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

Debtor 1 Click or tap here to enter text

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

 First Name Middle Name Last Name

Debtor 2 Click or tap here to enter text

(Spouse, if filing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN \_ District of \_\_KENTUCKY\_\_\_\_\_

 (State)

Case number (If known) Click or tap here to enter text

Local Form 3015-1(a)

[x]  Check if this is an amended plan, and list below the sections of the plan that have been changed.

|  |
| --- |
| **2.1 - 2.5** |
|  |
|  |

Chapter 13 Plan **12/17 (rev. 02/20)**

|  |  |
| --- | --- |
| 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, 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 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. 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. ***Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as “Not Included” or if both boxes are checked, the provision will be ineffective if set out later in the plan.***

|  |  |  |  |
| --- | --- | --- | --- |
| 1.1 | A limit on the amount of a secured claim, set out in Section 3.2, which may result in a partial payment or no payment at all to the secured creditor | [ ]  Included | [x]  Not included |
| 1.2 | Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, set out in Section 3.4 | [ ]  Included | [x]  Not included |
| 1.3 | Nonstandard provisions, set out in Part 8 | [ ]  Included | [x]  Not included |

|  |  |
| --- | --- |
| Part 2: | Plan Payments and Length of Plan |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| $  | per |  | for |  | months |
| $  | per |  | for |  | months |
| $ | per |  | for |  | months |

*Insert additional lines if 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 this plan.

2.2 Regular payments to the trustee will be made from future income 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): Click or tap here to enter text

**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: Click or tap here to enter text

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.Click or tap here to enter text

2.5 The total amount of estimated payments to the trustee provided for in §§ 2.1 and 2.4 is $ Click or tap here to enter text

|  |  |
| --- | --- |
| Part 9: | Signature(s): |

9.1 Signatures of Debtor(s) and Debtor(s)’ Attorney

*The Debtor(s) and attorney for the Debtor(s), if any, must sign below.*

|  |  |
| --- | --- |
| X /s/ Debtor 1 electronic or written signature.Signature of Debtor 1 | X /s/ Debtor 2 electronic or written signature.Signature of Debtor 2 |
| Executed on Click or tap here to enter date.MM / DD / YYYY | Executed on Click or tap here to enter date. MM / DD / YYYY |
| X /s/ Attorney electronic signature.Insert attorney’s address, phone, email .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature and Address of Attorney for Debtor(s) | Date Click or tap here to enter date.MM / DD / YYYY |

By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in Local Form 3015-1(a), other than any nonstandard provisions included in Part 8.