**IN THE UNITED STATES BANKRUPTCY COURT**

**FOR THE DISTRICT OF MARYLAND**

**at** Choose an item.

|  |  |
| --- | --- |
| **In re:**  **,**  **Debtor.** | **Case Number:**  **Chapter** |

**CHAPTER 11 FINAL REPORT AND MOTION FOR FINAL DECREE**

**[FOR NON-INDIVIDUAL DEBTOR]**

The following is the report of payments made pursuant to the plan, confirmed by this Court on , 20 .

**TOTAL DISTRIBUTION** $

PERCENTAGE OF CLAIMS PROPOSED TO BE

PAID TO THE CLASS OF GENERAL UNSECURED

CREDITORS UNDER THE PLAN %

PERCENTAGE OF CLAIMS ACTUALLY PAID

TO THE CLASS OF GENERAL UNSECURED

CREDITORS UNDER THE PLAN %

1. Gross Cash Receipts (total amount received

from all sources during plan term) $

|  |  |  |  |
| --- | --- | --- | --- |
|  | Paid | Proposed | Total |
| B. Payments of Expenses of Administration Other Than Operating Expenses: |  |  |  |
| 1. Trustee’s commission (if any) | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| 1. Fees and expenses of trustee’s attorney | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Paid | Proposed | Total |
| C. Other Professional Fees and Expenses: |  |  |  |
| 1. Fees and expenses for accountants | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| 1. Fees and expenses for auctioneers and appraisers | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| 1. Fees and expenses for attorneys for the debtor | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| 1. Other professional fees (specify) | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| 1. Taxes, fines, penalties, etc. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| 1. Other expenses of administration (must be itemized: includes bond premiums, settlement costs, other expenses) | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| 1. Total | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Paid | Proposed | Total |
| D. Payments to Creditors (totals under each category sufficient): |  |  |  |
| 1. Payment to secured creditors | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| 1. Payment to priority creditors | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| 1. Payments to unsecured creditors | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| 1. Payments to equity security holders | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Paid | Proposed | Total |
| E. Other Payments (including surplus payments to the debtor) | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |

F. **TOTAL DISTRIBUTION** $

The plan proponent (or trustee, if appointed) avers that all provisions of the plan have been substantially consummated. Wherefore, the plan proponent (or trustee), having fully administered this estate, prays for entry of a final decree.

DATE:

Name of Attorney for Plan Proponent (or Trustee)

Firm

Address

City, State Zip

Telephone Number

Email Address

Attorney for Plan Proponent (or Trustee)

At a minimum, the following should be served with a copy of this report:

Creditors’ Committee or its attorney, 20 Largest Unsecured Creditors, and United States Trustee.

**CERTIFICATE OF SERVICE**

I hereby certify that, on the day of , 20 , I reviewed the Court’s CM/ECF system and it reports that an electronic copy of the Chapter 11 Final Report and Motion for Final Decree will be served electronically by the Court’s CM/ECF system on the following:

Name of Attorney Representing Creditor’s Committee

Name of Attorney

U.S. Trustee

I hereby further certify that, on the day of , 20 , a copy of the Chapter 11 Final Report and Motion for Final Decree was also mailed first class, postage prepaid, to:

Name

Address

City, State Zip

Name

Address

City, State Zip

Name

Address

City, State Zip

Name of Attorney for Plan Proponent (or Trustee)