

**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 \_\_\_\_\_ Chapter 13



Local Form H1329A (9/2023)

**MOTION TO MODIFY CONFIRMED PLAN UNDER 11 U.S.C. § 1329(a)**

The undersigned hereby moves under 11 U.S.C. § 1329(a) for modification of the plan previously confirmed in this case. Details of the proposed modification are described on the following pages. **Except** for the specific changes described herein, all terms of the previously confirmed plan shall remain in effect, including the valuation of collateral and avoidance of liens.

**NOTICE IS HEREBY GIVEN:**

The motion will be heard both in the courtroom at the United States Bankruptcy Court at 1132 Bishop Street, Honolulu, Hawaii, and remotely using Zoomgov.com (audio only). Join the meeting at Zoomgov.com with computer audio or by phone at (833) 568-8864 (toll-free). Meeting ID: 161 789 3766, Passcode 1132.

**Hearing Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Objections due:** \_\_\_\_\_

**Your rights may be affected. You should read the motion or application and the accompanying papers carefully and discuss them with your attorney if you have one in this bankruptcy case or proceeding. (If you do not have an attorney, you may wish to consult one.)**

If you do not want the court to grant the motion, or if you want the court to consider your views, then you or your attorney must file a statement explaining your position **not later than 7 days before the hearing date.**

Responses must be filed with the court at: **United States Bankruptcy Court, District of Hawaii, Suite 250, Honolulu, HI 96813**, and sent to the moving party at the address below.

If you mail your response to the court for filing, you must mail it early enough so the court will **receive** it on or before the deadline stated above.

If you or your attorney do not take these steps, the court may decide that you do not oppose the motion and may cancel the hearing and grant the motion to modify the plan without further notice. The provisions of the modified plan will bind the debtor(s) and each creditor.

Dated: \_\_\_\_\_ Debtor 1/Attorney: ✕ \_\_\_\_\_

Debtor 2/Attorney: ✕ \_\_\_\_\_

Address:

**A.** For all motions to modify the confirmed plan, Debtor states the following.

1. Date Chapter 13 case commenced or was converted: \_\_\_\_\_
2. Date confirmation order or entered: \_\_\_\_\_
3. If delinquent on plan payments, past amount due: \$ \_\_\_\_\_
4. The proposed modification complies with 11 U.S.C. §§ 1322(a), 1322(b), 1323(c), and 1325(a) - *see liquidation and feasibility analyses below.*
5. Unless otherwise stated below, Debtor's responsibility to pay directly any postpetition obligations to a creditor under the previously confirmed plan remains in effect.

**B.** Reasons for seeking modification (attach additional pages if necessary).

**C. Plan payments and duration:**

Current confirmed plan	
\$ _____	x _____ months = \$ _____
\$ _____	x _____ months = \$ _____
\$ _____	x _____ months = \$ _____
\$ _____	x _____ months = \$ _____
\$ _____	x _____ months = \$ _____
Additional funding:	\$ _____
Total:*	_____ months = \$ _____

Proposed modified plan	
\$ _____	x _____ months = \$ _____
\$ _____	x _____ months = \$ _____
\$ _____	x _____ months = \$ _____
\$ _____	x _____ months = \$ _____
\$ _____	x _____ months = \$ _____
Additional funding:	\$ _____
Total:*	_____ months = \$ _____

\* *Plus any tax refund contributions to the plan*

Additional details regarding plan payments and duration (attach additional pages if necessary):

**D. Tax returns and tax refunds:**

If Debtor has not submitted to the trustee all federal and state income tax returns due prior to the filing of this motion and any related tax refunds required as plan payments, list the missing returns and refunds and when they will be submitted.

**E. Feasibility & Liquidation Analysis**

<b>Feasibility Analysis</b> <i>[Compare Lines 6 &amp; 9]</i>		
1. Administrative Expenses (Estimated Attorney & Trustee Fees)		\$
2. Secured Claims:		\$
3. Priority Unsecured Claims:		\$
4. Special Treatment Claims:		\$
5. Interest to be paid on any claims above		\$
6. Total funds required to pay above claims in full: <i>[Add Lines 1 through 5]</i>		\$
7. Estimated total <b>past</b> plan payments made under previously confirmed plan:	\$	
8. Total <b>future</b> plan payments to be made under modified plan:	\$	
9. Total plan payments to be distributed upon plan completion: <i>(plus any tax refund contributions) [Line 7 + Line 8]</i>		\$
<b>Liquidation Analysis</b> <i>[Compare Lines 12 &amp; 13]</i>		
10. Projected funds available for nonpriority unsecured claims under this plan <i>[Line 9 - Line 6]:</i>		\$
11. Total amount of allowed timely filed nonpriority unsecured claims:	\$	
12. Projected payment of nonpriority unsecured claims <b>under modified plan</b> [% = <i>Line 12.a ÷ Line 11</i> ]	a \$	b %
13. Projected payment of nonpriority unsecured claims <b>in chapter 7 liquidation</b> [% = <i>Line 13.a ÷ Line 11</i> ]	a \$	b %