

UNITED STATES BANKRUPTCY COURT, SOUTHERN DISTRICT OF FLORIDA
CHAPTER 13 PLAN (Individual Adjustment of Debts) www.flsb.uscourts.gov

- _____ Amended Plan (Indicate 1st, 2nd, etc. amended, if applicable)
 _____ Modified Plan (Indicate 1st, 2nd, etc. amended, if applicable)

DEBTOR: _____ JOINT DEBTOR _____ CASE NO.: _____
 Last Four Digits of SS# _____ Last Four Digits of SS# _____

This document is a plan summary. Additional data on file in clerk's office attached to original plan.

MONTHLY PLAN PAYMENT: Including trustee's fee not to exceed 10% and beginning 30 days from filing/conversion date, Debtor(s) to pay to the trustee for a period of _____ months:

- A. \$ _____ for months _____ to _____;
 B. \$ _____ for months _____ to _____;
 C. \$ _____ for months _____ to _____; in order to pay the following creditors:

Administrative: Attorney's Fee - \$ _____ TOTAL PAID \$ _____
 Balance Due \$ _____ payable \$ _____/month (Months _____ to _____)

Secured Creditors: [Retain Liens pursuant to 11 USC § 1325 (a)(5)] Mortgage(s)/Liens on Real or Personal Property:

1. _____ Arrearage on Petition Date \$ _____
 Arrears Payment \$ _____/month (Months _____ to _____)
 Regular Payment \$ _____/month (Months _____ to _____)
2. _____ Arrearage on Petition Date \$ _____
 Arrears Payment \$ _____/month (Months _____ to _____)
 Regular Payment \$ _____/month (Months _____ to _____)
3. _____ Arrearage on Petition Date \$ _____
 Arrears Payment \$ _____/month (Months _____ to _____)
 Regular Payment \$ _____/month (Months _____ to _____)

IF YOU ARE A SECURED CREDITOR LISTED BELOW, THE PLAN SEEKS TO VALUE THE COLLATERAL SECURING YOUR CLAIM IN THE AMOUNT INDICATED. A SEPARATE MOTION (UTILIZING LOCAL FORM "MOTION TO VALUE COLLATERAL IN PLAN") WILL ALSO BE SERVED ON YOU PURSUANT TO BR 7004 AND LR 3015-3 (AS MODIFIED BY AO 04-5).

Secured Creditor	Description of Collateral and Value of Collateral	Interest Rate	Plan Payments	Months of Payment	Total Plan Payments
	\$ _____	%	\$ _____	_____ To _____	
	\$ _____	%	\$ _____	_____ To _____	
	\$ _____	%	\$ _____	_____ To _____	

Priority Creditors: [including non-dischargeable debts paid 100% in plan]

1. _____ Total Due \$ _____
 Payable \$ _____/month (Months _____ to _____) Regular Payment \$ _____
2. _____ Total Due \$ _____
 Payable \$ _____/month (Months _____ to _____) Regular Payment \$ _____

Unsecured Creditors: Pay \$ _____/month (Months _____ to _____).
 Pro rata dividend will be calculated by the Trustee upon review of filed claims after bar date.

Other Provisions Not Included Above:

I declare that the foregoing chapter 13 plan is true and correct under penalty of perjury.

 Debtor
 Date: _____

 Joint Debtor
 Date: _____