

Request for Chapter 13 Plan Modification

Date: _____

If this is an amendment to a prior Request – date of original Request: _____

Case Number: _____

Name: _____

Judge: _____

Dismissal Docket Date: _____

Prior to TRCC: _____

Reason for Modification:

____ 1.) To cure arrears to the Trustee and/or make plan sufficient

____ 2.) To add post petition priority claim

____ 3.) To provide for "late-filed" unsecured or priority claim

____ 4.) To provide for previously NOT PROVIDED secured claim

____ 5.) To set aside the I/O

____ 6.) Other: _____

Modification Request: Completely fill in all applicable:

____ 1.) Change months in plan from _____ to _____.

____ 2.) Suggested payments to the Trustee are: _____

____ 3.) Plan payments to resume: _____

____ 4.) Add/Change (circle one) treatment of Creditor:

Creditor Information:

Name: _____

Value: _____

Address: _____

Collateral: _____

Claim Amount: \$ _____

Class of Claim: Secured /Priority / Special Class Unsecured (circle one)

Interest Rate: _____%

Post Petition? _____ or Pre Petition? _____

____ Surrender for value on or before _____

____ Pay Direct

____ Change monthly creditor payment **From:** _____ **To:** _____

____ Change secured not provided to \$ _____ per month, value of \$ _____ at _____% interest.

____ Proof of Claim or Agreed Order has been attached

Attorney Fees for Modification:

Attorney fee for modification \$ _____ (total) with \$ _____ paid thru the plan.

Attorney Name and Firm: _____

Contact Person: _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

Debtor Signature (only if pro se): _____

***** You must provide the Trustee's office with a Proof of Claim/ Amended Proof of Claim when adding or changing a claim (claim must be filed by the creditor). *****

***** If more than one creditor's treatment is being modified you will need to provide a form for each creditor. *****

Please e-mail request to whitten_planmods@fwch13.com or fax to 817-916-4770