

**UNITED STATES BANKRUPTCY COURT
FOR THE _____ DISTRICT OF _____
CHAPTER 11 POST-CONFIRMATION QUARTERLY REPORT**

DEBTOR: _____ **CH. 11 CASE NO:** _____

FOR QUARTER ENDED: _____

SUMMARY OF DISBURSEMENTS MADE DURING QUARTER:

- | | | |
|----|--|-----------|
| 1. | CASH BALANCE, BEGINNING OF QUARTER | \$ _____ |
| 2. | CASH RECEIPTS DURING QUARTER FROM ALL SOURCES | _____ |
| 3. | CASH DISBURSEMENTS DURING QUARTER, INCLUDING PLAN PAYMENTS | (_____) |
| 4. | CASH BALANCE, END OF QUARTER (OR AS OF REPORT DATE FOR FINAL REPORT) | \$ _____ |

SUMMARY OF AMOUNTS DISBURSED UNDER PLAN:

	Paid During <u>Quarter</u>	Total Paid <u>to Date</u>	Total Pmts. Projected <u>Under Plan</u>
1. ADMINISTRATIVE EXPENSES			
Plan Trustee Compensation	\$ _____	\$ _____	\$ _____
Plan Trustee Expense	_____	_____	_____
Attorney Fees - Trustee	_____	_____	_____
Attorney Fees - Debtor	_____	_____	_____
Other Professionals	_____	_____	_____
Other Administrative Expenses	_____	_____	_____
TOTAL ADMINISTRATIVE EXPENSES	\$ _____	\$ _____	\$ _____
2. SECURED CREDITORS	\$ _____	_____	_____
3. PRIORITY CREDITORS	\$ _____	_____	_____
4. UNSECURED CREDITORS	\$ _____	_____	_____
5. EQUITY SECURITY HOLDERS	\$ _____	_____	_____
6. Attach additional sheets as necessary	\$ _____	_____	_____
TOTAL PLAN PAYMENTS	\$ _____	\$ _____	\$ _____
	Amount	Date	Check No.
QUARTERLY FEE PAID:	\$ _____	_____	_____

PLAN STATUS:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have all payments been made as set forth in the confirmed plan? (If no, attach explanation.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are all post-confirmation obligations current? (If no, attach explanation.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Projected date of application for final decree: _____ | | |

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING POST CONFIRMATION QUARTERLY 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	Telephone Number	Printed Name