

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MARYLAND**  
at Choose an item.

**In re:**

\_\_\_\_\_,

**Debtor.**

**Case Number:** \_\_\_\_\_  
**Chapter 13**

**DEBTOR'S AFFIDAVIT REQUESTING DISCHARGE**

\*\*\*IN JOINT FILINGS, A SEPARATE AFFIDAVIT MUST BE COMPLETED  
BY EACH DEBTOR IN ORDER TO BE ELIGIBLE FOR A DISCHARGE\*\*\*

The Chapter 13 trustee has filed a notice of completion in my case and I am hereby requesting that the Court issue a discharge. I declare under penalty of perjury to the following: *(Complete all sections and provide all required information.)*

1. The following creditors hold a claim that is not discharged under 11 U.S.C. § 523(a)(2) or (a)(4) or a claim that was affirmed under 11 U.S.C. § 524(c): provide name, address, and telephone number of each such creditor)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. I have not received a discharge in a Chapter 7, 11, or 12 bankruptcy case that was filed within 4 years prior to the filing of this Chapter 13 bankruptcy case.
3. I have not received a discharge in another Chapter 13 bankruptcy case that was filed within 2 years prior to the filing of this Chapter 13 bankruptcy case.

4. I did not claim any exemptions in any property (real or personal) in excess of the applicable amounts set forth in 11 U.S.C. § 522(p) and § 522(q).
5. There is not currently pending any proceeding in which I may be found guilty of a felony of the kind described in 11 U.S.C. § 522(q)(1)(A) or liable for a debt of the kind described in 11 U.S.C. § 522(q)(1)(B).
6. COMPLETION OF INSTRUCTIONAL COURSE CONCERNING PERSONAL FINANCIAL MANAGEMENT PURSUANT TO 11 U.S.C. § 1328(g)(1)

*[Complete one of the following statements]*

- ☐ I certify that I completed an instructional course in personal financial management provided by \_\_\_\_\_, an approved personal financial management instruction provider.

*[Check the appropriate box]*

- ☐ A certificate of completion of the personal financial management course was previously filed with the Court.

OR

- ☐ A certificate of completion of the personal financial management instruction course is attached.

OR

- ☐ I certify that no personal financial management course is required because:

*[Check the appropriate box]*

- ☐ I am incapacitated or disabled, as defined in 11 U.S.C. § 109(h)(4).

OR

- ☐ I am on active military duty in a military combat zone.

OR

- ☐ I reside in a district in which the United States Trustee has determined that the approved instructional courses are not adequate at this time to serve the individuals who would otherwise be required to complete such courses.

7. CERTIFICATION REGARDING DOMESTIC SUPPORT OBLIGATIONS  
PURSUANT TO 11 U.S.C. § 1328(a)

*[Complete one of the following statements]*

- ☐ I certify that I am not currently required, nor at any time during the period of this bankruptcy case have been required, by a judicial or administrative order, or by statute, to pay a domestic support obligation.

OR

- ☐ I am required by judicial or administrative order, or by statute, to pay a domestic support obligation as defined in 11 U.S.C. § 101(14A). (This refers to a debt in the nature of alimony, maintenance, or support owed to or recoverable by (i) a spouse, former spouse, or child of the debtor or such child's parent, legal guardian, or responsible relative, or (ii) a governmental unit.) The name, address, and telephone number of each holder of a domestic support obligation is as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*[check the appropriate box]*

- ☐ I certify that all amounts payable under such order or such statute that are due on or before the date of this affidavit (including amounts due before the petition was filed but only to the extent provided for by the plan) have been paid.

OR

- ☐ I have executed, and the Court has approved, a written waiver of discharge pursuant to 11 U.S.C. § 1328(a).

8. My current address is: \_\_\_\_\_  
\_\_\_\_\_

9. The name and address of my most recent/current employer is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that all of the above statements are true and correct to the best of my knowledge, information, and belief and that the Court may rely on the truth of each statement in determining whether to grant me a discharge in this case. I further state that I understand that the Court may revoke my discharge if such order of discharge was procured by fraud.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Debtor)

Debtor's Name

Telephone Number (if not represented by an  
attorney)

Email Address (if not represented by an attorney)

#### NOTICE OF OPPORTUNITY TO OBJECT

Any objections to the accuracy of this affidavit must be filed within fourteen (14) days of the date of service of this affidavit. If no objection is filed, the Court will consider entering a discharge order in this case without further notice or opportunity for a hearing.

#### 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 foregoing Debtor's Affidavit Requesting Discharge will be served electronically by the Court's CM/ECF system on the following:

Name of Chapter 13 trustee

Name of Attorney

Name of Attorney

I hereby further certify that, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a copy of the foregoing Debtor's Affidavit Requesting Discharge was also mailed first class mail, postage prepaid, to:

Name  
Address  
City, State Zip

Name  
Address  
City, State Zip

Name  
Address  
City, State Zip

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Debtor's Name

**NOTE: The Certificate of Service must comply with Local Bankruptcy Rule 9013-4.**