Form B6J

In re Debtor	Case No.: (If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

❑ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)	$_____
Are real estate taxes included? Yes_____ No_____	
Is property insurance included? Yes_____ No_____	
Utilities: Electricity and heating fuel	$_____
Water and sewer	$_____
Telephone	$_____
Other_____	$_____
Home Maintenance (Repairs and Upkeep)	$_____
Food	$_____
Clothing	$_____
Laundry and dry cleaning	$_____
Medical and dental expenses	$_____
Transportation (not including car payments)	$_____
Recreation, clubs and entertainment, newspapers, magazines, etc.	$_____
Charitable contributions	$_____
Insurance (not deducted from wages or included in home mortgage payments)	
Homeowner's or renter's	$_____
Life	$_____
Health	$_____
Auto	$_____
Other_____	$_____
Taxes (not deducted from wages or included in home mortgage payments)	$_____
(Specify)_____	$_____
Installment payments (In chapter 12 and 13 cases, do not list payments to be included in the plan)	
Auto	$_____
Other_____	$_____
Other_____	$_____
Alimony, maintenance, and support paid to others	$_____
Payments for support of additional dependents not living at your home	$_____
Regular expenses from operation of business, profession, or farm (attach detailed statement)	$_____
Other_____	$_____
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	$_____

[FOR CHAPTER 12 AND 13 DEBTORS ONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	$_____
B. Total projected monthly expenses	$_____
C. Excess income (A minus B)	$_____
D. Total amount to be paid into plan each _____ (Interval)	$_____