (3) Applicant is a member in good standing of the Bar of \_\_\_\_\_, is not the subject of any pending disciplinary matters, is personally familiar with the *Local Bankruptcy Rules* of the United States Bankruptcy Court for the Western District of Pennsylvania and shall abide by those *Local Bankruptcy Rules*.
- (4) Applicant will be associated with the following attorney acting in this matter as local counsel, who is a member of the Bar of the Bankruptcy Court for the Western District of Pennsylvania: (Movant's name, firm name, address, phone number, email address, Bar I.D. Number and State of Admission).
- (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 *Pro Hac Vice* admission to this Court by Orders dated \_\_\_\_\_ in the following matters: (Applicant must identify each prior admission).

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
Signature of Movant  
\_\_\_\_\_  
Typed Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone No.  
\_\_\_\_\_  
List Bar I.D. and State of Admission

**LOCAL BANKRUPTCY FORM NO. 19**

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

B 281  
(12/94)

**United States Bankruptcy Court**

\_\_\_\_\_ District Of \_\_\_\_\_

In re \_\_\_\_\_  
Debtor

Case No. \_\_\_\_\_

Chapter \_\_\_\_\_

**APPEARANCE OF CHILD SUPPORT CREDITOR\*  
OR REPRESENTATIVE**

I certify under penalty of perjury that I am a child support creditor\* of the above-named debtor, or the authorized representative of such child support creditor, with respect to the child support obligation which is set out below.

Name:

Organization:

Address:

Telephone Number:

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Child Support Creditor\* or Authorized Representative

**Summary of Child Support Obligation**

Amount in 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:

\$ \_\_\_\_\_  
(per week) (per month)

\$ \_\_\_\_\_

Amount owed primary child support  
creditor (balance not assigned):

\$ \_\_\_\_\_

**Attach an itemized statement of account**

\* 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, if pursuant to Section 402(a)(26) of the Social Security Act or if such debt has been assigned to the Federal Government or to any State or political subdivision of a State.



**LOCAL BANKRUPTCY FORM NO. 20**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

In Re:	)	
	)	Bankruptcy No. _____
Debtor	)	Adversary No. _____
	)	Document No. _____
Plaintiff/Movant	)	Chapter _____
	)	Hearing Date & Time: _____
v.	)	
	)	
Defendant/Respondent	)	

**NOTICE AND ORDER SETTING HEARING ON AN EXPEDITED BASIS**

**NOTICE IS HEREBY GIVEN THAT** an Expedited Motion for \_\_\_\_\_ has been filed in the above-referenced case by \_\_\_\_\_.

A hearing has been scheduled for \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_.

Responses to the motion shall be filed with the Clerk of the Bankruptcy Court and served on parties in interest on or before \_\_\_\_\_.

A courtesy copy of all responses shall be delivered to chambers with the filing.

Service shall be made as directed below. A certificate of service shall be filed with the Clerk immediately.

\_\_\_\_\_  
Date

\_\_\_\_\_  
United States Bankruptcy Judge

Movant is to complete this notice and file it with the motion for expedited hearing and proposed order granting the substantive relief requested, leaving blank the hearing and response dates. If the Court determines that a hearing is necessary, response and hearing dates will be provided to movant. Movant shall serve a copy of this completed scheduling order and the motion by hand delivery or facsimile on the respondent, trustee, debtor, debtor's attorney, all secured creditors whose interests may be affected by the relief requested, U.S. Trustee and the attorney for any committee. If there is no committee counsel, serve all members of each committee. Movant shall deliver a paper copy of the motion and this notice of hearing to chambers.

**LOCAL BANKRUPTCY FORM NO. 21**

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

IN RE

Bankruptcy No.

Debtor(s)

Chapter

Movant(s)

Document No.

v.

Respondent(s)

**MOTION TO ABANDON PROPERTY FILED ON BEHALF OF \_\_\_\_\_**

AND NOW comes \_\_\_\_\_, by \_\_\_\_\_, and  
moves the court to enter an order as attached hereto abandoning the following property which is

☐ burdensome to the estate in the following manner:

☐ of inconsequential value and benefit to the estate in the following manner:

\_\_\_\_\_  
Signature of Counsel or Moving Party if Unrepresented

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
List Bar I.D. and State of Admission

LOCAL BANKRUPTCY FORM NO. 22

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA

In Re: \_\_\_\_\_ :  
Debtor(s) \_\_\_\_\_ : Bankruptcy No. \_\_\_\_\_  
Movant(s) \_\_\_\_\_ : Chapter \_\_\_\_\_  
v. \_\_\_\_\_ : Document No. \_\_\_\_\_  
Respondent \_\_\_\_\_ :

MOTION TO AVOID LIENS

AND NOW comes Debtor(s) \_\_\_\_\_, ☐ *pro se* ☐ by counsel, \_\_\_\_\_, and  
move(s) to enter the attached order avoiding the judicial lien(s) of \_\_\_\_\_,  
created on \_\_\_\_\_, which impair(s) an exemption to which the Debtor(s) is/are  
entitled, to-wit, \_\_\_\_\_, under [here insert statutory section allowing the  
exemption] \_\_\_\_\_.

1. Information concerning the lien(s) to be avoided:

a. The amount of the lien(s): \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

b. All other liens on the property, \_\_\_\_\_ \$ \_\_\_\_\_  
the amount of each lien, and by whom \_\_\_\_\_ \$ \_\_\_\_\_  
held are (use additional sheets \_\_\_\_\_ \$ \_\_\_\_\_  
if necessary): \_\_\_\_\_ \$ \_\_\_\_\_

c. The amount of exemption Debtor(s) could claim if there were no liens is: \$ \_\_\_\_\_

2. The total of (a) through (c) above is: \$ \_\_\_\_\_

3. The value of the Debtor's(s') interest in  
the property if there were no liens would be: \$ \_\_\_\_\_

4. The amount of other liens that have been avoided in this case is: \$ \_\_\_\_\_

5. Liens not included in the above calculation (specify):

6. The lien(s) to be avoided fall under 11 U.S.C. 522(f)(1).

\_\_\_\_\_  
Signature of Counsel or Debtor(s) if *pro se*

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
List Bar I.D. and State of Admission

**LOCAL BANKRUPTCY FORM NO. 23**

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

In re

Debtor

Bankruptcy Case No.

Hearing Date and Time:

**NOTICE OF FILING OF FINAL ACCOUNT OF TRUSTEE,  
OF HEARING ON APPLICATIONS FOR COMPENSATION,  
PROPOSED FINAL DISTRIBUTION AND PROPOSED ABANDONMENT OF PROPERTY**

TO THE CREDITORS:

1. **NOTICE IS GIVEN** that the final report and account of the trustee in this case has been filed and a hearing will be held by the court at the following place and time.

Address:

Room:  
Date and Time:

2. The hearing will be held to consider for approval the final report and account of the trustee, to act on applications for compensation, and to transact such other business as may properly come before the court. The objecting party must attend the hearing when an objection is filed. In all other cases, attendance by the debtor and creditors is welcomed but not required. The Court may determine that a hearing is not necessary and enter an Order by default if no objections are filed. Check the Calendar Section of the Court's Website at [www.pawb.uscourts.gov](http://www.pawb.uscourts.gov) to determine if a default order has been signed and the hearing canceled.

3. The following applications for compensation have been filed:

<b>Applicants</b>	<b>Compensation or Fees</b>	<b>Expenses</b>
_____	\$ _____	\$ _____
Trustee	\$ _____	\$ _____
_____	\$ _____	\$ _____
Attorney for Trustee	\$ _____	\$ _____
_____	\$ _____	\$ _____
Attorney for Debtor	\$ _____	\$ _____
_____	\$ _____	\$ _____
Attorney for Creditors ' Committee	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other (Specify)		

4. The trustee's account shows total receipts of \$ \_\_\_\_\_  
and total disbursements of \$ \_\_\_\_\_  
for a balance on hand of \$ \_\_\_\_\_

**SECOND PAGE OF LOCAL BANKRUPTCY FORM NO. 23**

5. In addition to the compensation and fees that may be allowed by the Court, liens and priority claims which must be paid in advance of general creditors have been filed in the total amount of \$\_\_\_\_\_.  
(State here only amount of liens and priority claims.)

General unsecured claims have been allowed in the amount of \$\_\_\_\_\_. The amount to be paid is:  
\_\_\_\_\_

6. \_\_\_\_\_ The debtor has been discharged.  
\_\_\_\_\_ The debtor has not been discharged.  
\_\_\_\_\_ The debtor is a corporation.

7. Unless otherwise ordered by the Court, any property not administered by the trustee will be deemed abandoned. The trustee's motion to abandon the following property will be heard and acted upon:

8. Anyone objecting to the final account, final fee applications or the proposed order of distribution shall file the objection with the Clerk and serve a copy on the trustee and, if objecting to fees, serve a copy of the objection on the applicant. All objections shall be filed and served on or before 10 days before the scheduled hearing date.

9. The trustee's final SUMMARY OF PROPOSED DISTRIBUTION is attached.

Theodore S. Hopkins, Clerk  
United States Bankruptcy Court

**LOCAL BANKRUPTCY FORM NO. 24**

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

In Re: \_\_\_\_\_ )  
 )  
 ) Bankruptcy No. \_\_\_\_\_  
 ) Chapter \_\_\_\_\_  
Debtor(s) \_\_\_\_\_ ) Document No. \_\_\_\_\_  
 )  
Applicant \_\_\_\_\_ )

**SUMMARY COVER SHEET AND NOTICE OF HEARING ON PROFESSIONAL FEES  
IN CHAPTERS 7 AND 13 ON BEHALF OF**

To All Creditors and Parties in Interest:

1. Applicant represents \_\_\_\_\_
2. This is (check one)  
\_\_\_\_\_ a final application  
\_\_\_\_\_ an interim application  
for the period \_\_\_\_\_ to \_\_\_\_\_
3. Previous retainer paid to Applicant: \$ \_\_\_\_\_
4. Previous interim compensation allowed to Applicant: \$ \_\_\_\_\_
5. Applicant requests additional:  
Compensation of \$ \_\_\_\_\_  
Reimbursement of Expenses of \$ \_\_\_\_\_
6. A hearing on the Application will be held in Courtroom \_\_\_\_\_, \_\_\_\_\_, at  
\_\_\_\_\_.m., on \_\_\_\_\_, \_\_\_\_\_.
7. Any written objections must be filed with the court and served on the Applicant on or  
before \_\_\_\_\_, \_\_\_\_\_, (fourteen (14) days from the date of this notice plus an additional three (3) days  
if served by mail). Copies of the application are available from the applicant.

Date of service:

\_\_\_\_\_  
Signature of Applicant or Attorney for Applicant

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
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.)

**LOCAL BANKRUPTCY FORM NO. 25**

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

In Re:	:	
	:	Bankruptcy No.
Debtor	:	Chapter
	:	Document No.
Movant	:	Hearing Date & Time:
	:	
v.	:	
	:	
Respondent	:	

**CERTIFICATION OF NO OBJECTION REGARDING  
(Insert Pleading Title and Document Number)**

The undersigned hereby certifies that, as of the date hereof, no answer, objection or other responsive pleading to the [Application/Motion] filed on \_\_\_\_\_ has been received. The undersigned further certifies that the Court's docket in this case has been reviewed and no answer, objection or other responsive pleading to the [Application/Motion] appears thereon. Pursuant to the Notice of Hearing, objections to the [Application/Motion] were to be filed and served no later than \_\_\_\_\_.

It is hereby respectfully requested that the Order attached to the [Application/Motion] be entered by the Court.

Dated: \_\_\_\_\_

By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
List Bar I.D. and State of Admission

**LOCAL BANKRUPTCY FORM NO. 26**

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

In Re:	:	
	:	Bankruptcy No.
Debtor	:	Chapter
	:	Document No.
Movant	:	Hearing Date & Time:
	:	
v.	:	
	:	
Respondent	:	

**SETTLEMENT AND CERTIFICATION OF COUNSEL REGARDING  
(Insert Pleading Title)**

The undersigned hereby certifies that agreement has been reached with the respondent(s) regarding the [Application/Motion] filed on \_\_\_\_\_. (State "None" if no prior Motion or Application.)

The signature requirements of ECF Procedure #8 have been followed in obtaining the agreement of all parties and is reflected in the attached document.

The undersigned further certifies that:

- ☐ An agreed order and a black-lined version showing the changes made to the order originally filed with the court as an attachment to the motion is attached to this Certificate of Counsel. Deletions are signified by a line in the middle of the original text (strikeout) and additions are signified by text in italics. It is respectfully requested that the attached order be entered by the Court.
- ☐ No other order has been filed pertaining to the subject matter of this agreement.
- ☐ The attached document does not require a proposed order.

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
List Bar I.D. and State of Admission



**LOCAL BANKRUPTCY FORM NO. 27**

**ABROGATED**

**LOCAL BANKRUPTCY FORM NO. 28**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

In Re: \_\_\_\_\_ : Bankruptcy No.  
\_\_\_\_\_  
Debtor(s) \_\_\_\_\_ : Adversary No.  
\_\_\_\_\_

**DOCUMENT AND LOAN HISTORY ABSTRACT  
(COMPLETE A SEPARATE ABSTRACT FOR  
THE ORIGINAL TRANSACTION AND EACH ASSIGNMENT)**

**TYPE OF  
INSTRUMENT**

\_\_\_ Mortgage  
\_\_\_ Assignment  
\_\_\_ Lease  
\_\_\_ Other (describe) \_\_\_\_\_  
\_\_\_ Retail Installment Contract  
\_\_\_ UCC Financing Statement  
\_\_\_ Promissory Note / Security Agreement

**PARTIES**

\_\_\_\_\_ Borrower/Lessee  
\_\_\_\_\_ Lender/Lessor

**DATE OF INSTRUMENT** \_\_\_\_\_ **# OF PAGES** \_\_\_\_\_

**ESSENTIAL  
TERMS**

\_\_\_\_\_ Original Principal Balance  
\_\_\_\_\_ Term  
\_\_\_\_\_ Interest Rate  
\_\_\_\_\_ First Payment Due  
\_\_\_\_\_ Payment Amount  
\_\_\_\_\_ Frequency of Payments (weekly, monthly, yearly, etc.)  
\_\_\_\_\_ First Payment Due Date  
Last Payment Applied to Installment due on \_\_\_\_\_  
\_\_\_\_\_ Amount in Arrears  
\_\_\_\_\_ Total Amount of Claim on Date of Filing of Petition  
\_\_\_\_\_ Total Amount of Claim on Date of Filing of Motion

**SECURED (LEASED) PROPERTY DESCRIPTION**

\_\_\_ Real Property      \_\_\_ Motor Vehicle      \_\_\_ Other  
\_\_\_\_\_ Address/Description

**Lien Recording**

\_\_\_\_\_ Recorder of Deeds  
\_\_\_\_\_ County/Commonwealth/State  
\_\_\_\_\_ Secretary of State/Commonwealth/State  
\_\_\_\_\_ Bureau of Motor Vehicles (Commonwealth/State \_\_\_\_\_)  
\_\_\_\_\_ Other (Describe) \_\_\_\_\_  
\_\_\_\_\_ Recording Date  
\_\_\_\_\_ Book & Page/Instrument Number

**OTHER ESSENTIAL INFORMATION:**

**PROOF OF CLAIM FILED WITH CLERK, U.S. BANKRUPTCY COURT** \_\_\_\_\_ (Yes/No)