

DEBTORS: _____ SS#: _____ NET MTLY EARNINGS: _____
 _____ SS#: _____ NET MTLY EARNINGS: _____
 ADDRESS: _____ # OF DEPENDENTS: _____
 PLAN PAYMENTS: DEBTOR(S) PROPOSE TO PAY \$ _____ PER _____ WAGE ORDER TO BE
 DIRECTED TO: _____ OR DIRECTLY TO THE DEBTOR BECAUSE _____

PRIORITY CREDITORS: IRS \$ _____ @ \$ _____ PER MO. \ STATE TAX COMM. \$ _____ @ \$ _____ PER MO.
 OTHER: _____ \$ _____ @ \$ _____ PER MO.

HOME MORTGAGE:
 MTG PMTS TO _____ STARTING _____ @ \$ _____ () PLAN () DIRECT
 MTG PMTS TO _____ STARTING _____ @ \$ _____ () PLAN () DIRECT
 MTG PMTS TO _____ STARTING _____ @ \$ _____ () PLAN () DIRECT
 MTG ARREARAGE TO _____ FROM _____ THRU _____ \$ _____ @ _____ MTH
 MTG ARREARAGE TO _____ FROM _____ THRU _____ \$ _____ @ _____ MTH
 MTG ARREARAGE TO _____ FROM _____ THRU _____ \$ _____ @ _____ MTH

SECURED CLAIMS: Retain Lien uner 11 U.S.C. 1325 (A)(5)(B)(I) and be paid the sum set out in the column "AMOUNT TO BE PAID" or the Creditor's Proof of Claim amount up to the value set out below, whichever is greater. That portion of the Creditor's Proof of Claim not paid as secured shall be paid as an unsecured claim.

CREDITOR'S NAME & COLLATERAL	AMT. OWED	VALUE	PROPOSED AMT. TO BE PAID	PROPOSED MONTHLY PAYMENT	IS VEHICLE INSURED?
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____

SPECIAL CLAIMANTS: Child Support, Co-signed Debts, Collateral for surrender or abandonment, etc.

CLAIM	PROPOSAL
\$ _____	_____
\$ _____	_____
\$ _____	_____

UNSECURED DEBTS: The Holders of the allowed Unsecured Claims totaling aproximately \$ _____ are to be paid in deferred payments: () in Full () Per Cent () None () Other _____

ADMINISTRATIVE: Pay filing fees, administrative fees pursuant to Court Order and/or Local Rules. ATTORNEY FEES OF \$ _____ to be paid throught the Plan.

REMARKS: _____

Name/Address/Phone # of vehicle _____ Attorney for Debtor/Address/Phone # _____
 Insurance Company or Agent _____

 Phone # _____ Phone # _____

The Debtor(s) reqest thta the Court approve this plan for _____ months or until paid, not to exceed 60 months.

DEBTOR'S SIGNATURE _____
 SPOUSE'S SIGNATURE _____
 ATTORNEY SIGNATURE _____