**IN THE UNITED STATES BANKRUPTCY COURT**

**SOUTHERN DISTRICT OF GEORGIA**

In the matter of: )

)

) Chapter 13

)

) Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debtor(s) )

)

)

**NOTICE OF COMPLETION OF PLAN PAYMENTS**

*Please read this notice carefully. It advises you of certain*

*rights and deadlines imposed pursuant to law.*

***Your rights may be adversely affected****.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Standing Chapter 13 Trustee, files and serves this notice and reports to the Court that the above-named Debtor(s) have completed all the plan payments under the confirmed Chapter 13 plan.

**NOTICE OF DEBTOR’S RIGHTS AND DUTIES**

**Duty of Debtors regarding long-term debt obligations under 11 U.S.C. § 1322(b)(5):**

Every Debtor, regardless of whether the Debtor is or claims to be entitled to a discharge, must:

1. Immediately begin and/or continue making the required payments on debt obligations (such as security deeds, leases, and student loans) to avoid defaulting; and
2. Continue to make required payments on long-term debt obligations until those obligations are paid in full. If the Court determines that the Debtor(s) are eligible for a discharge, the Chapter 13 discharge will not relieve the Debtor(s) from any obligation on any continuing long-term debt obligation payments that come due after the date of the last payment under the Chapter 13 plan.

**Closing of the Bankruptcy Case:**

The Trustee’s records indicate that you have paid sufficient funds to complete your case. The final disbursement has been mailed to your creditors. In order for the Court to issue a discharge order,

if appropriate, **you must** **complete and submit a Debtor’s Certification of Plan Completion and Request for Discharge** **within 30 days of the date of this notice**. This certification form is available on the Court’s website, www.gasb.uscourts.gov. In addition, you are reminded that

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unless an approved provider has notified the Court that the Debtor has completed a course in personal financial management after filing the petition, the Debtor must file a certificate indicating either completion of such course or that the Debtor is exempt from the course requirement before a discharge can be granted. **Contact your attorney, who will assist you in reviewing, completing, and submitting the Debtor’s Certification of Plan Completion and Request for Discharge and Financial Management Certification via electronic filing**. If you are not represented by an attorney, you must return the Certification of Plan Completion and Financial Management Certification to:

United States Bankruptcy Court

[ADDRESS/P.O. BOX]

[CITY, STATE, ZIP]

**You should also contact your attorney to make sure you have done all that is necessary to receive a discharge pursuant to 11 U.S.C. § 1328.**

A release of wages has been issued to your employer (if applicable). This notice directs your employer to stop deducting from your pay. Once the Trustee completes a final audit in your case a check will be mailed to you for any excess funds on hand. Please cash the check as soon as possible.

After all disbursement checks issued in your case have cleared the Trustee’s account, the Trustee will submit a final report and accounting to the Court showing the total funds received and disbursed on your behalf, with copies to you and your attorney. The closing process may take as much as 180 days.

OFFICE OF THE CHAPTER 13 TRUSTEE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chapter 13 Trustee

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[NAME]

[STREET ADDRESS/P.O. BOX]

[CITY, STATE, ZIP]

[GEORGIA BAR NUMBER]

[TELEPHONE NUMBER]

[EMAIL ADDRESS]

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**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing Notice of Completion of Plan Payments was served on the parties listed below by ordinary U.S. Mail or served electronically through the Court’s ECF System at the email address registered with the Court.

[SERVICE LIST]

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[NAME]

[STREET ADDRESS/P.O. BOX]

[CITY, STATE, ZIP]

[GEORGIA BAR NUMBER]

[TELEPHONE NUMBER]

[EMAIL ADDRESS]