

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE _____ DISTRICT OF _____
_____ DIVISION

CASE NAME: _____ CASE NO.: _____

U. S. TRUSTEE QUARTERLY FEE STATEMENT
Pursuant to Fed. R. Bankr. P. 2015(a)(5)

FOR CALENDAR QUARTER ENDING _____, 20__

DISBURSEMENTS*

1.	<u>MONTH</u>	<u>DISBURSEMENT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL DISBURSEMENTS
FOR QUARTER** \$ _____

2. QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. §1930(A)(6) \$ _____

3. QUARTERLY FEE PAID (Attach proof of payment) \$ _____

4. AMOUNT OF UNPAID FEES (IF ANY) \$ _____

I, _____, acting as the duly authorized agent for the Debtor In Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are 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 (Trustee) (Plan Administrator)

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

* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE _____ DISTRICT OF _____
_____ DIVISION

CASE NAME: _____ CASE NO.: _____

U. S. TRUSTEE QUARTERLY REPORT ON 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.

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 U.S. Trustee Quarterly 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 (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration)

