

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
\_\_\_\_\_ DIVISION**

**In re:** §  
**John Doe and Mary Doe,** § Case # \_\_\_\_\_  
**Debtors.** §

**UNIFORM MOTION TO AMEND CONFIRMED CHAPTER 13 PLAN  
TO SATISFY RECENTLY FILED, TIMELY PROOFS OF CLAIM**

**This motion seeks to amend the confirmed plan in this case. If you object to the proposed amendment, you must file a written objection with the clerk of the Court. The deadline for the filing of objections is 30 days after service of the motion. A hearing has been set on this matter on [date] at [time] in courtroom \_\_\_\_\_, [address]. If no timely objection is filed, the amendment may be approved without an actual hearing.**

Debtor(s) move to amend the plan confirmed by the Court on [insert date]. The plan has been rendered deficient by the filing of timely proofs of claim for amounts not contemplated by the confirmed plan.

1. Payments by the Debtor(s) to the chapter 13 trustee are amended as follows:

| Months        | Old Amount | New Amount |
|---------------|------------|------------|
|               | \$         | \$         |
|               | \$         | \$         |
|               | \$         | \$         |
| <b>TOTALS</b> | <b>\$</b>  | <b>\$</b>  |

2. Check one of the following:

A. The confirmed plan already provides for the treatment of all of the newly filed claims. Only the amount of the claim differs or the new claim is a general unsecured claim.

B. The confirmed plan does not provide treatment of the following newly filed secured or priority claims:

| Creditor | Describe nature of security or priority | Amount of Claim | See Exhibit for Proposed Treatment |
|----------|---|-----------------|------------------------------------|
|          |   | \$              | Ex. A                              |
|          |   | \$              | Ex. B                              |
|          |   | \$              | Ex. C                              |

For each claim listed in the preceding chart, a separate exhibit is attached.

3. Check one of the following:

A. Along with this motion, the Debtor(a) have filed a proposed, amended wage order to reflect the increased payment required by the proposed amendment.

B. The Debtor(s) certify that they have amended their electronic funds transfer mechanism to reflect the increased payment required by the proposed amendment.

C. The Debtor(s) authorize the chapter 13 trustee to increase the amount of their ACH payment to reflect the increased payment required by the proposed amendment.

Submitted by

\_\_\_\_\_  
[include signature block]

[INCLUDE CERTIFICATE OF SERVICE]

The Court orders that the foregoing amendment to the confirmed plan is approved.

\_\_\_\_\_  
Date

\_\_\_\_\_  
UNITED STATES BANKRUPTCY JUDGE

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EXHIBIT “ \_\_\_ ”

|   |               |                            |
|---|---------------|----------------------------|
| Name of Creditor                              |               |                            |
| Total amount of claim                         |               |                            |
| Value of Collateral (n/a for priority claims) |               |                            |
| Principal amount to be paid under plan        |               |                            |
| Interest rate to be paid under plan           |               |                            |
| Schedule of payment amounts:                  |               |                            |
|   | <b>Months</b> | <b>Monthly<br/>Amounts</b> |
|   |               | \$                         |
|   |               | \$                         |
|   |               | \$                         |
|   |               | \$                         |

This claim will be treated pursuant to the following paragraph of the confirmed plan (check one):

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Paragraph 2 (Priority Claims)                           |
| <input type="checkbox"/> | Paragraph 3 (Surrender)                                 |
| <input type="checkbox"/> | Paragraph 4A (Principal Residence)                      |
| <input type="checkbox"/> | Paragraph 5 (910 Day Claim with full payment)           |
| <input type="checkbox"/> | Paragraph 6 (910 Day Claim without full payment)        |
| <input type="checkbox"/> | Paragraph 7 (Secured Claims paid direct by Debtor)      |
| <input type="checkbox"/> | Paragraph 8 (Other Secured Claims paid through Trustee) |