CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI

Debtor:_____ SSN: XXX-XX-_____ CASE NO. _____
Joint Debtor: _____ SSN: XXX-XX-_____ Median Income: ☐ Above ☐ Below
Address:_____
_____

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

PAYMENT AND LENGTH OF PLAN
The plan period shall be for a period of _____ months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

(A) Debtor shall pay $_____ (☐ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

_____
_____
_____

(B) Joint Debtor shall pay $_____ (☐ monthly, ☐ semi-monthly, [☐ weekly, or [☐ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

_____
_____
_____

PRIORITY CREDITORS.
Filed claims which are not disallowed are to be paid in full or as ordered by the Court as follows:
Internal Revenue Service: $ _____ at $_____/month
Mississippi Dept. of Revenue: $ _____ at $_____/month
Other/_____: $_____ at $_____/month

DOMESTIC SUPPORT OBLIGATION. DUE TO: _____
_____
_____

POST PETITION OBLIGATION: In the amount of $_____ per month beginning _____.
To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

PRE-PETITION ARREARAGE: In the total amount of $ _____ through _____ which shall be paid in the amount of $_____ per month beginning _____.
To be paid ☐ Direct, ☐ through payroll deduction, or ☐ through the plan.

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

Mtg pmts to _____ Beginning _____ @ $_____ ☐ Plan ☐ Direct
Mtg pmts to _____ Beginning _____ @ $_____ ☐ Plan ☐ Direct
Mtg pmts to _____ Beginning _____ @ $_____ ☐ Plan ☐ Direct

Mtg arrears to _____ Through _____ $_____ @ $_____/mo
Mtg arrears to _____ Through _____ $_____ @ $_____/mo
Mtg arrears to _____ Through _____ $_____ @ $_____/mo

MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:

Creditor:_____ Approx. amt. due: _____ Int. Rate: _____
Property Address: _____ Are related taxes and/or insurance escrowed ☐Yes ☐No

Creditor:_____ Approx. amt. due: _____ Int. Rate: _____
Property Address: _____ Are related taxes and/or insurance escrowed ☐Yes ☐No

NON-MORTGAGE SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant to 11 U.S.C. § 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	VALUE	INT. RATE	PAY VALUE OR AMT. OWED

* The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

SPECIAL CLAIMANTS including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay $0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT

STUDENT LOANS which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT

SPECIAL PROVISIONS which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:

_____
_____
_____

GENERAL UNSECURED CLAIMS total approximately $_____. Such claims must be timely filed and not disallowed to receive payment as follows: _____ IN FULL (100%), _____%(percent) MINIMUM, or a total distribution of $_____, with the Trustee to determine the percentage distribution. Those general unsecured claims not timely filed shall be paid nothing , absent order of the Court.

Total attorney fee charged: $_____
Attorney fee previously paid: $_____
Attorney fee to be paid in plan: $_____

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co/Agent

_____
_____
_____

Telephone/Fax:_____

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

_____
_____
_____

Telephone No. _____
Facsimile No. _____
Email address _____

DATED:_____ DEBTOR'S SIGNATURE _____

JOINT DEBTOR'S SIGNATURE _____

ATTORNEY'S SIGNATURE _____

ADDITIONAL SECURED CLAIMS.

CREDITOR'S NAME	COLLATERAL	910 CLAIM	APPROX. AMT. OWED	VALUE	INT. RATE	PAY VALUE OR AMT. OWED

ADDITIONAL SPECIAL CLAIMANTS.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT

ADDITIONAL SPECIAL PROVISIONS.

_____

_____

_____

ADDITIONAL DOMESTIC SUPPORT OBLIGATION

DUE TO: _____

_____

_____

POST PETITION OBLIGATION: In the amount of $_____ per month beginning _____.
To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

PRE-PETITION ARREARAGE: In the total amount of $ _____ through _____ which shall be paid in the amount of $_____ per month beginning _____.
To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.