

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court - District of Hawaii			
Case number (If known) _____			

Check if this is an amended filing

Local Form H113cs (01/26)

Certificate of Service – Chapter 13 Plan with Attachment A/B

Docket number of plan (if known): _____

Date served: _____.

The undersigned certifies under penalty of perjury that the entities listed below or attached hereto were served the chapter 13 plan at the address indicated by first class mail unless noted otherwise. If service was not made by first class mail, the undersigned certifies that the entity consented to service by fax or electronic means.

If Section 4.4 of the plan includes a request to determine the amount of a secured claim under 11 U.S.C. § 506(a) or a priority claim under 11 U.S.C. § 507 and the plan includes Attachment A, the undersigned certifies that the plan was served on each holder of the secured or priority claim in the manner provided for service of a summons and complaint by Bankruptcy Rule 7004. (Note: a request to determine the amount of a secured claim of a governmental unit may be made only by a motion or an objection to claim – not solely by inclusion in a plan. See Fed. R. Bankr. P. 3012(c).)

If Section 4.6 of the plan includes a request to avoid a judicial lien or nonpossessory, nonpurchase-money security interest under 11 U.S.C. § 522(f) and the plan includes Attachment B, the undersigned certifies that the plan was served on the affected creditors in the manner provided for service of a summons and complaint by Bankruptcy Rule 7004.

Enter information as shown in the example. Attach a list of additional names and addresses if needed.

Example:

- Name of person/entity served
- If attorney, name of client
- Mailing address or
Email address if served by email or
Fax number if served by fax.

Example: <ul style="list-style-type: none">• Name of person/entity served• If attorney, name of client• Mailing address or Email address if served by email or Fax number if served by fax.		

Dated: _____

/s/ _____
[Print name and sign]