

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MARYLAND**

at \_\_\_\_\_

IN RE:

Debtor

Case No. \_\_\_\_\_

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 testify 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)

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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.
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.
4. A.  I did not have, either at the time of filing this bankruptcy or at the present time, equity in excess of \$125,000 if the case was filed before April 1, 2007, or \$136,875 if the case was filed on or after April 1, 2007 and before April 1, 2010, or \$146,450 for a case filed on or after April 1, 2010 and before April 1, 2013, or \$155,675 if the case was filed on or after April 1, 2013 in the type of property described in 11 U.S.C. § 522(p)(1) [generally the debtor's homestead].

B.  There is not currently pending any proceeding in which I may be found guilty of 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).

5. COMPLETION OF INSTRUCTIONAL COURSE CONCERNING PERSONAL FINANCIAL MANAGEMENT PURSUANT TO 11 U.S.C. § 1328(g)(1)

*[Complete one of the following statements]*

I, (printed name of the debtor) \_\_\_\_\_, the debtor in the above-styled case hereby certify that on (date) \_\_\_\_\_ I completed an instructional course in personal financial management provided by (Name of Provider) \_\_\_\_\_, by an approved personal financial management instruction provider.

Official Form 23 was previously filed with the court; OR

A document attesting to my completion of the personal financial management instruction course is attached.

I, (printed name of the debtor) \_\_\_\_\_, the debtor in the above-styled case, hereby 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);

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 additional individuals who would otherwise be required to complete such courses.

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

*[Complete one of the following statements]*

I, (printed name of the debtor) \_\_\_\_\_, the debtor in the above-styled case, hereby certify that I am not currently required, nor at any time during

the period of this bankruptcy have been required, by a judicial or administrative order, or by statute, to pay a domestic support obligation.

I, (printed name of the debtor) \_\_\_\_\_, the debtor in the above-styled case, 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 owed to or recoverable by a spouse, former spouse or child of the debtor or such child's parent, legal guardian or responsible relative or a governmental unit in the nature of alimony, maintenance or support.) The name and address of each holder of a domestic support obligation follows:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

*[check the appropriate box]*

I hereby 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).

My current address is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 understand that the court may revoke my discharge if such order of discharge was procured by fraud.

Signature of the Debtor: \_\_\_\_\_

Telephone Number: (if pro se) \_\_\_\_\_

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

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 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 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 debtor's affidavit requesting discharge was also mailed first class mail, postage prepaid to:

Name of Party \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name of Party \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name of Party \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Debtor's Signature

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

**NOTE: The Certificate of Service must comply with Local Bankruptcy Rule 7005-2.**