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

| In Re:                         | :   | :           | Bankruptcy No.                 |
|--------------------------------|---|-------------|--------------------------------|
|                                | Debtor(s)   | :<br>:      | Chapter 12                     |
| Trustee, or Debtors(s), Movant |   | :           | Chapter 12                     |
|                                | v.  | :           |                                |
| Respondents                    |   | :           |                                |
|                                | CHAPTER 12 DEBTOR'S CERTIF  | FICATION    | N OF DISCHARGE ELIGIBILITY     |
| (1)                            | The Debtor(s) has made all payments red   | quired by t | he Chapter 12 Plan.            |
| (2)                            | Include whichever one of the two following statements applies: [The Debtor(s) is not required to pay any Domestic Support Obligations] OR [The Debtor(s) is required to pay Domestic Support Obligations and the Debtor(s) has paid any amounts payable under a Court Order or Statute that were due on or before the date of this Certification (including amounts due before the petition was filed, but only to the extent provided for in the Plan).] |             |                                |
| (3)                            | The Debtor(s) is entitled to a discharge under the terms of Section 1228 of the Bankruptcy Code Section 1228(f) of the Bankruptcy Code does not render the Debtor ineligible for a discharge.   |             |                                |
|                                | 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 support of this Certification.]   |             |                                |
|                                | Dated:  | By:         |                                |
|                                |   |             | Signature                      |
|                                |   |             | Name of Filer - Typed          |
|                                |   |             | Address of Filer               |
|                                |   |             | Email Address of Filer         |
|                                |   |             | Phone Number of Filer          |
|                                |   |             | Rar I D and State of Admission |

**TPA Local Form 54**