Name, Address, Telephone No. & I.D. No.

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| Click or tap here to enter text. |  |
| **UNITED STATES BANKRUPTCY COURT**SOUTHERN DISTRICT OF CALIFORNIA325 West F Street, San Diego, California 92101-6991 |
| In Re Click to enter text. | Debtor. | Bankruptcy No. Click to enter text. |

**CHAPTER 11 INDIVIDUAL DEBTOR’S REQUEST FOR DISCHARGE, CERTIFICATIONS REGARDING DOMESTIC SUPPORT OBLIGATIONS AND SECTION 522(q)**

*Part I. Certification Regarding Eligibility to Receive a Discharge*

Pursuant to 11 U.S.C. § 1141, I (we) certify that one of the following statements applies:

BOX 1: [ ]  I (we) am eligible to receive a discharge because (all must apply):

1. All payments have been completed under the plan;
2. § 1141(d)(3) does not apply;
3. No order denying discharge has been entered in this case.

BOX 2: [ ]  I (we) are seeking entry of discharge by motion under § 1141(d)(5)(B)

BOX 3: [ ]  I (we) are not eligible for and am not seeking entry of discharge.

*Part II. Certification Regarding Domestic Support Obligations (check no more than one)*

Pursuant to 11 U.S.C. § 1129(a)(14), I (we) certify that:

BOX 4: [ ]  I (we) owed no domestic support obligations when this bankruptcy petition was filed, and I (we) have not been required to pay any such obligations since then.

BOX 5: [ ]  I (we) have been required to pay a domestic support obligation. I (we) have paid all such amounts that my (our) chapter 11 plan required me (us) to pay. I (we) have also paid all such amounts that became due between the filing of my (our) bankruptcy petition and today.

*Part III. If you checked Box 5 in Part II, you must provide the information below.*

|  |  |
| --- | --- |
| My (our) current address: | Click to enter text. |

|  |  |
| --- | --- |
| My (our) current employer and my (our) employer’s address: | Click to enter text. |

|  |
| --- |
| Click to enter text. |

Names and addresses of all domestic support obligation holders. (If additional space is needed, continue on a separate sheet and attach to the Certification.)

|  |
| --- |
| Click to enter text. |

*Part IV. Certification Regarding Section 522(q) (check no more than one)*

Pursuant to 11 U.S.C. § 1141(d)(5)(C), I (we) certify that:

BOX 6: [ ]  I (we) have not claimed an exemption pursuant to § 522(b)(3) and state or local law (1) in property that I (we) or a dependent of mine (ours) uses as a residence, claims as a homestead, or acquired as a burial plot, as specified in § 522(p)(1), and (2) that exceeds $189,050¹ in value in the aggregate.

BOX 7: [ ]  I (we) have claimed an exemption in property pursuant to § 522(b)(3) and state or local law (1) that I (we) or a dependent of mine (ours) uses as a residence, claims as a homestead, or acquired as a burial plot, as specified in § 522(p)(1), and (2) that exceeds $189,050¹ in value in the aggregate.

*Part V. Certification Regarding Completion of Financial Management Course*

I (we) certify that:

BOX 8: [ ]  If 11 U.S.C. § 1141(d)(3) applies, I (we) have completed a course concerning personal financial management and have filed with the Bankruptcy Court Clerk’s office, Official Form 423 – Certification About a Financial Management Course.

BOX 9: [ ]  11 U.S.C. § 1141(d)(3) does not apply and I (we) are not required to complete a course concerning personal financial management.

*Part VI: Debtor’s Signature*

If BOX 1 is checked: I (we) further declare that on this date a copy of this Certification was served upon all creditors and the certification of service is attached.

If BOX 5 is checked: I (we) further declare that on this date a copy of this Certification was served upon the following

Domestic Support Obligation Holders, applicable state child support enforcement agency, and/or the persons as indicated

below (include name(s) and full mailing address):

|  |
| --- |
| Click to enter text. |

[ ]  UNITED STATES TRUSTEE

 Department of Justice

 880 Front Street, Suite 3230

 San Diego, CA 92101-8897

*I* (we) *certify under penalty of perjury that the information provided in these certifications is true and correct to the best of my (our)* *knowledge and belief.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Executed on: |       |  |       |  |       |
|  | Date |  | Signature of Debtor |  | Signature of Co-Debtor (if any) |

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| --- |
| **If you qualify for a discharge, failure to complete and return this *Certification* to the Court may cause your case to be closed without a discharge. To enter your discharge, you would be required to file a motion to reopen your case and pay the required fee.*****This fee may not be waived*.** |

¹Amounts are subject to adjustment on 4/01/2025, and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.