LBR Form 4002-1

**UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO**

**DIVISION**

In re:

*Debtor(s)*

Case No: Chapter

Judge

**DEBTOR’S CERTIFICATION REGARDING ISSUANCE OF DISCHARGE ORDER**

complete and file a Certification form.) certifies as follows:

(the “Debtor”) (In the event this is a joint case, each debtor must

A. This Certification was prepared using the form required by the Bankruptcy Court for the Southern District of Ohio pursuant to Local Bankruptcy Rule 4002-1(d) and the form’s standard language has not been altered in any manner.

B. The Chapter 13 Trustee has filed a Certification of Final Payment in this case.

C. The Debtor has completed a financial management instructional course approved by the United States Trustee as described in 11 U.S.C. § 111 and has filed the certificate with the Court in accordance with Fed. R. Bankr. P. 1007(b)(7). (*See* 11

U.S.C. § 1328(g)(1)).

D. Compliance with 11 U.S.C. § 101(14A) (Check either 1 or 2, or 3 as applicable):

1. The Debtor has not been required by a judicial or administrative order, or by statute, to pay any domestic support obligation as defined in 11 U.S.C. § 101(14A). *See* 11 U.S.C. § 1328(a).

2. The Debtor has been approved for a hardship discharge pursuant to 11 U.S.C. § 1328(b).

3. The Debtor certifies that as of the date of this certification, the Debtor has paid all amounts due under an y domestic support obligation required by a judicial or administrative order or by statute, including amounts due before this bankruptcy was filed, to the extent provided for by the plan. *See* 11 U.S.C. § 1302(d)(1). **Note:** If this box is checked you must provide all information required in sections (a) through (e) below:

(a) Contact information for the holder of the domestic support obligation: Name:

Address:

Telephone Number:

(b) Contact information for the State child support enforcement agency for this domestic support obligation:

Name: Address:

Telephone Number:

(c) Debtor’s most recent address:

Address:

(d) Contact information for the Debtor’s most recent employer:

Name: Address:

(e) The name of each creditor that holds a claim that is not discharged under 11 U.S.C. § 523(a)(2) or (a)(4) or a claim that was reaffirmed under 11 U.S.C. § 524(c):

Name: Name:

E. The Debtor has not received a discharge in a case filed under chapter 7, 11, or 12 during the 4-year period preceding the date of the order for relief in this case. *See* 11 U.S.C. § 1328(f)(1).

F. The Debtor has not received a discharge in a case filed under chapter 13 during the 2-year period preceding the date of the order for relief in this case. *See* 11 U.S.C. § 1328(f)(2).

G. The Debtor certifies that 11 U.S.C. § 522(q)(1) is not applicable in this case and the Debtor does not have pending any proceeding in which the Debtor may be found guilty of a felony of the kind described in § 522(q)(1)(A) or liable for a debt of the kind described in § 522(q)(1)(B). *See* 11 U.S.C. 1328(h).

(NOTE TO COUNSEL: PLEASE REVIEW THIS FORM VERY CAREFULLY WITH YOUR CLIENTS. REFER TO

11 U.S.C. §§ 1302(d)(1) and 1328.)

**By signing this certification, I acknowledge that all of the statements contained herein are true and accurate and that the Court may rely on the truth of each of these statements in determining whether to grant a discharge in this chapter 13 bankruptcy case. The Court may revoke my discharge if the statements relied upon are not accurate.**

Date:

Debtor

If the Debtor is represented by counsel:

/s/

<Attorney for Debtor>

<Name of Law Firm>

<Street Address>

<City, State and Zip Code>

<Telephone Number>

<Fax Number>

<Email Address>

<State Bar No>

Certificate of Service

I hereby certify that a copy of the foregoing Certification by Debtor Regarding Issuance of Discharge Order was served (i) electronically on the date of filing through the Court’s ECF System on all ECF participants registered in this case at the email address registered with the Court (ii) and by first class mail on , addressed to:

DSO Creditor (if any)

<Name, Address>

State Child Support Enforcement Agency (if any)

<Name, Address>

Debtor

<Name, Address>

/s/

<Debtor or Attorney for Debtor>