

**OFFICE OF THE UNITED STATES TRUSTEE
FOR THE DISTRICT OF MARYLAND
QUARTERLY POST-CONFIRMATION REPORT**

DEBTOR: _____

CASE NO: _____

FOR QUARTER ENDED: _____

Indicate period covered if not for a full quarter:

From: _____ To: _____

SUMMARY OF DISBURSEMENTS MADE DURING QUARTER:

- | | |
|--|-----------|
| A. CASH BALANCE, BEGINNING OF QUARTER | \$ _____ |
| B. CASH RECEIPTS DURING QUARTER FROM ALL SOURCES | _____ |
| C. CASH DISBURSEMENTS DURING QUARTER, INCLUDING PLAN PAYMENTS | (_____) |
| D. CASH BALANCE, END OF QUARTER (A + B - C = D) | \$ _____ |
| E. ANY AMOUNTS DISBURSED ON BEHALF OF DEBTOR BY OTHERS (e.g., HUD-1) | \$ _____ |

SUMMARY OF AMOUNTS DISBURSED UNDER PLAN:

	Paid During This Quarter	Total Paid Since Confirmation	Total Payments Projected Under Plan
ADMINISTRATIVE EXPENSES			
Plan Trustee Compensation	\$ _____	\$ _____	\$ _____
Plan Trustee Expense	_____	_____	_____
Attorney Fees - Trustee	_____	_____	_____
Attorney Fees - Debtor	_____	_____	_____
Other Professionals	_____	_____	_____
Other Administrative Exp (e.g., UST fees)	_____	_____	_____
1. TOTAL ADMINISTRATIVE EXPENSES	\$ _____	\$ _____	\$ _____
2. SECURED CREDITORS	\$ _____	\$ _____	\$ _____
3. PRIORITY CREDITORS	\$ _____	\$ _____	\$ _____
4. UNSECURED CREDITORS	\$ _____	\$ _____	\$ _____
5. EQUITY SECURITY HOLDERS	\$ _____	\$ _____	\$ _____
TOTAL PLAN PAYMENTS (#1 - #5)	\$ _____	\$ _____	\$ _____
<i>(This includes Part 1 - Administrative)</i>			

PLAN STATUS:

	Yes	No
1. Have all payments been made as set forth in the confirmed plan?	_____	_____
1.a If no, what is the total amount of past due plan payments?		\$ _____
1.b If the answer to 1. is no, attach an explanation.		_____
2. Are all post-confirmation obligations (excluding plan payments) current?	_____	_____
2.a If the answer to 2. is no, attach an explanation.		_____
3. Projected date of application for final decree:	_____	

I DECLARE UNDER PENALTY OF PERJURY THAT THIS POST-CONFIRMATION REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Reorganized Debtor

Date

Date

By: _____
Signature

Title

Signature of Co-Debtor, if applicable

Printed Name

Printed Name

DEBTOR: _____

CASE NO: _____

FOR PERIOD ENDING: _____

CASE STATUS (required to be completed semi-annually)

A. Status of sales and/or refinancing:

B. Status of litigation material to executing the Plan:

C. If debtor is a business, year to date Net Income: _____

This information is for the period through: _____

Above information is based on (check one):

Cash basis _____

Accrual basis _____

D. If debtor is an Individual, has there been any change in employment? _____

If yes, please explain.