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

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| **UNITED STATES BANKRUPTCY COURT**  SOUTHERN DISTRICT OF CALIFORNIA  325 West F Street, San Diego, California 92101-6991 | |
| In Re | Debtor(s) | BANKRUPTCY NO. |

**CHAPTER 13 CERTIFICATIONS REGARDING DOMESTIC SUPPORT   
OBLIGATIONS, SECTION 522(q) AND ELIGIBILITY FOR DISCHARGE**

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

Pursuant to 11 U.S.C. § 1328(a), I (we) certify that:

BOX 1:  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 2:  I (we) have been required to pay a domestic support obligation. I (we) have paid all such amounts that my (our) chapter 13 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 II. If you checked the second box in Part I, you must provide the information below.*

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| My (our) current address: |  |

|  |  |
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| My (our) current employer and my (our) employer’s address: |  |
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Names and addresses of all domestic support obligation holders. (If additional space is needed, continue on a separate sheet and attach to the Certification.)

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

Pursuant to 11 U.S.C. § 1328(h), I (we) certify that:

BOX 3:  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 4:  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 IV: Debtor’s Signature*

I (we) understand that I (we) have completed my (our) plan payments and may now be eligible for a discharge. I (we) understand that failure to complete and return this Certification to the Court **within 14² days** of the service of the *Notice of Trustee’s Interim Final Report* may cause my (our) case to be closed without entry of my (our) discharge. I (we) further understand that the Court is relying on the truth and accuracy of these statements and, if any statement is false, the Court may revoke my (our) discharge.

If BOX 2 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):

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|  |

UNITED STATES TRUSTEE  For all cases:

Department of Justice MICHAEL KOCH, TRUSTEE

880 Front Street, Suite 3230 402 West Broadway, Suite 1450

San Diego, CA 92101-8897 San Diego, CA 92101

ustp.region15@usdoj.gov mkoch@ch13.sdcoxmail.com

*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.*

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| --- | --- | --- | --- | --- | --- |
| Executed |  |  |  |  |  |

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.

²Depending on how you were served, you may have additional time for response. See FRBP 9006.