

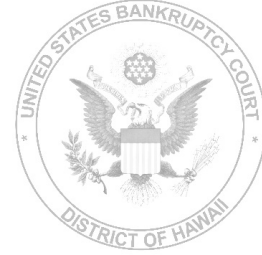
**Fill in this information to identify your case:**

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 H1329d (4/2020)

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

*[Use this form to modify **payment amounts, payment schedule, and plan duration** as permitted under the CARES Act. Use Local Form "Debtor's Motion to Modify Confirmed Plan" if other modifications are requested.]*

The undersigned hereby moves under 11 U.S.C. § 1329(d) (**CARES Act provision**) 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 by telephone: Toll-free number (866) 390-1828, Access code 3287676.

**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:

In support of this motion under 11 U.S.C. § 1329(d), the Debtor states the following.

**I. Eligibility under CARES Act provision on plan modification:**

1. This motion is being filed **prior to March 27, 2021**.
2. An order confirming the current plan was entered **prior to March 27, 2020**.
3. The Debtor is experiencing or has experienced a material financial hardship due, directly or indirectly to the coronavirus disease 2019 (COVID-19) pandemic.
4. The proposed modification otherwise complies with 11 U.S.C. §§ 1322(a), 1322(b), 1323(c), and 1325(a) - see *Section III - Feasibility and Liquidation Analysis*.
5. Date that the first plan payment was due: \_\_\_\_\_.  
(30 days after the date of filing the initial plan or the order for relief, whichever was earlier)
6. The final plan payment shall be made not later than 7 years after the date stated in item 5.

**II. 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:

### III. Feasibility & Liquidation Analysis

Feasibility Analysis [Compare Lines 6 & 9]		
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: [Add Lines 1 through 5]		\$
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: (plus any tax refund contributions) [Line 7 + Line 8]		\$
Liquidation Analysis [Compare Lines 12 & 13]		
10. Projected funds available for nonpriority unsecured claims under this plan [Line 9 - Line 6]:		\$
11. Total amount of allowed timely filed nonpriority unsecured claims:		\$
12. Projected payment of nonpriority unsecured claims under modified plan [% = Line 12.a ÷ Line 11]	a \$	b %
13. Projected payment of nonpriority unsecured claims in chapter 7 liquidation [% = Line 13.a ÷ Line 11]	a \$	b %

### IV. Direct payment of postpetition obligations:

Unless otherwise stated below, the debtor's responsibility to pay directly any postpetition obligations to a creditor under the previously confirmed plan remains in effect.

If checked below, in connection with the proposed modified plan:

☐ Debtor has requested or will request forbearance or deferral on mortgage payments, *i.e.* postpetition mortgage payments will be suspended or reduced but will be paid in full at a later date. Monthly payments will resume on: \_\_\_\_\_.

☐ Debtor has requested or will request, separately or in addition to forbearance or deferral, a loan modification to otherwise adjust terms of the loan.

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

Debtor has submitted to the trustee all federal and state income tax returns due prior to the filing of this motion and all related tax refunds. If not, explain here:

**VI. Other:**

Provide any further information in support of the proposed plan modification.