

UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE

LOCAL RULES OF COURT
APPENDICES

Amended and Restated as of
August 3, 2015

MAILING LIST GUIDELINES

1. The list shall be one column wide and shall be saved and uploaded as a TXT file.
2. The case number shall be on the first line followed by a blank line.
3. Each entry shall be no less than three lines (name line and at least two address lines), and each line shall be no more than 40 characters.
4. The debtor's name and address shall be listed as the first entry. Joint debtors shall be listed separately, as the first and second entries.
5. Use only widely accepted state, street, building, and directional abbreviations.
6. Do not use the letter "o" in place of zero or the letter "l" in place of one.
7. When both street numbers and post office box numbers are given, use only post office box numbers.
8. Governmental offices are entered with city, state or county first. For example: Davidson County General Sessions Court.

SAMPLE LIST OF CREDITORS

07-06003

SHEILA LOIS JOHNSON
102 CLEAR SPRINGS RD
MURFREESBORO TN 37130

WILLIAM M. ATTORNEY
18 PUBLIC STATION RD
NASHVILLE TN 37206

ASSOCIATES FINANCIAL SVCS
PO BOX 1106
NASHVILLE TN 37228-1106

TN ATTY GENERAL'S OFFICE BANKR DIV
ATTN: TN DEPT OF REVENUE
PO BOX 20207
NASHVILLE TN 37202-0207

APPENDIX A
MAILING LIST

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE**

IN RE:)	
)	
)	CASE NO.
)	CHAPTER [12 or 13]
Debtor(s).)	JUDGE
)	

AMENDED MONTHLY FAMILY BUDGET

		<u>Prior Budget*</u>	<u>Current Budget*</u>
Dates of Budgets:		_____	_____
<u>EXPENSES</u>			
Rent/Mortgage Payment:		_____	_____
Utilities:	Prior*	Current*	
Electric:	_____	_____	
Water:	_____	_____	
Heat:	_____	_____	
Telephone/Internet	_____	_____	
Trash:	_____	_____	
Cable/Satellite:	_____	_____	
Other (_____):	_____	_____	
Total Utilities:		_____	_____
Food:		_____	_____
Clothing:		_____	_____
Laundry & Dry Cleaning:		_____	_____
Newspapers, Books, etc.:		_____	_____
Medical & Dental Expenses:		_____	_____
Transportation:		_____	_____
Insurance (not deducted from wages):			
Auto:	_____	_____	
Life:	_____	_____	
Home:	_____	_____	
Renters:	_____	_____	
Other (_____):	_____	_____	
Total Insurance:		_____	_____
Taxes (not deducted from wages)		_____	_____
Child Support		_____	_____
Home Maintenance		_____	_____
Other Monthly Expenses (_____):		_____	_____
TOTAL MONTHLY EXPENSES:		_____	_____

APPENDIX B
AMENDED MONTHLY FAMILY BUDGET

INCOME

Prior Budget* Current Budget*

Debtor's Gross Income: _____

Spouse's Gross Income: _____

Payroll Deductions:

Prior* Current*

Payroll Taxes: _____

401(k): _____

Other (_____): _____

Total Payroll Deductions: _____

Other Regular Income:

Support/Alimony: _____

Pension/SS/VA: _____

Other (_____): _____

Total Other Regular Income: _____

TOTAL MONTHLY INCOME: _____

SUMMARY:

Total Monthly Income (from above): _____

minus Total Monthly Expenses (from page 1): _____

equals Monthly Surplus: _____

Monthly Plan Payment: _____

Duration of Plan (months): _____

Dividend to Unsecured Creditors (%): _____

Secured Creditors Affected: _____

* Explain any increase or decrease in income, expenses, or dividend that exceeds 10%:

(Debtor)

(Date)

(Debtor)

(Date)

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE**

IN RE:

)
)
) CASE NO.
) CHAPTER
Debtor(s).)
) JUDGE
)

MOTION TO WITHDRAW UNCLAIMED FUNDS

[Name of applicant] moves for an order directing the Clerk to remit to the applicant the sum of [\$], which was deposited into the Treasury of the United States as unclaimed funds for [name of individual or entity for whom funds are on deposit] (“Claimant”).

Applicant certifies, under penalty of perjury, that:

- (1) Applicant has conducted a reasonable investigation.
- (2) The money on deposit with the Treasury of the United States is owed to the Claimant.
- (3) The funds sought have not been paid to the Claimant or to any agent on the Claimant’s behalf.
- (4) Applicant is the Claimant; or Applicant has authority to collect the funds on behalf of the Claimant as evidenced by the attached Power of Attorney or other proof that Applicant is an authorized representative for the Claimant.
- (5) No other motion is pending for recovery of the same unclaimed funds.
- (6) Applicant has complied fully with the requirements of 28 U.S.C. § 2042.

Dated:

[Applicant]
[Address]
[Phone number]

[Attorney for Applicant]
[Address]
[Phone number]

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, _____, I mailed a copy of the foregoing to the U.S. Attorney, 110 Ninth Avenue, South, Suite A-961, Nashville, Tennessee 37203-3870, the U.S. Trustee, 701 Broadway, Customs House Suite 318, Nashville, Tennessee 37203, [name of debtor(s)], [address], [name of debtor’s attorney], [address], [name of trustee], [address], and [name of Claimant], [address].

[Attorney for Applicant/Applicant]

Attachments:

Individual Claimants:

- (1) **Power of Attorney** or other proof if Claimant is represented by an agent or attorney.
- (2) **Proof of identity:** If Applicant is the Claimant and if the Claimant is an individual, provide name, address and telephone number where individual claimant can be reached. The Clerk will make arrangements with individual by requesting transmission of individual’s proof of identity as follows: a copy of the individual’s driver’s license or other government issued photo identification and social security number or tax identification.
- (3) **Proof that the funds are owed to the Claimant:** Any supporting documentation that proves the claimant is entitled to the funds requested. This can be in the form of a copy of the proof of claim, the trustee’s report of unclaimed funds, or the order of distribution.
- (4) **Notice of Motion** pursuant to LBR 9013-1 (Appendix G).
- (5) **Notarized signature of the claimant.**

Debtor _____

United States Bankruptcy Court for the: _____
[Bankruptcy district]

Check if this is an amended plan

Case number: _____

Official Form 113 Chapter 13 Plan

Part 1: Notices

To Debtors: This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable.

In the following notice to creditors and statement regarding your income status, you must check each box that applies.

To Creditors: Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated.

You should read this plan carefully and discuss it with your attorney, if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 5 days before the meeting of creditors or raise an objection on the record at the meeting of creditors. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is made. See Bankruptcy Rule 3015. In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance to you. **Boxes must be checked by debtor(s) if applicable.**

- The plan seeks to limit the amount of a secured claim, as set out in Part 3, Section 3.2, which may result in a partial payment or no payment at all to the secured creditor.
- The plan requests the avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest as set out in Part 3, Section 3.4.
- The plan sets out nonstandard provisions in Part 9.

Income status of debtor(s), as stated on Official Form 122-C1

Check one.

- The current monthly income of the debtor(s) is less than the applicable median income specified in 11 U.S.C. § 1325(b)(4)(A).
- The current monthly income of the debtor(s) is **not** less than the applicable median income specified in 11 U.S.C. § 1325(b)(4)(A).

Part 2: Plan Payments and Length of Plan

2.1 Debtor(s) will make regular payments to the trustee as follows:

\$ _____ per _____ for _____ months

[and \$ _____ per _____ for _____ months.] *Insert additional lines as needed.*

If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in Parts 3 through 6 of this plan.

2.2 Regular payments to the trustee will be made from future earnings in the following manner:

Check all that apply.

- Debtor(s) will make payments pursuant to a payroll deduction order.
- Debtor(s) will make payments directly to the trustee.
- Other (specify method of payment): _____.

2.3 Income tax refunds.

Check one.

- Debtor(s) will retain any income tax refunds received during the plan term.
- Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all income tax refunds received during the plan term.
- Debtor(s) will treat income tax refunds as follows:

2.4 Additional payments.

Check one.

- None.** If "None" is checked, the rest of § 2.4 need not be completed or reproduced.
- Debtor(s) will make additional payment(s) to the trustee from other sources, as specified below. Describe the source, estimated amount, and date of each anticipated payment.

2.5 The total amount of estimated payments to the trustee provided for in §§ 2.1 and 2.4 is \$ _____.

Part 3: Treatment of Secured Claims

3.1 Maintenance of payments and cure of default, if any.

Check one.

- None.** If "None" is checked, the rest of § 3.1 need not be completed or reproduced.
- The debtor(s) will maintain the current contractual installment payments on the secured claims listed below, with any changes required by the applicable contract. These payments will be disbursed either by the trustee or directly by the debtor, as specified below. Any existing arrearage on a listed claim will be paid in full through disbursements by the trustee, with interest, if any, at the rate stated. Unless otherwise ordered by the court, the amounts listed on a proof of claim or modification of a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) control over any contrary amounts listed below as to the current installment payment and arrearage. If relief from the automatic stay is ordered as to any item of collateral listed in this paragraph, then, unless otherwise ordered by the court, all payments under this paragraph as to that collateral will cease and all secured claims based on that collateral will no longer be treated by the plan. The final column includes only payments disbursed by the trustee rather than by the debtor.

Name of creditor	Collateral	Current installment payment (including escrow)	Amount of arrearage, if any	Interest rate on arrearage (if applicable)	Monthly plan payment on arrearage	Estimated total payments by trustee
_____	_____	\$ _____	\$ _____	_____ %	\$ _____	\$ _____
		Disbursed by:				
		<input type="checkbox"/> Trustee				
		<input type="checkbox"/> Debtor(s)				
_____	_____	\$ _____	\$ _____	_____ %	\$ _____	\$ _____
		Disbursed by:				
		<input type="checkbox"/> Trustee				
		<input type="checkbox"/> Debtor(s)				

Insert additional claims as needed.

3.2 Request for valuation of security and claim modification. Check one.

None. If "None" is checked, the rest of § 3.2 need not be completed or reproduced.

The remainder of this paragraph will be effective only if the applicable box in Part 1 of this plan is checked.

The debtor(s) request that the court determine the value of the secured claims listed below. For each non-governmental secured claim listed below, the debtor(s) state that the value of the secured claim should be as set out in the column headed *Amount of secured claim*. For secured claims of governmental units, unless otherwise ordered by the court, the value of a secured claim listed in a proof of claim filed in accordance with the Bankruptcy Rules controls over any contrary amount listed below. For each listed claim, the value of the secured claim will be paid in full with interest at the rate stated below.

The portion of any allowed claim that exceeds the amount of the secured claim will be treated as an unsecured claim under Part 5 of this plan. If the amount of a creditor's secured claim is listed below as having no value, the creditor's allowed claim will be treated in its entirety as an unsecured claim under Part 5 of this plan. Unless otherwise ordered by the court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in this paragraph.

The holder of any claim listed below as having value in the column headed *Amount of secured claim* will retain the lien until the earlier of:

- (a) payment of the underlying debt determined under nonbankruptcy law, or
- (b) discharge under 11 U.S.C. § 1328, at which time the lien will terminate and be released by the creditor. See Bankruptcy Rule 3015.

Name of creditor	Estimated amount of creditor's total claim	Collateral	Value of collateral	Amount of claims senior to creditor's claim	Amount of secured claim	Interest rate	Monthly payment to creditor	Estimated total of monthly payments
_____	\$ _____	_____	\$ _____	\$ _____	\$ _____	____%	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____	\$ _____	____%	\$ _____	\$ _____

Insert additional claims as needed.

3.3 Secured claims excluded from 11 U.S.C. § 506.

Check one.

None. If "None" is checked, the rest of § 3.3 need not be completed or reproduced.

The claims listed below were either:

- (1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or
- (2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.

These claims will be paid in full under the plan with interest at the rate stated below. These payments will be disbursed either by the trustee or directly by the debtor, as specified below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim or modification of a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. The final column includes only payments disbursed by the trustee rather than by the debtor.

Name of creditor	Collateral	Amount of claim	Interest rate	Monthly plan payment	Estimated total payments by trustee
_____	_____	\$ _____	____%	\$ _____	\$ _____
				Disbursed by:	
				<input type="checkbox"/> Trustee	
				<input type="checkbox"/> Debtor(s)	
_____	_____	\$ _____	____%	\$ _____	\$ _____
				Disbursed by:	
				<input type="checkbox"/> Trustee	
				<input type="checkbox"/> Debtor(s)	

Insert additional claims as needed.

3.4 Lien avoidance.

Check one.

- None.** If "None" is checked, the rest of § 3.4 need not be completed or reproduced.
The remainder of this paragraph will be effective only if the applicable box on Part 1 of this plan is checked.

The judicial liens or nonpossessory, nonpurchase money security interests securing the claims listed below impair exemptions to which the debtor(s) would have been entitled under 11 U.S.C. § 522(b). A judicial lien or security interest securing a claim listed below will be avoided to the extent that it impairs such exemptions upon entry of the order confirming the plan. The amount of the judicial lien or security interest that is avoided will be treated as an unsecured claim in Part 5. The amount, if any, of the judicial lien or security interest that is not avoided will be paid in full as a secured claim under the plan. See 11 U.S.C. § 522(f) and Bankruptcy Rule 4003(d). *If more than one lien is to be avoided, provide the information separately for each lien.*

Information regarding judicial lien or security interest	Calculation of lien avoidance		Treatment of remaining secured claim
Name of creditor _____	a. Amount of lien	\$ _____	Amount of secured claim after avoidance (line a minus line f) \$ _____
	b. Amount of all other liens	\$ _____	
Collateral _____	c. Value of claimed exemptions	+ \$ _____	Interest rate (if applicable) _____ %
	d. Total of adding lines a, b, and c	\$ _____	
Lien identification (such as judgment date, date of lien recording, book and page number) _____ _____	e. Value of debtor's interest in property	- \$ _____	Monthly plan payment \$ _____
	f. Subtract line e from line d.	\$ _____	Estimated total payments on secured claim \$ _____
Extent of exemption impairment (Check applicable box):			
<input type="checkbox"/> Line f is equal to or greater than line a. The entire lien is avoided. (Do not complete the next column.)			
<input type="checkbox"/> Line f is less than line a. A portion of the lien is avoided. (Complete the next column.)			

Insert additional claims as needed.

3.5 Surrender of collateral.

Check one.

- None.** If "None" is checked, the rest of § 3.5 need not be completed or reproduced.
- The debtor(s) elect to surrender to each creditor listed below the collateral that secures the creditor's claim. The debtor(s) consent to termination of the stay under 11 U.S.C. § 362(a) and § 1301 with respect to the collateral, upon confirmation of the plan. Any allowed unsecured claim resulting from the disposition of the collateral will be treated in Part 5 below.

Name of creditor	Collateral
_____	_____
_____	_____

Insert additional claims as needed.

Part 4: Treatment of Fees and Priority Claims

4.1 General

Trustee's fees and all allowed priority claims other than those treated in § 4.6 will be paid in full without interest.

4.2 Trustee's fees

Trustee's fees are estimated to be _____% of plan payments; and during the plan term, they are estimated to total \$_____.

4.3 Attorney's fees

The balance of the fees owed to the attorney for the debtor(s) is estimated to be \$_____.

4.4 Priority claims other than attorney's fees and those treated in § 4.5.

Check one.

- None.** If "None" is checked, the rest of § 4.4 need not be completed or reproduced.
- The debtor estimates the total amount of other priority claims to be _____.

4.5 Domestic support obligations assigned or owed to a governmental unit and paid less than full amount.

Check one.

- None.** If "None" is checked, the rest of § 4.5 need not be completed or reproduced.
- The allowed priority claims listed below are based on a domestic support obligation that has been assigned to or is owed to a governmental unit and will be paid less than the full amount of the claim under 11 U.S.C. § 1322(a)(4), but not less than the amount that would have been paid on such claim if the estate of the debtor were liquidated under chapter 7, see 11 U.S.C. § 1325(a)(4).

Name of creditor	Amount of claim to be paid
_____	\$ _____
_____	\$ _____

Insert additional claims as needed.

Part 5: Treatment of Nonpriority Unsecured Claims

5.1 Nonpriority unsecured claims not separately classified.

Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. Check all that apply.

- The sum of \$_____.
- _____% of the total amount of these claims.
- The funds remaining after disbursements have been made to all other creditors provided for in this plan.

If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately \$_____. Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount.

5.2 Interest on allowed nonpriority unsecured claims not separately classified. Check one.

- None.** If "None" is checked, the rest of § 5.2 need not be completed or reproduced.
- Interest on allowed nonpriority unsecured claims that are not separately classified will be paid at an annual percentage rate of _____% under 11 U.S.C. §1325(a)(4), and is estimated to total \$_____.

5.3 Maintenance of payments and cure of any default on nonpriority unsecured claims. Check one.

- None.** If "None" is checked, the rest of § 5.3 need not be completed or reproduced.
- The debtor(s) will maintain the contractual installment payments and cure any default in payments on the unsecured claims listed below on which the last payment is due after the final plan payment. These payments will be disbursed either by the trustee or directly by the debtor, as specified below. The allowed claim for the arrearage amount will be paid in full and disbursed by the trustee. The final column includes only payments disbursed by the trustee rather than by the debtor.

Name of creditor	Current installment payment	Amount of arrearage to be paid	Estimated total payments by trustee
_____	\$ _____ Disbursed by: <input type="checkbox"/> Trustee <input type="checkbox"/> Debtor(s)	\$ _____	\$ _____
_____	\$ _____ Disbursed by: <input type="checkbox"/> Trustee <input type="checkbox"/> Debtor(s)	\$ _____	\$ _____

Insert additional claims as needed.

5.4 Other separately classified nonpriority unsecured claims. Check one.

- None.** If "None" is checked, the rest of § 5.4 need not be completed or reproduced.
- The nonpriority unsecured allowed claims listed below are separately classified and will be treated as follows:

Name of creditor	Basis for separate classification and treatment	Amount to be paid on the claim	Interest rate (if applicable)	Estimated total amount of payments
_____	_____	\$ _____	_____%	\$ _____
_____	_____	\$ _____	_____%	\$ _____

Insert additional claims as needed.

Part 6: Executory Contracts and Unexpired Leases

6.1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. Check one.

- None.** If "None" is checked, the rest of § 6.1 need not be completed or reproduced.
- Assumed items.** Current installment payments will be disbursed either by the trustee or directly by the debtor, as specified below. Arrearage payments will be disbursed by the trustee. The final column includes only payments disbursed by the trustee rather than by the debtor.

Name of creditor	Description of leased property or executory contract	Treatment (Refer to other plan section if applicable)	Current installment payment	Amount of arrearage to be paid	Estimated total payments by trustee
_____	_____	_____	\$ _____ Disbursed by: <input type="checkbox"/> Trustee <input type="checkbox"/> Debtor(s)	\$ _____	\$ _____

Debtor _____

Case number _____

\$ _____ \$ _____ \$ _____

Disbursed by:

- Trustee
- Debtor(s)

Insert additional contracts or leases as needed.

Part 7: Order of Distribution of Trustee Payments

7.1 The trustee will make the monthly payments required in Parts 3 through 6 in the following order, with payments other than those listed to be made in the order determined by the trustee:

a. _____

b. _____ *Insert additional lines as needed.*

Part 8: Vesting of Property of the Estate

8.1 Property of the estate will vest in the debtor(s) upon

Check the applicable box:

- plan confirmation.
- entry of discharge.
- other: _____.

Part 9: Nonstandard Plan Provisions

None. *If "None" is checked, the rest of Part 9 need not be completed or reproduced.*

Nonstandard provisions are required to be set forth below.

These plan provisions will be effective only if the applicable box in Part 1 of this plan is checked.

Part 10: Signatures:

X _____ Date _____

Signature of Attorney for Debtor(s)

X _____ Date _____

X _____ Date _____

Signature(s) of Debtor(s) (required if not represented by an attorney; otherwise optional)

Exhibit: Total Amount of Estimated Trustee Payments

The trustee will make the following estimated payments on allowed claims in the order set forth in Section 7.1:

- a. **Maintenance and cure payments on secured claims** *(Part 3, Section 3.1 total):* \$ _____
- b. **Modified secured claims** *(Part 3, Section 3.2 total):* \$ _____
- c. **Secured claims excluded from 11 U.S.C. § 506** *(Part 3, Section 3.3 total):* \$ _____
- d. **Judicial liens or security interests partially avoided** *(Part 3, Section 3.4 total):* \$ _____
- e. **Fees and priority claims** *(Part 4 total):* \$ _____
- f. **Nonpriority unsecured claims** *(Part 5, Section 5.1 total):* \$ _____
- g. **Interest on allowed unsecured claims** *(Part 5, Section 5.2 total)* \$ _____
- h. **Maintenance and cure payments on unsecured claims** *(Part 5, Section 5.3 total)* \$ _____
- i. **Separately classified unsecured claims** *(Part 5, Section 5.4 total)* \$ _____
- j. **Trustee payments on executory contracts and unexpired leases** *(Part 6, Section 6.1 total)* + \$ _____

Total of lines a through j.....

\$ _____

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE
MIDDLE DISTRICT OF TENNESSEE**

IN RE: _____)
)
) CASE NO. _____)
)
 Debtor(s)) Relief from stay to enforce lien)
)
 _____) Date of Scheduled Hearing:)
)
 Secured Claimant) _____)

Affected Collateral: _____

ORDER GRANTING RELIEF FROM AUTOMATIC STAY

The Secured Claimant identified above has moved for relief from the automatic stay in 11 U.S.C. § 362(a) with respect to the Affected Collateral. Either no timely opposition was filed or any objection raised was withdrawn or overruled by the court at the Scheduled Hearing.

IT IS ORDERED that the automatic stay in 11 U.S.C. § 362(a) is terminated with respect to the Secured Claimant and its Affected Collateral.

IT IS FURTHER ORDERED that the stay in FED. R. BANKR. P. 4001(a)(3) does not apply.

This Order Was Signed and Entered Electronically as Indicated at the Top of the First Page.

APPROVED FOR ENTRY:

Attorney for Secured Claimant

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE
MIDDLE DISTRICT OF TENNESSEE**

IN RE: _____)
)
) CASE NO. _____)
 Debtor(s))
) Relief from stay to enforce lien)
)
) Date of Scheduled Hearing:)
 _____)
 Secured Claimant) _____)

Affected Collateral: _____

**ORDER GRANTING RELIEF FROM AUTOMATIC STAY
AND ABANDONMENT**

The Secured Claimant identified above has moved for relief from the automatic stay in 11 U.S.C. § 362(a) with respect to the Affected Collateral. Either no timely opposition was filed or any objection raised was withdrawn or overruled by the court at the Scheduled Hearing.

IT IS ORDERED that the automatic stay in 11 U.S.C. § 362(a) is terminated with respect to the Secured Claimant and its Affected Collateral.

IT IS FURTHER ORDERED that the Trustee abandons the Affected Collateral as burdensome or of inconsequential value to the estate pursuant to 11 U.S.C. § 554 and L.B.R. 6007-1(b). This paragraph is not effective unless the Trustee has approved this order for entry below.

This Order Was Signed and Entered Electronically as Indicated at the Top of the First Page.

APPROVED FOR ENTRY:

Attorney for Secured Claimant

Trustee

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE
MIDDLE DISTRICT OF TENNESSEE**

IN RE: _____)
)
) CASE NO. _____)
 Debtor(s))
) Relief from stay to enforce lien)
)
) Date of Scheduled Hearing:)
 _____)
 Secured Claimant) _____)

Affected Collateral: _____

**ORDER GRANTING RELIEF FROM AUTOMATIC STAY
AND ABANDONMENT**

The Secured Claimant identified above has moved for relief from the automatic stay in 11 U.S.C. § 362(a) with respect to the Affected Collateral. Either no timely opposition was filed or any objection raised was withdrawn or overruled by the court at the Scheduled Hearing.

IT IS ORDERED that the automatic stay in 11 U.S.C. § 362(a) is terminated with respect to the Secured Claimant and its Affected Collateral.

IT IS FURTHER ORDERED that the Trustee abandons the Affected Collateral as burdensome or of inconsequential value to the estate pursuant to 11 U.S.C. § 554 and L.B.R. 6007-1(b). This paragraph is not effective unless the Trustee has approved this order for entry below.

IT IS FURTHER ORDERED that the stay in FED. R. BANKR. P. 4001(a)(3) does not apply.

This Order Was Signed and Entered Electronically as Indicated at the Top of the First Page.

APPROVED FOR ENTRY:

Attorney for Secured Claimant

Trustee

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE
MIDDLE DISTRICT OF TENNESSEE**

IN RE:

_____) CASE NO.
)
)
Debtor(s).)

Description of Property Subject to Lien: _____

ORDER GRANTING MOTION TO AVOID LIEN OF _____
(Affected Creditor)

The lien of the creditor identified above with respect to the described property is declared void pursuant to 11 U.S.C. § 522(f). Either no timely opposition was filed pursuant to LBR 9013-1 or any objection raised was withdrawn or overruled by the court at the Scheduled Hearing.

IT IS ORDERED that the lien of the Affected Creditor relative to the property described above is VOID.

This Order Was Signed and Entered Electronically as Indicated at the Top of the First Page.

APPROVED FOR ENTRY:

Attorney for Debtor

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE**

IN RE: _____)
)
) CASE NO. _____)
) CHAPTER _____)
 Debtor(s).) JUDGE _____)
)

**THE DEADLINE FOR FILING A TIMELY RESPONSE IS: [response date]
IF A RESPONSE IS TIMELY FILED, THE HEARING WILL BE: [hearing date, time, place
(including courtroom and address)]**

NOTICE OF MOTION TO [caption of motion]

[Name of movant] has asked the court for the following relief: [brief description of relief requested].

YOUR RIGHTS MAY BE AFFECTED. If you do not want the court to grant the attached motion by entering the attached order, or if you want the court to consider your views on the motion, then on or before the response date stated above, you or your attorney must:

1. File with the court your response or objection explaining your position. Please note: the Bankruptcy Court for the Middle District of Tennessee requires electronic filing. Any response or objection you wish to file must be submitted electronically. To file electronically, you or your attorney must go to the court website and follow the instructions at: <https://ecf.tnmb.uscourts.gov>.

If you need assistance with Electronic Filing you may call the Bankruptcy Court at (615) 736-5584. You may also visit the Bankruptcy Court in person at: 701 Broadway, 1st Floor, Nashville, TN (Monday - Friday, 8:00 A.M. - 4:00 P.M.).

2. Your response must state the deadline for filing responses, the date of the scheduled hearing and the motion to which you are responding.

If a response is filed before the deadline stated above, the hearing will be held at the time and place indicated above. **THERE WILL BE NO FURTHER NOTICE OF THE HEARING DATE.** You may check whether a timely response has been filed by viewing the case on the court's website at <https://ecf.tnmb.uscourts.gov>.

If you or your attorney does not take these steps, the court may decide that you do not oppose the relief sought in the motion and may enter the attached order granting that relief.

Date: _____ Signature: _____
Name: _____
Address: _____

U.S. BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF TENNESSEE
SEALED DOCUMENT COVER SHEET

1. If sealed, what level of seal applies to the Motion to Seal:

Public Docket Text for the Motion to Seal:

- Full (docket entry will read “Motion to Seal (full description)”).
- Moderate (docket entry will read “Document filed under seal”).
- None (no docket entry will be placed on the record).

Treatment of the Motion to Seal:

- Only the venue, style, and caption on the first page will be placed on the public docket.
- A document stating only “Document filed under seal” will be placed on the public docket.
- No document will be placed on the public docket.

2. How should the court handle the resulting Order?

Public Docket Text for the Order on Sealing:

- Full (docket entry will read “Order Granting/Denying Motion to Seal (full description)”).
- Moderate (docket entry will read “Order Granting/Denying Motion to Seal”).
- None (no docket entry will be placed on the record).

Treatment of the Order on Sealing:

- Placed on the public docket in its entirety.
- Only the venue, style, and caption on the first page will be placed on the public docket.
- A document stating only “Order on Motion to Seal” will be placed on the public docket.
- No Order will be placed on the public docket.

3. How should the court handle the document(s) filed under seal?

Public Docket Text for the sealed document(s):

- Full (a full docket entry describing the document(s) will be placed on record).
- Moderate (a docket entry will state “Document filed under seal”).
- None (no docket entry will be placed on the record).

Treatment of the sealed document(s):

- Only the venue, style, and caption on the first page will be placed on the public docket.
- A document stating only “Document filed under seal” will be placed on the public docket.
- No document(s) will be placed on the public docket.

Recommendations: Read Local R. Bankr. P. 9018-1. Specify parties to whom the Clerk may grant access in the Motion to Seal and the Proposed Order. Provide the Clerk an additional copy of sealed documents for chambers. Provide an additional copy if you desire a “Filed” stamped copy for your records.

Disclaimer: Requests on this cover sheet are subject to judicial review.

**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)	<u>\$ _____ 0.00</u>

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	<u>\$ _____ 0.00</u>	<u>\$ _____ 0.00</u>	<u>\$ _____ 0.00</u>
2. SECURED CREDITORS	\$ _____	_____	_____
3. PRIORITY CREDITORS	\$ _____	_____	_____
4. UNSECURED CREDITORS	\$ _____	_____	_____
5. EQUITY SECURITY HOLDERS	\$ _____	_____	_____
6. Attach additional sheets as necessary	\$ _____	_____	_____
TOTAL PLAN PAYMENTS	<u>\$ _____ 0.00</u>	<u>\$ _____ 0.00</u>	<u>\$ _____ 0.00</u>

_____ 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