

**OFFICE OF THE UNITED STATES TRUSTEE
FOR THE EASTERN DISTRICT OF WISCONSIN**

CASE NAME: _____ CASE NO.: _____

**UNITED STATES TRUSTEE QUARTERLY REPORT OF STATUS OF PLAN
PAYMENTS**

FOR CALENDAR QUARTER ENDING _____, 20____

1. Were any payments required to be made under the plan this past calendar quarter? Yes _____ No _____
2. If yes, were all required payments made? Yes _____ No _____
3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.
4. Total Disbursements for Quarter* \$ _____
5. Quarterly Fee Paid \$ _____

I, _____, acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this United States Trustee Quarterly Fee Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information, and belief.

Dated: _____

For the Debtor-In-Possession

(Print name and capacity of person signing this Declaration). _____

*This includes payments pursuant to the confirmed plan as well as all other disbursements.