

OFFICIAL LOCAL FORM 3A

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS**

POST-CONFIRMATION AMENDED CHAPTER 13 PLAN

DATED: _____

POST-CONFIRMATION _____ AMENDED CHAPTER 13 PLAN
(Insert First, Second etc.)

Docket No.: _____

DEBTOR(S):

(H) _____

SS#: _____

(W) _____

SS#: _____

I. AMENDED PLAN PAYMENT AND TERM:

TERM OF THE PLAN: _____ Months (Total length of Plan - not no. of months remaining.)
If the plan is longer than thirty-six (36) months, a statement of cause under 11 U.S.C. § 1322(d) must be attached hereto.

AMENDED PLAN PAYMENT: Debtor(s) to pay monthly: \$ _____

EFFECTIVE: ____/____/____ (Insert new payment beginning date.)

The claims listed below must include amounts previously disbursed by the Trustee on all claims which have subsequently been withdrawn or disallowed.

II. SECURED CLAIMS:

A. Claims to be paid through the plan (including arrears):

Creditor	Description of Claim (pre-petition arrears, purchase money, etc.)	Amount of Claim
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total of secured claims to be paid through the Plan: \$ _____

B. Claims to be paid directly by debtor to creditors (Not through Plan):

Creditor	Description of Claim
_____	_____
_____	_____
_____	_____

C. Modification of Secured Claims:

Creditor	Details of Modification (Additional Details May Be Attached)	Amt. of Claim to Be Paid Through Plan
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Leases:

- i. The Debtor(s) intend(s) to reject the residential/personal property lease claims of _____; or
- ii. The Debtor(s) intend(s) to assume the residential/personal property lease claims of _____.
- iii. The arrears under the lease to be paid under the plan are _____

_____.

III. PRIORITY CLAIMS:

A. Domestic Support Obligations:

Creditor	Description of Claim	Amount of Claim
_____	_____	\$_____

B. Other:

Creditor	Description of Claim	Amount of Claim
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____
Total of Priority Claims to Be Paid Through the Plan:		\$_____

IV. ADMINISTRATIVE CLAIMS:

A. Attorneys Fees (to be paid through the plan): \$_____

B. Miscellaneous Fees:

Creditor	Description of Claim	Amount of Claim
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____

C. The Chapter 13 Trustee's fee is determined by Order of the United States Attorney General. The calculation of the Plan payment set forth utilizes a 10% Trustee's commission.

V. UNSECURED CLAIMS:

The general unsecured creditors shall receive a dividend of _____% of their claims.

A. General unsecured claims: \$_____

B. Undersecured claims arising after lien avoidance/cramdown:

Creditor	Description of Claim	Amount of Claim
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____

C. Non-Dischargeable Unsecured Claims:

Creditor	Description of Claim	Amount of Claim
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total of Unsecured Claims(A + B + C):		\$ _____

D. Multiply total by percentage: \$ _____

(Example: Total of \$38,500.00 x .22 dividend = \$8,470.00)

E. Separately classified unsecured claims (co-borrower, etc.):

Creditor	Description of Claim	Amount of Claim
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total amount of separately classified claims payable at ____%:		\$ _____

VI. OTHER PROVISIONS:

A. Liquidation of assets to be used to fund plan: _____
_____.

B. Miscellaneous Provisions:

_____.

C. Set forth below, all changes from the previously Confirmed Plan:

Secured: _____.

Priority: _____.

Unsecured: _____.

Term _____.

Plan Payment: _____.

VII. CALCULATION OF AMENDED PLAN PAYMENT:

a) Secured claims (Section II-A Total): \$ _____

b) Priority claims (Section III-A & B Total): \$ _____

c) Administrative claims (Section IV-A&B Total): \$ _____

d) Regular unsecured claims (Section V-D Total): + \$ _____

e) Separately classified unsecured claims: \$ _____

f) Total of a + b + c + d + e above: = \$ _____

g) Divide (f) by .90 for total including Trustee's fee:
Cost of Plan = \$ _____

(This represents the total amount to be paid into the Chapter 13 Plan.)

h) Subtract the total amount of payment the Debtor has paid to the Trustee to date: \$ _____

i) Total amount left to be paid (g minus h) \$ _____

j) Divide (i) by # of months remaining: _____

k) Round up to nearest dollar: Amended Monthly Plan Payment \$ _____

Date Amended Payment to begin: ____/____/____

VIII. LIQUIDATION ANALYSIS

The Debtor avers that there have been no material changes to the total amount set forth in the Summary of the Liquidation Analysis of the Debtor's previously Confirmed Plan.

A. Real Estate:

List Each Address	Fair Market Value	Total Amt. of Recorded Liens (Schedule D)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Total Net Equity for Real Property: \$ _____

Less Total Exemptions (Schedule C): \$ _____

Available Chapter 7: \$ _____

B. Automobile (Describe year, make, model):

_____ Value \$ _____ Lien \$ _____ Exemption \$ _____

_____ Value \$ _____ Lien \$ _____ Exemption \$ _____

Total Net Equity: \$ _____

Less Total Exemptions (Schedule C) \$ _____

Available Chapter 7: \$ _____

C. All other Assets: (All remaining items on schedule B) : (Itemize as necessary)

_____.

Total Net Value: \$ _____

Less Exemptions (Schedule C): \$ _____

Available Chapter 7: \$ _____

D. Liquidation Summary (Total amount available under Chapter 7):

Net Equity (A and B) plus Other Assets (C) less all claimed exemptions: \$ _____

Additional Comments regarding Liquidation Analysis:

IX. Signatures

Pursuant to the Chapter 13 rules, the debtor(s) or his or her counsel will serve a copy of the Plan upon the Chapter 13 Trustee, all creditors and interested parties, and file a Certificate of Service accordingly.

Debtor's Counsel

Date

Counsel's Address: _____

Tel. # () _____ - _____

Email Address: _____

I/WE DECLARE UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING REPRESENTATIONS OF FACT ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

Debtor

Date

Debtor

Date