



**United States Bankruptcy Court, Middle District of Tennessee**

**TNMB**

# **LOCAL BANKRUPTCY FORMS**

### **MAILING LIST GUIDELINES**

1. The list shall be one column wide and shall be saved and uploaded as a TXT file.
2. The case number shall be on the first line followed by a blank line.
3. Each entry shall be no less than three lines (name line and at least two address lines), and each line shall be no more than 40 characters.
4. The debtor's name and address shall be listed as the first entry. Joint debtors shall be listed separately, as the first and second entries.
5. Use only widely accepted state, street, building, and directional abbreviations.
6. Do not use the letter "o" in place of zero or the letter "l" in place of one.
7. When both street numbers and post office box numbers are given, use only post office box numbers.
8. Governmental offices are entered with city, state or county first. For example: Davidson County General Sessions Court.

### **SAMPLE LIST OF CREDITORS**

07-06003

SHEILA LOIS JOHNSON  
102 CLEAR SPRINGS RD  
MURFREESBORO TN 37130

WILLIAM M. ATTORNEY  
18 PUBLIC STATION RD  
NASHVILLE TN 37206

ASSOCIATES FINANCIAL SVCS  
PO BOX 1106  
NASHVILLE TN 37228-1106

TN ATTY GENERAL'S OFFICE BANKR DIV  
ATTN: TN DEPT OF REVENUE  
PO BOX 20207  
NASHVILLE TN 37202-0207

MAILING LIST

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE**

IN RE:	)	
	)	
	)	CASE NO.
	)	CHAPTER [12 or 13]
Debtor(s).	)	JUDGE
	)	

**AMENDED MONTHLY FAMILY BUDGET**

	<u>Prior Budget*</u>	<u>Current Budget*</u>
Dates of Budgets:	_____	_____
<b><u>EXPENSES</u></b>		
Rent/Mortgage Payment:	_____	_____
Utilities:	Prior*	Current*
Electric:	_____	_____
Water:	_____	_____
Heat:	_____	_____
Telephone/Internet	_____	_____
Trash:	_____	_____
Cable/Satellite:	_____	_____
Other (_____):	_____	_____
<b>Total Utilities:</b>	_____	_____
Food:	_____	_____
Clothing:	_____	_____
Laundry & Dry Cleaning:	_____	_____
Newspapers, Books, etc.:	_____	_____
Medical & Dental Expenses:	_____	_____
Transportation:	_____	_____
Insurance (not deducted from wages):		
Auto:	_____	_____
Life:	_____	_____
Home:	_____	_____
Renters:	_____	_____
Other (_____):	_____	_____
<b>Total Insurance:</b>	_____	_____
Taxes (not deducted from wages)	_____	_____
Child Support	_____	_____
Home Maintenance	_____	_____
Other Monthly Expenses (_____):	_____	_____
<b>TOTAL MONTHLY EXPENSES:</b>	_____	_____

AMENDED MONTHLY FAMILY BUDGET

**INCOME**

Debtor's Gross Income:

Spouse's Gross Income:

Payroll Deductions:

Prior\* Current\*

Payroll Taxes:

401(k):

Other ( )::

Total Payroll Deductions:

Other Regular Income:

Support/Alimony:

Pension/SS/VA:

Other ( )::

Total Other Regular Income:

Prior Budget\*Current Budget\***TOTAL MONTHLY INCOME:****SUMMARY:****Total Monthly Income (from above):****minus Total Monthly Expenses (from page 1):****equals Monthly Surplus:****Monthly Plan Payment:****Duration of Plan (months):****Dividend to Unsecured Creditors (%):****Secured Creditors Affected:**

\* Explain any increase or decrease in income, expenses, or dividend that exceeds 10%:

(Debtor)

(Date)

(Debtor)

(Date)

AMENDED MONTHLY FAMILY BUDGET

**Fill in this information to identify the case:**

Debtor 1

First Name

Middle Name

Last Name

Debtor 2

(Spouse, if filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: Middle District of Tennessee

Case number:

**Form 1340 (02/2023 Modified)****MOTION TO WITHDRAW UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the withdrawal of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds. I have fully complied with the requirements of 28 U.S.C. § 2042 and the Instructions for Filing Motion to Withdraw Unclaimed Funds located at [www.tnmb.uscourts.gov](http://www.tnmb.uscourts.gov).

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:

Claimant's Name:

Claimant's Current Mailing  
Address, Telephone Number,  
and Email Address:**2. Movant Information**

Movant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Movant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☐ Movant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Movant is Claimant's representative (*e.g.*, attorney or unclaimed funds locator).
- ☐ Movant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- ☐ Movant has read the court's instructions for filing a Motion for Unclaimed Funds and is providing the required supporting documentation with this motion.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Movant is the party filing the motion. The Movant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

#### 4. Notice to United States Attorney

- ☐ Movant has sent a copy of this motion and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

United States Attorney's Office  
ATTN: Unclaimed Funds  
719 Church St., Suite 3300  
Nashville, Tennessee 37203

#### 5. Movant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

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

\_\_\_\_\_  
Signature of Movant

\_\_\_\_\_  
Printed Name of Movant

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 5. Co-Movant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

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

\_\_\_\_\_  
Signature of Co-Movant (if applicable)

\_\_\_\_\_  
Printed Name of Co-Movant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 6. Notarization

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Motion for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

#### 6. Notarization

STATE \_\_\_\_\_ OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Motion for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF TENNESSEE

In Re:

Case No.

Chapter

Debtor(s).

**CERTIFICATE OF SERVICE**  
**FOR MOTION TO WITHDRAW UNCLAIMED FUNDS**  
**(\*\*File this certificate of service with your Motion\*\*)**

I certify that a copy of the Motion to Withdraw Unclaimed Funds and the required supporting documentation was sent via:

---

*(Specify Method of Delivery, e.g., USPS First-Class Mail postage prepaid)*

to all of the following:

Office of the United States Attorney  
Middle District of Tennessee  
719 Church Street, Suite 3300  
Nashville, TN 37203-6940

U.S. Trustee, Region 8  
U.S. Customs House  
701 Broadway, Room 318  
Nashville, TN 37203

Debtor's Attorney at

Debtor(s) at

Creditor/Payee of the Funds Deposited at

I certify that a copy of the Motion to Withdraw Unclaimed Funds was sent via

---

*(Specify Method of Delivery, e.g., USPS First-Class Mail postage prepaid)*

to Previous Owner(s) of Claim (if applicable):

*[If the Claimant is a Successor Claimant, enter name and current address for each previous owner served or provide statement with your application addressing why service is not possible. This is not applicable if you are the Owner of Record]*

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

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



Debtor \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_  
[Bankruptcy district]

☐ Check if this is an amended plan

Case number: \_\_\_\_\_

## Official Form 113

### Chapter 13 Plan

#### Part 1: Notices

**To Debtors:** This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable.

*In the following notice to creditors and statement regarding your income status, you must check each box that applies.*

**To Creditors:** Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated.

You should read this plan carefully and discuss it with your attorney, if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 5 days before the meeting of creditors or raise an objection on the record at the meeting of creditors. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is made. See Bankruptcy Rule 3015. In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance to you. **Boxes must be checked by debtor(s) if applicable.**

- ☐ The plan seeks to limit the amount of a secured claim, as set out in Part 3, Section 3.2, which may result in a partial payment or no payment at all to the secured creditor.
- ☐ The plan requests the avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest as set out in Part 3, Section 3.4.
- ☐ The plan sets out nonstandard provisions in Part 9.

**Income status of debtor(s), as stated on Official Form 122-C1**

*Check one.*

- ☐ The current monthly income of the debtor(s) is less than the applicable median income specified in 11 U.S.C. § 1325(b)(4)(A).
- ☐ The current monthly income of the debtor(s) is **not** less than the applicable median income specified in 11 U.S.C. § 1325(b)(4)(A).

#### Part 2: Plan Payments and Length of Plan

**2.1 Debtor(s) will make regular payments to the trustee as follows:**

\$ \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_ months

[and \$ \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_ months.] *Insert additional lines as needed.*

If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in Parts 3 through 6 of this plan.

**2.2 Regular payments to the trustee will be made from future earnings in the following manner:**

*Check all that apply.*

- ☐ Debtor(s) will make payments pursuant to a payroll deduction order.
- ☐ Debtor(s) will make payments directly to the trustee.
- ☐ Other (specify method of payment): \_\_\_\_\_.

Debtor \_\_\_\_\_

Case number \_\_\_\_\_

**2.3 Income tax refunds.***Check one.*

- ☐ Debtor(s) will retain any income tax refunds received during the plan term.
- ☐ Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all income tax refunds received during the plan term.
- ☐ Debtor(s) will treat income tax refunds as follows:

\_\_\_\_\_

\_\_\_\_\_

**2.4 Additional payments.***Check one.*

- ☐ **None.** If "None" is checked, the rest of § 2.4 need not be completed or reproduced.
- ☐ Debtor(s) will make additional payment(s) to the trustee from other sources, as specified below. Describe the source, estimated amount, and date of each anticipated payment.

\_\_\_\_\_

\_\_\_\_\_

**2.5 The total amount of estimated payments to the trustee provided for in §§ 2.1 and 2.4 is \$ \_\_\_\_\_.****Part 3: Treatment of Secured Claims****3.1 Maintenance of payments and cure of default, if any.***Check one.*

- ☐ **None.** If "None" is checked, the rest of § 3.1 need not be completed or reproduced.
- ☐ The debtor(s) will maintain the current contractual installment payments on the secured claims listed below, with any changes required by the applicable contract. These payments will be disbursed either by the trustee or directly by the debtor, as specified below. Any existing arrearage on a listed claim will be paid in full through disbursements by the trustee, with interest, if any, at the rate stated. Unless otherwise ordered by the court, the amounts listed on a proof of claim or modification of a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) control over any contrary amounts listed below as to the current installment payment and arrearage. If relief from the automatic stay is ordered as to any item of collateral listed in this paragraph, then, unless otherwise ordered by the court, all payments under this paragraph as to that collateral will cease and all secured claims based on that collateral will no longer be treated by the plan. The final column includes only payments disbursed by the trustee rather than by the debtor.

Name of creditor	Collateral	Current installment payment (including escrow )	Amount of arrearage, if any	Interest rate on arrearage (if applicable)	Monthly plan payment on arrearage	Estimated total payments by trustee
_____	_____	\$ _____	\$ _____	_____ %	\$ _____	\$ _____
		Disbursed by:				
		<input type="checkbox"/> Trustee				
		<input type="checkbox"/> Debtor(s)				
_____	_____	\$ _____	\$ _____	_____ %	\$ _____	\$ _____
		Disbursed by:				
		<input type="checkbox"/> Trustee				
		<input type="checkbox"/> Debtor(s)				

*Insert additional claims as needed.*

**3.2 Request for valuation of security and claim modification. Check one.**

☐ **None.** If "None" is checked, the rest of § 3.2 need not be completed or reproduced.

**The remainder of this paragraph will be effective only if the applicable box in Part 1 of this plan is checked.**

☐ The debtor(s) request that the court determine the value of the secured claims listed below. For each non-governmental secured claim listed below, the debtor(s) state that the value of the secured claim should be as set out in the column headed *Amount of secured claim*. For secured claims of governmental units, unless otherwise ordered by the court, the value of a secured claim listed in a proof of claim filed in accordance with the Bankruptcy Rules controls over any contrary amount listed below. For each listed claim, the value of the secured claim will be paid in full with interest at the rate stated below.

The portion of any allowed claim that exceeds the amount of the secured claim will be treated as an unsecured claim under Part 5 of this plan. If the amount of a creditor's secured claim is listed below as having no value, the creditor's allowed claim will be treated in its entirety as an unsecured claim under Part 5 of this plan. Unless otherwise ordered by the court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in this paragraph.

The holder of any claim listed below as having value in the column headed *Amount of secured claim* will retain the lien until the earlier of:

- (a) payment of the underlying debt determined under nonbankruptcy law, or
- (b) discharge under 11 U.S.C. § 1328, at which time the lien will terminate and be released by the creditor. See Bankruptcy Rule 3015.

Name of creditor	Estimated amount of creditor's total claim	Collateral	Value of collateral	Amount of claims senior to creditor's claim	Amount of secured claim	Interest rate	Monthly payment to creditor	Estimated total of monthly payments
_____	\$ _____	_____	\$ _____	\$ _____	\$ _____	____%	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____	\$ _____	____%	\$ _____	\$ _____

*Insert additional claims as needed.*

**3.3 Secured claims excluded from 11 U.S.C. § 506.**

Check one.

☐ **None.** If "None" is checked, the rest of § 3.3 need not be completed or reproduced.

☐ The claims listed below were either:

- (1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or
- (2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.

These claims will be paid in full under the plan with interest at the rate stated below. These payments will be disbursed either by the trustee or directly by the debtor, as specified below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim or modification of a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. The final column includes only payments disbursed by the trustee rather than by the debtor.

Name of creditor	Collateral	Amount of claim	Interest rate	Monthly plan payment	Estimated total payments by trustee
_____	_____	\$ _____	____%	\$ _____	\$ _____
Disbursed by:					
<input type="checkbox"/> Trustee					
<input type="checkbox"/> Debtor(s)					
_____	_____	\$ _____	____%	\$ _____	\$ _____
Disbursed by:					
<input type="checkbox"/> Trustee					
<input type="checkbox"/> Debtor(s)					

*Insert additional claims as needed.*

**3.4 Lien avoidance.**

Check one.

☐ **None.** If "None" is checked, the rest of § 3.4 need not be completed or reproduced.**The remainder of this paragraph will be effective only if the applicable box on Part 1 of this plan is checked.**

- ☐ The judicial liens or nonpossessory, nonpurchase money security interests securing the claims listed below impair exemptions to which the debtor(s) would have been entitled under 11 U.S.C. § 522(b). A judicial lien or security interest securing a claim listed below will be avoided to the extent that it impairs such exemptions upon entry of the order confirming the plan. The amount of the judicial lien or security interest that is avoided will be treated as an unsecured claim in Part 5. The amount, if any, of the judicial lien or security interest that is not avoided will be paid in full as a secured claim under the plan. See 11 U.S.C. § 522(f) and Bankruptcy Rule 4003(d). *If more than one lien is to be avoided, provide the information separately for each lien.*

Information regarding judicial lien or security interest	Calculation of lien avoidance		Treatment of remaining secured claim
<b>Name of creditor</b> _____	a. Amount of lien	\$ _____	<b>Amount of secured claim after avoidance</b> (line a minus line f) \$ _____
	b. Amount of all other liens	\$ _____	
<b>Collateral</b> _____	c. Value of claimed exemptions	+ \$ _____	<b>Interest rate</b> (if applicable) _____ %
	d. Total of adding lines a, b, and c	\$ _____	
<b>Lien identification</b> (such as judgment date, date of lien recording, book and page number) _____ _____	e. Value of debtor's interest in property	- \$ _____	<b>Monthly plan payment</b> \$ _____
	f. Subtract line e from line d.	\$ _____	<b>Estimated total payments on secured claim</b> \$ _____
Extent of exemption impairment (Check applicable box):			
<input type="checkbox"/> <b>Line f is equal to or greater than line a.</b> The entire lien is avoided. (Do not complete the next column.)			
<input type="checkbox"/> <b>Line f is less than line a.</b> A portion of the lien is avoided. (Complete the next column.)			

*Insert additional claims as needed.***3.5 Surrender of collateral.**

Check one.

☐ **None.** If "None" is checked, the rest of § 3.5 need not be completed or reproduced.

- ☐ The debtor(s) elect to surrender to each creditor listed below the collateral that secures the creditor's claim. The debtor(s) consent to termination of the stay under 11 U.S.C. § 362(a) and § 1301 with respect to the collateral, upon confirmation of the plan. Any allowed unsecured claim resulting from the disposition of the collateral will be treated in Part 5 below.

Name of creditor	Collateral
_____	_____
_____	_____

*Insert additional claims as needed.*

**Part 4: Treatment of Fees and Priority Claims****4.1 General**

Trustee's fees and all allowed priority claims other than those treated in § 4.6 will be paid in full without interest.

**4.2 Trustee's fees**

Trustee's fees are estimated to be \_\_\_\_\_% of plan payments; and during the plan term, they are estimated to total \$\_\_\_\_\_.

**4.3 Attorney's fees**

The balance of the fees owed to the attorney for the debtor(s) is estimated to be \$\_\_\_\_\_.

**4.4 Priority claims other than attorney's fees and those treated in § 4.5.**

Check one.

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

☐ The debtor estimates the total amount of other priority claims to be \_\_\_\_\_.

**4.5 Domestic support obligations assigned or owed to a governmental unit and paid less than full amount.**

Check one.

☐ **None.** If "None" is checked, the rest of § 4.5 need not be completed or reproduced.

☐ The allowed priority claims listed below are based on a domestic support obligation that has been assigned to or is owed to a governmental unit and will be paid less than the full amount of the claim under 11 U.S.C. § 1322(a)(4), but not less than the amount that would have been paid on such claim if the estate of the debtor were liquidated under chapter 7, see 11 U.S.C. § 1325(a)(4).

**Name of creditor**

**Amount of claim to be paid**

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

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

*Insert additional claims as needed.*

**Part 5: Treatment of Nonpriority Unsecured Claims****5.1 Nonpriority unsecured claims not separately classified.**

Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. *Check all that apply.*

☐ The sum of \$\_\_\_\_\_.

☐ \_\_\_\_\_% of the total amount of these claims.

☐ The funds remaining after disbursements have been made to all other creditors provided for in this plan.

If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately \$\_\_\_\_\_. Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount.

**5.2 Interest on allowed nonpriority unsecured claims not separately classified. Check one.**

☐ **None.** If "None" is checked, the rest of § 5.2 need not be completed or reproduced.

☐ Interest on allowed nonpriority unsecured claims that are not separately classified will be paid at an annual percentage rate of \_\_\_\_\_% under 11 U.S.C. §1325(a)(4), and is estimated to total \$\_\_\_\_\_.

**5.3 Maintenance of payments and cure of any default on nonpriority unsecured claims. Check one.**

- ☐ **None.** If "None" is checked, the rest of § 5.3 need not be completed or reproduced.
- ☐ The debtor(s) will maintain the contractual installment payments and cure any default in payments on the unsecured claims listed below on which the last payment is due after the final plan payment. These payments will be disbursed either by the trustee or directly by the debtor, as specified below. The allowed claim for the arrearage amount will be paid in full and disbursed by the trustee. The final column includes only payments disbursed by the trustee rather than by the debtor.

Name of creditor	Current installment payment	Amount of arrearage to be paid	Estimated total payments by trustee
_____	\$ _____	\$ _____	\$ _____
	Disbursed by: <input type="checkbox"/> Trustee <input type="checkbox"/> Debtor(s)		
_____	\$ _____	\$ _____	\$ _____
	Disbursed by: <input type="checkbox"/> Trustee <input type="checkbox"/> Debtor(s)		

*Insert additional claims as needed.*

**5.4 Other separately classified nonpriority unsecured claims. Check one.**

- ☐ **None.** If "None" is checked, the rest of § 5.4 need not be completed or reproduced.
- ☐ The nonpriority unsecured allowed claims listed below are separately classified and will be treated as follows:

Name of creditor	Basis for separate classification and treatment	Amount to be paid on the claim	Interest rate (if applicable)	Estimated total amount of payments
_____	_____	\$ _____	_____%	\$ _____
_____	_____	\$ _____	_____%	\$ _____

*Insert additional claims as needed.*

**Part 6: Executory Contracts and Unexpired Leases****6.1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. Check one.**

- ☐ **None.** If "None" is checked, the rest of § 6.1 need not be completed or reproduced.
- ☐ **Assumed items.** Current installment payments will be disbursed either by the trustee or directly by the debtor, as specified below. Arrearage payments will be disbursed by the trustee. The final column includes only payments disbursed by the trustee rather than by the debtor.

Name of creditor	Description of leased property or executory contract	Treatment (Refer to other plan section if applicable)	Current installment payment	Amount of arrearage to be paid	Estimated total payments by trustee
_____	_____	_____	\$ _____	\$ _____	\$ _____
			Disbursed by: <input type="checkbox"/> Trustee <input type="checkbox"/> Debtor(s)		

Debtor \_\_\_\_\_

Case number \_\_\_\_\_

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

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

Disbursed by:

- ☐ Trustee  
☐ Debtor(s)

*Insert additional contracts or leases as needed.*

#### Part 7: Order of Distribution of Trustee Payments

**7.1 The trustee will make the monthly payments required in Parts 3 through 6 in the following order, with payments other than those listed to be made in the order determined by the trustee:**

a. \_\_\_\_\_

b. \_\_\_\_\_ *Insert additional lines as needed.*

#### Part 8: Vesting of Property of the Estate

**8.1 Property of the estate will vest in the debtor(s) upon**

*Check the applicable box:*

- ☐ plan confirmation.  
☐ entry of discharge.  
☐ other: \_\_\_\_\_.

#### Part 9: Nonstandard Plan Provisions

☐ **None.** *If "None" is checked, the rest of Part 9 need not be completed or reproduced.*

*Nonstandard provisions are required to be set forth below.*

***These plan provisions will be effective only if the applicable box in Part 1 of this plan is checked.***

#### Part 10: Signatures:

**X** \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Attorney for Debtor(s)**

**X** \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_ Date \_\_\_\_\_

**Signature(s) of Debtor(s) (required if not represented by an attorney; otherwise optional)**

## Exhibit: Total Amount of Estimated Trustee Payments

---

The trustee will make the following estimated payments on allowed claims in the order set forth in Section 7.1:

- |   |          |          |
|---|----------|----------|
| a. <b>Maintenance and cure payments on secured claims</b> ( <i>Part 3, Section 3.1 total</i> ):             | \$ _____ |          |
| b. <b>Modified secured claims</b> ( <i>Part 3, Section 3.2 total</i> ):                                     | \$ _____ |          |
| c. <b>Secured claims excluded from 11 U.S.C. § 506</b> ( <i>Part 3, Section 3.3 total</i> ):                | \$ _____ |          |
| d. <b>Judicial liens or security interests partially avoided</b> ( <i>Part 3, Section 3.4 total</i> ):      | \$ _____ |          |
| e. <b>Fees and priority claims</b> ( <i>Part 4 total</i> ):   | \$ _____ |          |
| f. <b>Nonpriority unsecured claims</b> ( <i>Part 5, Section 5.1 total</i> ):                                | \$ _____ |          |
| g. <b>Interest on allowed unsecured claims</b> ( <i>Part 5, Section 5.2 total</i> ):                        | \$ _____ |          |
| h. <b>Maintenance and cure payments on unsecured claims</b> ( <i>Part 5, Section 5.3 total</i> ):           | \$ _____ |          |
| i. <b>Separately classified unsecured claims</b> ( <i>Part 5, Section 5.4 total</i> ):                      | \$ _____ |          |
| j. <b>Trustee payments on executory contracts and unexpired leases</b> ( <i>Part 6, Section 6.1 total</i> ) | +        | \$ _____ |

Total of lines a through j.....

\$ _____
----------



**IN THE UNITED STATES BANKRUPTCY COURT FOR THE  
MIDDLE DISTRICT OF TENNESSEE**

IN RE:

_____	)	
	)	
	)	CASE NO. _____
	)	
Debtor(s)	)	Relief from stay to enforce lien
	)	
_____	)	Date of Scheduled Hearing:
	)	
Secured Claimant	)	_____

Affected Collateral: \_\_\_\_\_

\_\_\_\_\_

**ORDER GRANTING RELIEF FROM AUTOMATIC STAY**

The Secured Claimant identified above has moved for relief from the automatic stay in 11 U.S.C. § 362(a) with respect to the Affected Collateral. Either no timely opposition was filed or any objection raised was withdrawn or overruled by the court at the Scheduled Hearing.

IT IS ORDERED that the automatic stay in 11 U.S.C. § 362(a) is terminated with respect to the Secured Claimant and its Affected Collateral.

*This Order Was Signed and Entered Electronically as Indicated at the Top of the First Page.*

APPROVED FOR ENTRY:

\_\_\_\_\_  
Attorney for Secured Claimant

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE  
MIDDLE DISTRICT OF TENNESSEE**

IN RE:

\_\_\_\_\_

Debtor(s)

\_\_\_\_\_

Secured Claimant

)  
)  
)  
)  
)  
)  
)  
)  
)  
)

CASE NO. \_\_\_\_\_

Relief from stay to enforce lien

Date of Scheduled Hearing:

\_\_\_\_\_

Affected Collateral: \_\_\_\_\_

\_\_\_\_\_

**ORDER GRANTING RELIEF FROM AUTOMATIC STAY**

The Secured Claimant identified above has moved for relief from the automatic stay in 11 U.S.C. § 362(a) with respect to the Affected Collateral. Either no timely opposition was filed or any objection raised was withdrawn or overruled by the court at the Scheduled Hearing.

IT IS ORDERED that the automatic stay in 11 U.S.C. § 362(a) is terminated with respect to the Secured Claimant and its Affected Collateral.

IT IS FURTHER ORDERED that the stay in FED. R. BANKR. P. 4001(a)(3) does not apply.

*This Order Was Signed and Entered Electronically as Indicated at the Top of the First Page.*

APPROVED FOR ENTRY:

\_\_\_\_\_  
Attorney for Secured Claimant

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE  
MIDDLE DISTRICT OF TENNESSEE**

IN RE:	)	
	)	
_____	)	CASE NO. _____
	)	
Debtor(s)	)	Relief from stay to enforce lien
	)	
_____	)	Date of Scheduled Hearing:
	)	
Secured Claimant	)	_____

Affected Collateral: \_\_\_\_\_

\_\_\_\_\_

**ORDER GRANTING RELIEF FROM AUTOMATIC STAY  
AND ABANDONMENT**

The Secured Claimant identified above has moved for relief from the automatic stay in 11 U.S.C. § 362(a) with respect to the Affected Collateral. Either no timely opposition was filed or any objection raised was withdrawn or overruled by the court at the Scheduled Hearing.

IT IS ORDERED that the automatic stay in 11 U.S.C. § 362(a) is terminated with respect to the Secured Claimant and its Affected Collateral.

IT IS FURTHER ORDERED that the Trustee abandons the Affected Collateral as burdensome or of inconsequential value to the estate pursuant to 11 U.S.C. § 554 and L.B.R. 6007-1(b). This paragraph is not effective unless the Trustee has approved this order for entry below.

*This Order Was Signed and Entered Electronically as Indicated at the Top of the First Page.*

APPROVED FOR ENTRY:

\_\_\_\_\_  
Attorney for Secured Claimant

\_\_\_\_\_  
Trustee

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE  
MIDDLE DISTRICT OF TENNESSEE**

IN RE:	)	
	)	
_____	)	CASE NO. _____
	)	
Debtor(s)	)	Relief from stay to enforce lien
	)	
_____	)	Date of Scheduled Hearing:
	)	
Secured Claimant	)	_____

Affected Collateral: \_\_\_\_\_

\_\_\_\_\_

**ORDER GRANTING RELIEF FROM AUTOMATIC STAY  
AND ABANDONMENT**

The Secured Claimant identified above has moved for relief from the automatic stay in 11 U.S.C. § 362(a) with respect to the Affected Collateral. Either no timely opposition was filed or any objection raised was withdrawn or overruled by the court at the Scheduled Hearing.

IT IS ORDERED that the automatic stay in 11 U.S.C. § 362(a) is terminated with respect to the Secured Claimant and its Affected Collateral.

IT IS FURTHER ORDERED that the Trustee abandons the Affected Collateral as burdensome or of inconsequential value to the estate pursuant to 11 U.S.C. § 554 and L.B.R. 6007-1(b). This paragraph is not effective unless the Trustee has approved this order for entry below.

IT IS FURTHER ORDERED that the stay in FED. R. BANKR. P. 4001(a)(3) does not apply.

*This Order Was Signed and Entered Electronically as Indicated at the Top of the First Page.*

APPROVED FOR ENTRY:

\_\_\_\_\_  
Attorney for Secured Claimant

\_\_\_\_\_  
Trustee

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE  
MIDDLE DISTRICT OF TENNESSEE**

IN RE:

	)	CASE NO.
	)	
Debtor(s).	)	
	)	

Description of Property Subject to Lien: \_\_\_\_\_

**ORDER GRANTING MOTION TO AVOID LIEN OF**

\_\_\_\_\_  
(Affected Creditor)

The lien of the creditor identified above with respect to the described property is declared void pursuant to 11 U.S.C. § 522(f). Either no timely opposition was filed pursuant to LBR 9013-1 or any objection raised was withdrawn or overruled by the court at the Scheduled Hearing.

IT IS ORDERED that the lien of the Affected Creditor relative to the property described above is VOID.

*This Order Was Signed and Entered Electronically as Indicated at the Top of the First Page.*

APPROVED FOR ENTRY:

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

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE**

IN RE:	)	
	)	
	)	CASE NO.
	)	CHAPTER
Debtor(s).	)	JUDGE
	)	

---

**THE DEADLINE FOR FILING A TIMELY RESPONSE IS: [response date]  
IF A RESPONSE IS TIMELY FILED, THE HEARING WILL BE: [hearing date, time, place  
(including courtroom and address)]**

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**NOTICE OF MOTION TO [caption of motion]**

[Name of movant] has asked the court for the following relief: [brief description of relief requested].

**YOUR RIGHTS MAY BE AFFECTED.** If you do not want the court to grant the attached motion by entering the attached order, or if you want the court to consider your views on the motion, then on or before the response date stated above, you or your attorney must:

1. File with the court your response or objection explaining your position. Please note: the Bankruptcy Court for the Middle District of Tennessee requires electronic filing. Any response or objection you wish to file must be submitted electronically. To file electronically, you or your attorney must go to the court website and follow the instructions at: <https://ecf.tnmb.uscourts.gov>.

If you need assistance with Electronic Filing you may call the Bankruptcy Court at (615) 736-5584. You may also visit the Bankruptcy Court in person at: 701 Broadway, 1<sup>st</sup> Floor, Nashville, TN (Monday - Friday, 8:00 A.M. - 4:00 P.M.).

2. Your response must state the deadline for filing responses, the date of the scheduled hearing and the motion to which you are responding.

If a response is filed before the deadline stated above, the hearing will be held at the time and place indicated above. **THERE WILL BE NO FURTHER NOTICE OF THE HEARING DATE.** You may check whether a timely response has been filed by viewing the case on the court's website at <https://ecf.tnmb.uscourts.gov>.

If you or your attorney does not take these steps, the court may decide that you do not oppose the relief sought in the motion and may enter the attached order granting that relief.

Date:	Signature: _____
	Name: _____
	Address: _____

# U.S. BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF TENNESSEE

## SEALED DOCUMENT COVER SHEET

1. If sealed, what level of seal applies to the Motion to Seal:

Public Docket Text for the Motion to Seal:

- ☐ Full (docket entry will read "Motion to Seal (full description)").
- ☐ Moderate (docket entry will read "Document filed under seal").
- ☐ None (no docket entry will be placed on the record).

Treatment of the Motion to Seal:

- ☐ Only the venue, style, and caption on the first page will be placed on the public docket.
- ☐ A document stating only "Document filed under seal" will be placed on the public docket.
- ☐ No document will be placed on the public docket.

2. How should the court handle the resulting Order?

Public Docket Text for the Order on Sealing:

- ☐ Full (docket entry will read "Order Granting/Denying Motion to Seal (full description)").
- ☐ Moderate (docket entry will read "Order Granting/Denying Motion to Seal").
- ☐ None (no docket entry will be placed on the record).

Treatment of the Order on Sealing:

- ☐ Placed on the public docket in its entirety.
- ☐ Only the venue, style, and caption on the first page will be placed on the public docket.
- ☐ A document stating only "Order on Motion to Seal" will be placed on the public docket.
- ☐ No Order will be placed on the public docket.

3. How should the court handle the document(s) filed under seal?

Public Docket Text for the sealed document(s):

- ☐ Full (a full docket entry describing the document(s) will be placed on record).
- ☐ Moderate (a docket entry will state "Document filed under seal").
- ☐ None (no docket entry will be placed on the record).

Treatment of the sealed document(s):

- ☐ Only the venue, style, and caption on the first page will be placed on the public docket.
- ☐ A document stating only "Document filed under seal" will be placed on the public docket.
- ☐ No document(s) will be placed on the public docket.

Recommendations: Read Local R. Bankr. P. 9018-1. Specify parties to whom the Clerk may grant access in the Motion to Seal and the Proposed Order. Provide the Clerk an additional copy of sealed documents for chambers. Provide an additional copy if you desire a "Filed" stamped copy for your records.

Disclaimer: Requests on this cover sheet are subject to judicial review.

UNITED STATES BANKRUPTCY COURT

MIDDLE DISTRICT OF TENNESSEE

Clear All Fields

<Enter Division name if applicable, else delete this text>

In re:

§  
§  
§  
§

Case No.

Debtor(s)

☐ Jointly Administered

Post-confirmation Report

Chapter 11

Quarter Ending Date:

Petition Date:

Plan Confirmed Date:

Plan Effective Date:

This Post-confirmation Report relates to: ☐ Reorganized Debtor

☐ Other Authorized Party or Entity:

Name of Authorized Party or Entity

Signature of Responsible Party

Printed Name of Responsible Party

0

Date

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

APPENDIX I

UST FORM 11 - PCR - POST-CONFIRMATION REPORT



Debtor's Name Case No. **Part 1: Summary of Post-confirmation Transfers**

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	<input type="text"/>	<input type="text"/>
b. Non-cash securities transferred	<input type="text"/>	<input type="text"/>
c. Other non-cash property transferred	<input type="text"/>	<input type="text"/>
d. Total transferred (a+b+c)	<input type="text"/>	<input type="text"/>

**Part 2: Preconfirmation Professional Fees and Expenses**

		Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
a.	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor <i>Aggregate Total</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Itemized Breakdown by Firm</i>				
Add	<input type="text"/> Firm Name <input type="text"/> Role				
Delete	i <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Delete	ii <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

		Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
b.	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor <i>Aggregate Total</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Itemized Breakdown by Firm</i>				
Add	<input type="text"/> Firm Name <input type="text"/> Role				
Delete	i <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Delete	ii <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	All professional fees and expenses (debtor & committees)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan**

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0%
b. Secured claims	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0%
c. Priority claims	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0%
d. General unsecured claims	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0%
e. Equity interests	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Part 4: Questionnaire**

- a. Is this a final report? Yes ☐ No ☐
- If yes, give date Final Decree was entered:
- If no, give date when the application for Final Decree is anticipated:
- b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☐ No ☐

**Privacy Act Statement**

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: [http://www.justice.gov/ust/eo/rules\\_regulations/index.htm](http://www.justice.gov/ust/eo/rules_regulations/index.htm). Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

**I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.**

Click "Generate PDF"

Signature of Responsible Party

Printed Name of Responsible Party

Title

Date

to Remove Watermark

Save

Generate PDF for Court Filing  
and Remove Watermark