

UNITED STATES BANKRUPTCY COURT  
 FOR THE \_\_\_\_\_ DISTRICT OF \_\_\_\_\_  
 CH 11 POST-CONFIRMATION QUARTERLY REPORT

**DEBTOR:** \_\_\_\_\_ **CH. 11 CASE NO:** \_\_\_\_\_

**FOR QUARTER ENDED:** \_\_\_\_\_

**SUMMARY OF DISBURSEMENTS MADE DURING QUARTER:**

1.	CASH BALANCE, BEGINNING OF QUARTER	\$ _____
2.	CASH RECEIPTS DURING QUARTER FROM ALL SOURCES	_____
3.	CASH DISBURSEMENTS DURING QUARTER, INCLUDING PLAN PAYMENTS	( _____ )
4.	CASH BALANCE, END OF QUARTER (OR AS OF REPORT DATE FOR FINAL REPORT)	\$ _____

**SUMMARY OF AMOUNTS DISBURSED UNDER PLAN:**

	Paid During <u>Quarter</u>	Total Paid <u>to Date</u>	Total Pmts. Projected <u>Under Plan</u>
<b>1. ADMINISTRATIVE EXPENSES</b>			
Plan Trustee Compensation	\$ _____	\$ _____	\$ _____
Plan Trustee Expense	_____	_____	_____
Attorney Fees - Trustee	_____	_____	_____
Attorney Fees - Debtor	_____	_____	_____
Other Professionals	_____	_____	_____
Other Administrative Expenses	_____	_____	_____
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>2. SECURED CREDITORS</b>	<b>\$ _____</b>	_____	_____
<b>3. PRIORITY CREDITORS</b>	<b>\$ _____</b>	_____	_____
<b>4. UNSECURED CREDITORS</b>	<b>\$ _____</b>	_____	_____
<b>5. EQUITY SECURITY HOLDERS</b>	<b>\$ _____</b>	_____	_____
<b>6. Attach additional sheets as necessary</b>	<b>\$ _____</b>	_____	_____
<b>TOTAL PLAN PAYMENTS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

	Amount	Date	Check No.
	_____	_____	_____

**QUARTERLY FEE PAID:** \$ \_\_\_\_\_

**PLAN STATUS:**

- |   | Yes   | No    |
|---|-------|-------|
| 1. Have all payments been made as set forth in the confirmed plan? (If no, attach explanation.) | _____ | _____ |
| 2. Are all post-confirmation obligations current? (If no, attach explanation.)                  | _____ | _____ |
| 3. Projected date of application for final decree: _____  |       |       |

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING POST CONFIRMATION QUARTERLY REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Reorganized Debtor	Date	Date
By: _____	_____	_____
Signature	Title	Signature of Co-Debtor, if applicable
_____	_____	_____
Printed Name	Telephone Number	Printed Name