

**Local Forms
of
The United States District Court**



**for
The United States Virgin Islands
Bankruptcy Division**

**LOCAL FORMS
OF THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION**

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LOCAL BANKRUPTCY FORM NO. 1

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In Re

BANKRUPTCY NO.

Debtor

DECLARATION RE: ELECTRONIC FILING OF
PETITION, SCHEDULES & STATEMENTS

PART I - DECLARATION OF PETITIONER

I, _____, and I, _____,
the undersigned debtor, certify that the information I give to my attorney for the preparation of the petition, statements, schedules and mailing matrix
is true and correct. I consent to my attorney sending my petition, this declaration, statements and schedules to the United States Bankruptcy Court. I
understand that this DECLARATION RE: ELECTRONIC FILING is to be submitted to the Clerk once all schedules have been electronically
docketed but, in any event, no later than 15 days following the date the petition was electronically filed unless the time is extended by order of court.
I understand that failure to timely submit the signed original of this DECLARATION will result in dismissal of my case pursuant to 11 U.S.C.
§ 707(a)(3) without further notice.

[] [If petitioner is an individual] I declare under penalty of perjury that the information provided in this petition and
the social security number(s) listed below are true and correct:

Debtor has a social security number and it is: _____
Name of Debtor Check here if Debtor does not have a social security number: _____

Joint Debtor has a social security number and it is: _____
Name of Joint Debtor Check here if Joint Debtor does not have a social security number: _____

[] [If petitioner is a corporation or partnership] I declare under penalty of perjury that the information provided in
this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance
with the chapter specified in this petition.

Dated: _____ Signed: _____ (Type Debtor name here) (Joint Debtor, if applicable, type name)

Title: _____ (Corporate or Partnership Filing)

Phone Number of Signer _____ Address of Signer _____

PART II - DECLARATION OF ATTORNEY

I further declare that before filing any document I will have examined the debtor's petition and that the information is complete and correct
to the best of my knowledge, information and belief. The debtor will have signed this form before I submit the petition, schedules, statements and
mailing matrix. I will give the debtor a copy of all forms and information to be filed with the United States Bankruptcy Court, and have followed all
other requirements for electronic case filing. I further declare that I have examined the above debtor's petition, schedules, and statements and, to the
best of my knowledge, information and belief, they are true, correct, and complete. If debtor is an individual, I further declare that I have informed
the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of Title 11, United States Code, and have explained the relief available
under each such chapter. This declaration is based on all information of which I have knowledge.

[] Check box if debtor is a servicemember as defined by the Servicemembers Civil Relief Act of 2003. If debtor becomes entitled to
protections from the Act during the bankruptcy case, he shall file an affidavit advising the Court within ten (10) days of the date of his change in status.

Dated: _____

Attorney for Debtor (Signature) _____

Typed Name _____

Address _____

Phone No. _____

List Bar I.D. and State/Territory of Admission _____

LOCAL BANKRUPTCY FORM NO. 1A

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In Re

BANKRUPTCY NO.

Debtor

**DECLARATION RE: ELECTRONIC FILING OF PETITION, SCHEDULES & STATEMENTS
FOR INDIVIDUAL DEBTOR NOT REPRESENTED BY COUNSEL**

I, _____, and I, _____,
the undersigned debtor, certify that the Bankruptcy petition, statements, schedules and mailing matrix presented to the Clerk for filing is true and correct. I understand that this DECLARATION RE: ELECTRONIC FILING is to be submitted to the Clerk once all schedules have been filed but, in any event, no later than 15 days following the date the petition was filed unless the time is extended by order of court. I understand that failure to timely submit the signed original of this DECLARATION will result in dismissal of my case pursuant to 11 U.S.C. § 707(a)(3) without further notice.

Check box if debtor is a servicemember as defined by the Servicemembers Civil Relief Act of 2003. If debtor becomes entitled to protections from the Act during the bankruptcy case, he shall file an affidavit advising the Court within fifteen (15) days of the date of his change in status.

I declare under penalty of perjury that the information provided in this petition and the social security number(s) listed below are true and correct:

Signature of Debtor

Debtor has a social security number and it is: _____

Check here if Debtor does not have a social security number:

Signature of Joint Debtor

Joint Debtor has a social security number and it is: _____

Check here if Joint Debtor does not have a social security number:

Dated: _____

Address

Phone No.

LOCAL BANKRUPTCY FORM NO. 2

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

IN RE:

Bankruptcy No.

Debtor(s)

Chapter 11

**EX PARTE MOTION FOR DESIGNATION
AS COMPLEX CHAPTER 11 BANKRUPTCY CASE**

This bankruptcy case was filed on _____. The undersigned party in interest believes that this case qualifies as a Complex Chapter 11 Bankruptcy Case pursuant to Local Rules because:

_____ There is a need for emergency consideration of the following "First Day" motions.

_____ The debtor has total debt of more than \$_____ million and unsecured non-priority debt of more than \$_____ million.

_____ There are more than _____ parties in interest in this case.

_____ Claims against the debtor are publicly traded.

_____ Equity interests in the debtor are publicly traded.

_____ Other: (Substantial explanation is required. Attach additional sheets if necessary.)

DATE: _____

By:

Signature

Typed Name

Address

Phone No.

List Bar I.D. and State/Territory of Admission

LOCAL BANKRUPTCY FORM NO. 3

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

IN RE:

Bankruptcy No.
Chapter 11

Debtor(s)

INITIAL ORDER FOR COMPLEX CHAPTER 11 BANKRUPTCY CASE

This bankruptcy case was filed on _____. An Ex Parte Motion for Designation as a Complex Chapter 11 Case was filed. After review of the initial pleadings filed in this case, the Court concludes that this is a Complex Chapter 11 Case and issues this scheduling order.

1. The Debtor shall maintain a Service List identifying the parties that must be served whenever a motion or other pleading requires notice. Upon establishment of such a list, notices of motions and other matters will be limited to the parties on the Service List.

a. The Service List shall initially include the Debtor, Debtor's counsel, counsel for the unsecured creditors' committee, U.S. Trustee, all secured creditors, the 20 largest unsecured creditors, any indenture trustee, and any party that files a request for notice.

b. Any party in interest that wishes to receive notice, other than as listed on the Service List, shall be added to the Service List merely by request filed of record with the Clerk and served on the Debtor and Debtor's counsel.

c. Parties on the Service List are encouraged to give a fax number or e-mail address for service of process and parties are encouraged to authorize service by fax or e-mail. Consent to fax or e-mail service may be included in the party's notice of appearance and request for service.

d. The Service List shall be filed within 3 calendar days after entry of this Order. Debtors shall update the Service List and file with the Clerk a copy of the updated Service List upon request of a party to be added.

2. The Court hereby establishes the following dates and times for hearing all motions and other matters in this case in Courtroom _____ at _____.

3. If a matter is properly noticed for hearing and the parties reach agreement on a settlement of the dispute prior to the hearing, the parties may announce the settlement at the scheduled hearing. If the Court determines that the notice of the dispute and the hearing is adequate notice of the effects of the settlement, the Court may approve the settlement at the hearing without further notice of the terms of the settlement.

4. The debtor shall give notice of this Order to all parties in interest within 5 calendar days. If any party in interest objects to the provisions of this Order, that party shall file and serve a motion for reconsideration and proposed order within 10 days of the date of this Order articulating the objection and the relief requested.

Date: _____

United States Bankruptcy Judge

LOCAL BANKRUPTCY FORM NO. 4

UNITED STATES DISTRICT COURT
UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In re _____,
Debtor

Case No. _____

Chapter _____

**DEBTOR'S CERTIFICATION REQUESTING A WAIVER/EXTENSION OF CREDIT COUNSELING
REQUIREMENT**

[Complete one of the following numbered statements.]

1. I/We, _____, the debtor(s) in the
(Printed Names of Debtor and Joint Debtor, if any)
above case, hereby certify under penalty of perjury that no credit counseling is required because:

[Check the appropriate box.]

- I am/We are incapacitated or disabled, as defined in 11 U.S.C. §109(h);
- I am/We are on active military duty in a military combat zone; or
- I/We reside in a district in which the United States Trustee has determined that the approved credit counseling agencies are not adequate at this time to serve the additional individuals who would otherwise be required to seek credit counseling.

2. I/We, _____, the debtor(s) in the
(Printed Names of Debtor and Joint Debtor, if any)
above case, hereby request an extension of the time to complete the credit counseling
requirement pursuant to 11 U.S.C. §109(h)(3), based upon the following exigent circumstance(s):

3. I/We, _____, the debtor(s) in the
(Printed Names of Debtor and Joint Debtor, if any)
above case, do not qualify for a waiver pursuant to #1 above, and have no exigent
circumstances as to why credit counseling has not been completed. I(We) are not filing a
Certificate of Credit Counseling with the petition. I understand that if I check this box my case
will be dismissed immediately.

I/We also understand that even if the Court find this certification satisfactory, the requirement to
obtain budget and credit counseling services is waived only for 30 days after the petition is filed,
unless I ask for and receive a 15-day extension of the waiver period.

I/We certify under penalty of perjury that the foregoing is true and correct.

Signature of Debtor: _____ Executed On: _____
Address of Debtor: _____

Signature of Joint Debtor: _____ Executed On: _____
Address of Joint Debtor: _____

LOCAL BANKRUPTCY FORM NO. 5

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

CHAPTER 13 BUSINESS CASE QUESTIONNAIRE

You must send this completed Questionnaire along with all required attachments to: OFFICE OF THE CHAPTER 13 & 12 TRUSTEE, The United States District Court for the United States Virgin Islands Bankruptcy Division, 5500 Veterans Drive, Room 310, St. Thomas, Virgin Islands 00802

CASE NUMBER: _____

DEBTOR'S NAME: _____

JOINT-DEBTOR'S NAME: _____

1. Reasons for bankruptcy filing:

2. Do You operate a business? Yes ___ No ___ For how long? _____

3. Name of business: _____

4. Describe income earning activity:

5. Location of business: _____

6. Is your business seasonal? Yes ___ No ___ Peak Months: _____

7. Number of employees: Part-time _____ Full Time _____

8. Are you or your spouse owners/stockholders in any Corporation or Partnership? Yes ___ No ___

9. Corporation/Partnership Name: _____ % owned: _____

10. Are you liable to any Corporation as a debtor or co-debtor? (please explain):

11. Proof of Business Liability Insurance: Yes ___ No ___ Due Date: _____

Insurance Provider _____ Proof of Policy: Yes ___ No: ___

12. Do you own any commercial property? (please describe)

Business & Special Cases Questionnaire Continued

13. Have you included a Business Budget in the schedule? (detailed statement provided) Yes ___ No ___

14. Have you included the Business Inventory from Sch. B? (detailed) Yes ___ No ___ Value _____

15. Have you included the Business Equipment from Sch. B? (detailed) Yes ___ No ___ Value _____

16. Accounts Receivable: Value _____ Aging: 30 days ___ 60 days ___ 90 days ___

17. Identify any non- residential lease: _____

Assumed ___ Rejected ___ Date motion filed: _____

18. Name any commercial bank accounts:

Institution	Account Number	Type of Account	Status	Authorized person

19. State Tax returns provided for the last three years (stamped and /or certified): Yes ___ No ___

20. 1040 Federal Tax returns provided for the last three years (stamped and /or certified): Yes ___ No ___

21. List permits provided:

Permit	Due Date

Business & Special Cases Questionnaire Continued

I / we declare under penalty of perjury that the forgoing statement of information is true and correct to the best of my /our knowledge, information and belief.

Debtor's signature: _____ Joint-debtor's signature: _____

Date: _____

LOCAL BANKRUPTCY FORM NO. 6

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

IN RE

Bankruptcy No.

Debtor(s)

Chapter

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

_____ Voluntary Petition *Specify reason for amendment:*

Official Form 6 Schedules (Itemization of Changes Must Be Specified)

_____ Summary of Schedules

_____ Schedule A - Real Property

_____ Schedule B - Personal Property

_____ Schedule C - Property Claimed as Exempt

_____ Schedule D - Creditors holding Secured Claims

Check one:

_____ Creditor(s) added

_____ NO creditor(s) added

_____ Creditor(s) deleted

_____ Schedule E - Creditors Holding Unsecured Priority Claims

Check one:

_____ Creditor(s) added

_____ NO creditor(s) added

_____ Creditor(s) deleted

_____ Schedule F - Creditors Holding Unsecured Nonpriority Claims

Check one:

_____ Creditor(s) added

_____ NO creditor(s) added

_____ Creditor(s) deleted

_____ Schedule G - Executory Contracts and Unexpired Leases

Check one:

_____ Creditor(s) added

_____ NO creditor(s) added

_____ Creditor(s) deleted

_____ Schedule H - Codebtors

_____ Schedule I - Current Income of Individual Debtor(s)

_____ Schedule J - Current Expenditures of Individual Debtor(s)

_____ Statement of Financial Affairs

_____ Chapter 7 Individual Debtor's Statement of Intention

_____ Chapter 11 List of Equity Security Holders

_____ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims

_____ Disclosure of Compensation of Attorney for Debtor

_____ Debtor's Certification Requesting A Waiver/Extension of Credit Counseling Requirement

_____ Domestic Support Obligation Notice

_____ Other: _____

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case, and to entities affected by the amendment as follows:

Date: _____

Attorney for Debtor(s) [or *pro se* Debtor(s)]

(Typed Name)

(Address)

(Phone No.)

List Bar I.D. and State/Territory of Admission

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

LOCAL BANKRUPTCY FORM NO. 7

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In Re:	:	Bankruptcy No.
	:	
Debtor	:	Chapter
	:	
Movant	:	Document No.
	:	
v.	:	
	:	Hearing Date and Time:
Respondent (if applicable)	:	

CERTIFICATE OF SERVICE OF (Specify Document Served)

I certify under penalty of perjury that I served the above captioned pleading on the parties at the addresses specified below or on the attached list on (date) _____.

The type(s) of service made on the parties(first class mail, electronic notification, hand delivery, or another type of service) was: _____.

If more than one method of service was employed, this certificate of service groups the parties by the type of service. For example, the names and addresses of parties served by electronic notice will be listed under the heading "Service by Electronic Notification" and those served by mail will be listed under the heading "Service by First Class Mail."

EXECUTED ON:

By: _____
Signature

Typed Name

Address

Phone No.

List Bar I.D. and State/Territory of Admission

LOCAL BANKRUPTCY FORM NO. 8

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

IN RE: _____)
) Bankruptcy No.
)
Debtor(s) _____) Chapter
)

**DECLARATION IN LIEU OF AFFIDAVIT
Regarding Request To Be Added to the Mailing Matrix**

I am the Attorney for _____, a creditor in the above captioned bankruptcy case, and I am authorized by this creditor to make the accompanying request for notices. The new address should be used instead of the existing address, and added to the matrix. I have reviewed the mailing matrix on file in this case and I hereby certify that the request for notices being filed herewith replaces the creditor’s address listed on the matrix, supersedes and cancels all prior requests for notice by the within named creditor, and:

Please check the appropriate box

- that there are no other requests to receive notices on behalf of this creditor, or
- that the following prior request(s) for notice by or on behalf of this creditor shall be deleted from the matrix:

Creditor’s Name

Creditor’s Address

City, State and Zip

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____.
(Date)

Signature of Attorney For Creditor

Typed Name

Address

Phone No.

List Bar I.D. and State/Territory of Admission

LOCAL BANKRUPTCY FORM NO. 9

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

IN RE: _____) Bankruptcy No. _____
)
) Chapter _____
Debtor(s) _____)
) Document/ Adversary No. _____

**SUMMARY COVER SHEET
FEES AND EXPENSES APPLICATION FILED ON BEHALF OF**

1. Your applicant was appointed on _____.
(Attach a copy of the order approving appointment.)
2. Your applicant represents _____.
3. The total amount of the compensation requested is \$_____ for the period from _____ to _____.
4. The compensation is _____.
(State whether interim or final compensation.)
5. A retainer of \$_____ was paid on _____.
6. The amount of compensation previously requested is \$_____.
7. The amount of compensation previously approved is \$_____.
8. The amount of compensation previously paid is \$_____.
9. The total amount of expenses for which reimbursement is sought is \$_____ and is for the period from _____ to _____.
10. The amount of expenses previously requested is \$_____.
11. The amount of expenses previously approved is \$_____.
12. The amount of expenses previously paid is \$_____.
13. The blended hourly rate for this application is \$_____.
14. Other factors bearing on fee application:

DATE: _____

By: _____
Signature

Typed Name

Address

Phone No.

List Bar I.D. and State/Territory of Admission

**APPENDIX
EXAMPLE OF CATEGORY LISTING OF
TIME AND SERVICES**

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

Acme Shoe Company

Bankruptcy No. _____
Chapter 11
Document No. _____

PART "A"

Category Listing of time and services or tasks by category on behalf of Acme Shoe Company, Debtor, during the period from May 1, 1985 to the closing of the case.

CATEGORY 1. - Sale of real estate at 320 Veterans Avenue, St. Thomas, VI to Jones Company for \$ _____ including negotiations with purchaser, drafting Agreement of Sale, lien search, preparation and filing of Motion and Order for sale, hearing on sale and closing on sale and preparation and filing of report of sale. After payment of all liens and expenses of sale the estate netted \$ _____ .

<u>DATE</u>	<u>ATTY</u>	<u>DESCRIPTION OF SERVICE</u>	<u>HOURS</u>
5/1/85	RB	Conference with Jones Company representatives re: potential purchase of 320 Veterans Avenue	
5/3/85	RB	Preparation of Agreement of Sale for 320 Veterans Avenue	

TOTAL IN CATEGORY 1:

CATEGORY 2. - Distribution to Creditors per Order of August 14, 2002, including preparation and filing of Motion, obtaining Order of Court and making the distribution of \$ _____ to priority creditors and \$ _____ as a _____% distribution to Class 4 general creditors.

<u>DATE</u>	<u>ATTY</u>	<u>DESCRIPTION OF SERVICE</u>	<u>HOURS</u>
9/17/85	JS	Review & Sign Distribution Checks	
9/18/85	JS	Covering letters to all creditors, Anderson, Wagner, Bernstein & Debtor re the distribution	

TOTAL IN CATEGORY 2:

CATEGORY 3. - Tax returns and tax refund including arranging for filing of final returns, numerous calls and letters to the Virgin Island Bureau of Internal Revenue resulting in tax refund of \$12,435.04.

5/02/85	JS	Telephone Call: Virgin Island Bureau of Revenue re tax refund
5/04/85	JS	Letter: VI Bureau of Revenue re status of tax returns

TOTAL IN CATEGORY 3:

TOTAL TIME IN ALL CATEGORIES:

DISBURSEMENTS

6/24/85	JS	Copy Expense
8/23/85	JS	Copy Expense and postage on distribution

TOTAL DISBURSEMENTS:

BILLING SUMMARY

JS	Hrs.	Min.	\$135.00	\$
RB	Hrs.	Min.	\$125.00	-
CLIENT TOTAL		-		\$
CURRENT BILLING:				\$
CURRENT EXPENSES:				
TOTAL AMOUNT DUE:				\$

**EXAMPLE OF CHRONOLOGICAL SUMMARY OF TIME
AND SERVICES WITH A PART "B" DESCRIBING THE CATEGORIES**

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

Acme Shoe Company

Bankruptcy No. _____
Chapter _____
Document No. _____

PART A

CHRONOLOGICAL SUMMARY OF TIME AND SERVICES
RENDERED ON BEHALF OF DEBTOR DURING PERIOD
FROM MAY 1, 1985 TO CONCLUSION OF CASE

<u>DATE</u>	<u>ATTY</u>	<u>DESCRIPTION OF SERVICE</u>	<u>HOURS</u>
5/1/85	RB	Conference with Jones Co. representative re: potential purchase of 320 Veterans Avenue	
5/2/85	JS	Telephone call: Virgin Islands Bureau of Revenue tax refund	
5/3/85	RB	Preparation of Agreement of Sale for 320 Veterans Avenue	
5/4/85	JS	Letter: VI Bureau of Revenue re: status of tax claim	
9/17/85	JS	Review & Sign: Distribution checks	
9/18/85	JS	Covering letters to all creditors, Anderson, Wagner, Bernstein & Debtor re: the distributions	

TOTAL HOURS

			<u>DISBURSEMENTS</u>
6/24/85	JS	Copy Expense	\$
8/23/85	JS	Copy Expense and postage on distribution	\$
TOTAL DISBURSEMENTS			\$

<u>BILLING SUMMARY</u>			
JS	2 Hrs. 0 Min.	\$135.00	\$
RB	2 Hrs. 0 Min.	\$125.00	
CLIENT TOTAL			\$
CURRENT BILLING:			\$
CURRENT EXPENSES:			
TOTAL AMOUNT DUE:			\$

PART "B"

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

Category Listing of time and services on behalf of Acme Shoe Company, Debtor, during the period from May 1, 1985 to the closing of the case.

- | | | | |
|------|---|------|------|
| I. | <u>Category 1.</u> - Sale of real estate at 320 Veterans Avenue, St. Thomas, VI to Jones Company for \$30,000.00 including negotiations with purchaser, drafting Agreement of Sale, lien search, preparation and filing of Motion and Order for sale, hearing on sale and closing on sale and preparation and filing of report of sale. After payment of all liens and expenses of sale the estate netted \$24,500.00 | hrs. | min. |
| II. | <u>Category 2.</u> - Distribution to Creditors per Order of August 14, 1985, including preparation and filing of Motion, obtaining Order of Court and making the distribution of \$36,533.61 to priority creditors and \$21,794.45 as a 4% distribution to Class 4 general creditors | hrs. | min. |
| III. | <u>Category 3.</u> - Tax returns and tax refund including arranging for filing of final returns, numerous calls and letters to Virgin Islands Bureau of Revenue resulting in tax refund of \$12,435.04 | hrs. | min. |
| | TOTAL | hrs. | |

LOCAL BANKRUPTCY FORM NO. 10

UNITED STATES DISTRICT COURT FOR THE UNITED STATES VIRGIN ISLANDS BANKRUPTCY DIVISION

IN RE:

BK. CASE #

DEBTOR(S)

CHAPTER 13

CHAPTER 13 PAYMENT PLAN

NOTICE: The following plan contains provisions which may significantly affect your rights. You should read this document carefully and discuss it with your attorney. When confirmed, the plan will bind the debtor and each creditor to its terms. Objections must be filed in writing with the Court and served upon the debtor(s), debtors' counsel, the Trustee and any other entity designated by the Court, at the 341 meeting of creditors or not less than twenty (20) days prior to the scheduled confirmation hearing. For post confirmation Plan Modifications, objections must be filed and notified in the same manner within twenty (20) days from its notification. **This plan does not allow claims. Any party entitled to receive disbursements from the Trustee must file a proof of claim. The Trustee will pay the allowed claims, as filed, provided for in the plan, unless disallowed or expressly modified by the Court and / or the terms of the plan. If no claim is filed, the Trustee will not pay a creditor provided for in the plan, unless ordered by the Court. If the Trustee is to make POST-PETITION REGULAR MONTHLY PAYMENTS DIRECTLY to any Secured Loan, then a proof of claim must be filed including the following information: account number, address, due date and regular monthly payment. Secured creditor must notify any change in the monthly payment, six (6) months prior to the effective date of new payment. Post-petition direct monthly payments will not exceed the life of the plan. See the notice of commencement of case for 341 meeting date and claims bar date, the latter is the date by which a proof of claim must be filed in order to participate of the plan distribution.**

1. The future earnings of the Debtor(s) are submitted to the supervision and control of the Trustee and the Debtor(s) shall make payments to the Trustee:
 - directly by payroll deductions, as hereinafter provided in the PAYMENT PLAN SCHEDULE.
2. The Trustee shall distribute the funds so received as hereinafter provided in the DISBURSEMENT SCHEDULE.
3. The Confirmation Order will not vest property of the Estate on Debtor(s) until the Order discharging Debtor(s) is entered.

PLAN DATED: _____
 PRE POST-CONFIRMATION

AMENDED PLAN DATED: _____
 FILED BY DEBTOR TRUSTEE OTHER

I. PAYMENT PLAN SCHEDULE

\$ _____ x _____ = \$ _____

TOTAL = _____ \$

Additional Payments:
 \$ _____ to be paid as a LUMP SUM
 within _____ with proceeds to come from

Sale of property identified as follows:

Other: _____

Periodic Payments to be made other than and in addition to the above.
 \$ _____ x _____ = \$ _____

To be made: _____

PROPOSED BASE: \$ _____

II. ATTORNEY'S FEES

To be treated as § 507 Priorities, and paid before any other creditor and concurrently with the Trustee's fees, unless otherwise provided

a. Outstanding balance as per Rule 2016(b) Fee Disclosure Statement: \$ _____

b. Additional Fees: \$ _____

c. Adjusted Balance \$ _____

Signed: _____
 DEBTOR

 JOINT DEBTOR

III. DISBURSEMENT SCHEDULE SEQUENCE

A. SECURED CLAIMS: Debtor represents that there are no secured claims.
 Secured creditors will retain their liens and shall be paid as follows:

ADEQUATE PROTECTION Payments: Cr. _____ \$ _____

Trustee will pay secured **ARREARS** and debtor will pay regular monthly payments directly:

Cr. _____	Cr. _____	Cr. _____
\$ _____	\$ _____	\$ _____

Trustee will pay secured **ARREARS** and will also pay regular monthly payments directly (please refer to the above related notice, for important information about this provision):

Cr. _____	Cr. _____	Cr. _____
Arrears \$ _____	Arrears \$ _____	Arrears \$ _____
Monthly Pymt. \$ _____	Monthly Pymt. \$ _____	Monthly Pymt. \$ _____

Trustee will pay **IN FULL** Secured Claims:

Cr. _____	Cr. _____	Cr. _____
\$ _____	\$ _____	\$ _____

Trustee will pay **VALUE OF COLLATERAL**:

Cr. _____	Cr. _____	Cr. _____
\$ _____	\$ _____	\$ _____

Secured Creditor's interest will be insured. **INSURANCE POLICY** will be paid through plan:
 Cr. _____ Ins. Co. _____ Premium: \$ _____
(Please indicate in "Other Provisions" the insurance coverage period)

Debtor **SURRENDERS COLLATERAL** TO Lien Holder:

Debtor Otherwise maintains **REGULAR PAYMENTS DIRECTLY** to:

B. PRIORITIES. The Trustee will pay priorities in accordance with the law [§ 507 and § 1322 (a)(2)]

C. UNSECURED PREFERRED: Plan Classifies Does not Classify Claims.

Class A: Co-debtor Claims: Pay 100% / "Pay Ahead": _____

Class B: Other Class: _____

<input type="checkbox"/> Cr. _____	<input type="checkbox"/> Cr. _____	<input type="checkbox"/> Cr. _____
\$ _____	\$ _____	\$ _____

D. GENERAL UNSECURED NOT PREFERRED:

Will be paid 100% plus _____ % Legal Interest. Will be paid Pro-Rata from any remaining funds

OTHER PROVISIONS:

ATTORNEY FOR DEBTOR: _____ Phone: _____

GENERAL PRINCIPLES APPLICABLE TO ALL CHAPTER 13 PLANS

This is the voluntary Chapter 13 reorganization plan of the Debtor(s). The Debtor(s) understand and agree that the Chapter 13 plan may be extended as necessary by the Trustee, to not more than 60 (sixty) months in order to insure that the goals of the plan have been achieved. Property of the estate shall not re-vest in the Debtor until the bankruptcy case is closed.

The Debtor(s) shall comply with the tax return filing requirements of Section 1308, prior to the Section 341 Meeting of Creditors, and shall provide the Trustee with documentation of such compliance at or before the time of the Section 341 Meeting of Creditors. Counsel for the Debtor(s), or Debtor (if pro se), shall provide the Trustee with the information needed for the Trustee to comply with the requirements of Section 1302 as to notification to be given to Domestic Support Obligation creditors, and Counsel for the Debtor(s), or Debtor (if pro se) shall provide the Trustee with the calculations relied upon by Counsel to determine the Debtor(s)' median income and disposable income.

The Debtor(s) shall certify compliance with all requirements of Section 1328 before the plan shall be deemed completed, and only upon such certification shall the Debtors be entitled to a Chapter 13 discharge.

All pre-petition debts are paid through the Trustee. Additionally, ongoing payments for vehicles, mortgages and assumed leases are also paid through the Trustee, unless the Court orders otherwise.

Percentage fees to the trustee are paid on all distributions at the rate fixed by the United States Trustee. The Trustee has the discretion to adjust, interpret and implement the distribution schedule to carry out the plan. The Trustee shall follow this standard plan form sequence unless otherwise ordered by the Court.

The provisions for payment to secured, priority and specially classified creditors in this plan shall constitute claims in accordance with Bankruptcy Rule 3004. Proofs of claim by the Trustee will not be required. The Clerk shall be entitled to rely on the accuracy of the information contained in this plan with regard to each claim. If the secured, priority or specially classified creditor files its own claim, then the creditor's claim shall govern, provided the Debtor(s) and Debtor(s)' counsel have been given notice and an opportunity to object. The Trustee is authorized, without prior notice, to pay claims exceeding the amount provided in the plan by not more than \$250.

Any Creditor whose secured claim is modified by the plan, or reduced by separate lien avoidance actions, shall retain its lien until the plan has been fully completed, or until it has been paid the full amount to which it is entitled under applicable non-bankruptcy law, whichever occurs earlier. Upon payment in accordance with these terms and successful completion of the plan by the Debtor(s), the creditor shall promptly cause all mortgages and liens encumbering the collateral to be satisfied, discharged and released.

Should a pre-petition Creditor file a claim asserting secured or priority status that is not provided for in the plan, then after notice to the Trustee, counsel of record, (or the Debtor(s) in the event that they are not represented by counsel), the Trustee shall treat the claim as allowed unless the Debtor(s)' successfully objects.

Both of the preceding provisions will also apply to allowed secured, priority and specially classified claims filed after the bar date. LATE-FILED CLAIMS NOT PROPERLY SERVED ON THE TRUSTEE AND THE DEBTOR(S)' COUNSEL OF RECORD (OR DEBTOR, IF PRO SE) WILL NOT BE PAID. The responsibility for reviewing the claims and objecting where appropriate is placed on the Debtor.

Attorney Name and V.I. ID # _____

Attorney Address and Phone _____

Attorney Signature _____

Debtor Signature _____

Debtor Signature _____

IN THE OFFICE OF THE STANDING CHAPTER 13 TRUSTEE FOR

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In Re:

Case No.:

Chapter 13

Debtor(s)

APPLICATION FOR TRUSTEE AUTHORIZATION
OF POST PETITION CONSUMER CREDIT

I, _____, the Debtor(s) in the captioned case, pursuant to 11 USC §1305, hereby applies for José R. Carrión, Esq., Standing Chapter 13 Trustee in this case, authorization to incur in a credit obligation under the terms summarized hereinafter as follows.

1. Lender Name: _____

Lender Address: _____

2. This will be a ([] NEW / [] Refinancing) loan. (If a refinancing please state the existing loan pay-off balance: \$ _____.) Annual interest rate _____ %.

3. Principal amount to be financed: \$ _____. Loan tenure _____ months.

4. This loan is for a personal, family, or household purpose.

5. This loan is necessary for me (us) to be able to complete the confirmed plan. The proceeds of this loan will be distributed in the following manner:

- (a.) \$
- (b.) \$
- (c.) \$

Total: \$

6. The monthly payment of the loan will be \$ _____ (includes principal & interest, taxes & insurance portion for escrow account.)

Application For Trustee Authorization Of Post Petition Consumer Credit 2

7. This loan will be [] UNSECURED / [] SECURED obligation.

8. The property described below will serve as collateral for this loan:

9. My (Our) current monthly INCOME is as follows:

Net salary or income (salary less \$
authorised payroll deductions)

Net Spouse income \$

Other income \$

Total: \$

10. My (Our) monthly EXPENSES including herein requested loan payments are as follows:

Rent or home mortgage including insurance and \$
real estate taxes:

Utilities: Electricity \$

Water & sewer \$

Telephone \$

Other: \$

Home maintenance (repairs and upkeep) \$

Food (Family members [____]) \$

Clothing \$

Laundry & Dry Cleaning \$

Medical and Dental Expenses \$

Transportation (not including car loan payments)\$

Recreation, clubs, and entertainment, newspaper,\$
magazines, etc.

Charitable contributions \$

Insurance (not deducted from wages or included in home payments)

Homeowner's or renter's insurance: \$

Life insurance: \$

Health insurance: \$

Auto insurance: \$

Other insurance: \$

Alimony, maintenance, and support paid to\$
others:

Payments for support of additional dependants\$
not living with you:

OTHER: \$

TOTAL EXPENSES: \$

PROJECTED DISPOSABLE INCOME: (Net\$
Income less Expenses)

Payments to Chapter 13 Trustee under Chapter\$
13 Plan:

11. I (Us) will be paid the loan directly through payroll deductions. (In the event that you intent to paid it through a Chapter 13 Plan, then you must file with this application a copy of the proposed amended plan describing its treatment. Remember that a post petition claim must be filed [11 USC §1305] in order for the Trustee to be able to pay said obligation).

DECLARATION UNDER PENALTY OF PERJURY

I (WE), the Debtor(s) in this case, sign this document and declares under penalty of perjury that all the information contained herein is true to the best of my (our) knowledge.

In _____, Virgin Islands, today ____ day of _____, 2001.

Debtor Joint Debtor

I CERTIFY that I advised Debtor(s) of all legal implications of the action of incurring in post petition credit, especially that it will not be dischargeable unless particular conditions occur.

Attorney for Debtor(s)

TRUSTEE DETERMINATION

After evaluating the information herein provided the Office of the Standing Chapter Trustee determined that:

The post petition consumer credit obligation is hereby authorized.*

The post petition consumer credit obligation is hereby NOT authorized.

*Please be advised that if this Office required the filing and circulation of an amended plan the authorization is conditioned to the confirmation of the same.

In St.Thomas, Virgin Islands this _____ day of _____ of 2003.

José R. Carrión, Esq.
STANDING CHAPTER 13 TRUSTEE
5500 Veterans Driv
Room 310
St. Thomas, VI 00802
[Tel (340-774-8310 / FAX 340-776-5615]

LOCAL BANKRUPTCY FORM NO. 11

IN THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

IN RE: : Bankruptcy No.
Debtor(s) :
 :
Trustee, and Debtor(s), Movants : Chapter 13
 :
v. : Motion No. WO-1
 : Motion No. WO-2
 :
Respondent(s) :

EX PARTE MOTION FOR ORDER TO PAY TRUSTEE PURSUANT TO WAGE ATTACHMENT

_____, Chapter 13 Trustee, and the Debtor respectfully represent as follows:

1. A Chapter 13 case was filed.
2. It appears that the Debtor receives regular income which may be attached under 11 U.S.C. §1326 to fund the Chapter 13 Plan.
3. The likelihood of success in the case will be much greater if the Debtor's income is attached to fund the plan.

WHEREFORE, the Chapter 13 Trustee and/or the Debtor respectfully request that this Court enter an Order to Pay Trustee in the form attached.

Signature of Chapter 13 Trustee or Attorney for Debtor(s)

Typed Name of Chapter 13 Trustee or Attorney for Debtor(s)

Address of Chapter 13 Trustee or Attorney for Debtor(s)

Phone No. and V.I. I.D. No. of Chapter 13 Trustee or Attorney
for Debtor(s)

LOCAL BANKRUPTCY FORM NO. 11A

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

IN RE:	:	Bankruptcy No.
	:	
	:	Chapter 13
Standing Chapter 13 Trustee and Debtor(s),	:	
Movants	:	Motion No. <input type="checkbox"/> WO-1
	:	Motion No. <input type="checkbox"/> WO-2
v.	:	
	:	
Respondent(s)	:	

ORDER TO PAY TRUSTEE PURSUANT TO WAGE ATTACHMENT

The above-named Debtor(s) having filed a Chapter 13 petition and Debtor(s) or Trustee having moved to attach wages to fund the Chapter 13 Plan:

IT IS, THEREFORE, ORDERED that until further order of this Court, the entity from which the Debtor receives income:

shall deduct from that income the sum of \$ _____, beginning on the next pay day following receipt of this order and shall deduct a similar amount each pay period thereafter, including any period for which the Debtor receives a periodic or lump sum payment as a result of vacation, termination, or other benefit arising out of present or past employment, or from any other benefits payable to the Debtor, and shall remit the deducted sums ON AT LEAST A MONTHLY BASIS to:

José R. Carrión, Chapter 13 Trustee
5500 Veterans Drive, Room 310
St. Thomas, VI 00802

IT IS FURTHER ORDERED that the debtor(s) shall remain responsible for timely making all monthly plan payments to the Chapter 13 Trustee, either in whole or in part, until such time as the automatic paycheck withdrawals by the employer or other automatic attachments such as automatic bank transfers or welfare checks begin. The first Plan payment is due within thirty (30) days after the Chapter 13 Plan has been filed. Any failure to timely remit full Plan payments to the Trustee may result in the dismissal of the case after notice and hearing. Employers and others who fail to withhold funds and pay them over to the Trustee as ordered herein may be subject to sanctions including damages to debtor and this estate.

IT IS FURTHER ORDERED that the above-named entity shall notify the Chapter 13 Trustee if the Debtor's income is terminated and the reason therefore.

IT IS FURTHER ORDERED that the Debtors shall serve this order and a copy of the Notification of Debtor's Social Security Number, Local Form No. 12, that includes the debtor's full social security number on the above-named entity. Debtor shall file a certificate of service regarding service of the order and local form, but the social security number shall not be included on the certificate.

IT IS FURTHER ORDERED that all remaining income of the Debtor, except the amounts required to be withheld for taxes, social security, insurance, pension, or union dues shall be paid to the Debtor in accordance with usual payment procedures.

IT IS FURTHER ORDERED THAT NO OTHER DEDUCTIONS FOR GARNISHMENT, WAGE ASSIGNMENT, CREDIT UNION, OR OTHER PURPOSE SHALL BE MADE FROM THE INCOME OF DEBTOR WITH THE SOLE EXCEPTION OF ANY SUPPORT PAYMENTS.

IT IS FURTHER ORDERED that this order supersedes previous orders made to the above-named entity in this case.

IT IS FURTHER ORDERED that the above-named entity shall not charge any fee to the Debtor for the administration of this attachment order, except as may be allowed upon application to and order of this Court.

DATED this _____ day of _____, _____.

United States Bankruptcy Judge

LOCAL BANKRUPTCY FORM NO. 12

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

IN RE)
)
Debtor(s)) Bankruptcy No. _____
) Chapter _____
) Related to Document No. _____
)

NOTIFICATION OF DEBTOR'S SOCIAL SECURITY NUMBER

Name of employer or other party subject to wage attachment:

Debtor's name:

Debtor's nine digit social security number: _ _ _ - _ _ - _ _ _ _ _

Debtors address:

Debtors phone number:

This notification is accompanied by a Wage Attachment Order issued by a United States Bankruptcy Judge regarding attachment of the debtor's wages. The debtor's social security number is being provided to assist in complying with the court order.

Date: _____

Signature: Attorney for Debtor(s) [or pro se Debtor(s)]

(Typed Name)

(Address)

(Phone No.)

List Bar I.D. and State/Territory of Admission

5. Events that Caused the Filing :

6. Anticipated Future of the Company & Source of this Information and Opinion

7. Summarize all Significant Features of the Plan Including When and How Each Class of Creditor Will Be Paid and What, If Any, Liens Will Be Retained By Secured Creditors or Granted to Any Creditor Under the Plan

8. Are All Monthly Operating Statements Current and on File With The Clerk of Court?
Yes _____ No _____
If Not, Explain:

9. Does the plan provided for releases of nondebtor parties? Specify which parties and terms of release.

10. Identify all executory contracts that are to be assumed or assumed and assigned.

11. Has a bar date been set? Yes _____ No _____
(If not, a motion to set the bar date has been filed simultaneously with the filing of this disclosure statement.)

12. Has an election under 11 U.S.C. §1121(e) has been filed with the Court to be treated as a small business?
Yes _____ No _____

13. Specify property that will be transferred subject to 11 U.S.C. §1146(c).

II. Creditors

A. Secured Claims

SECURED CLAIMS

Creditor	Total Amount Owed	Arrearages	Type of Collateral Priority of Lien (1, 2, 3)	Disputed (D) Liquidated (L) Unliquidated (U)	Will Liens Be Retained Under the Plan? (Y) or (N)
TOTAL	\$	\$			

B. Priority Claims

PRIORITY CLAIMS

Creditor	Total Amount Owed	Type of Collateral	(D) (L) (U) *
TOTAL	\$		

* Disputed (D), Liquidated (L), or Unliquidated (U)

C. Unsecured Claims

1.	Amount Debtor Scheduled (Disputed and Undisputed)	\$
2.	Amount of Unscheduled Unsecured Claims ¹	\$
3.	Total Claims Scheduled or Filed	\$
4.	Amount Debtor Disputes	\$
5.	Estimated Allowable Unsecured Claims	\$

D. Other Classes of Creditors

1.	Amount Debtor Scheduled (Disputed and Undisputed)	\$
2.	Amount of Unscheduled Claims ¹	\$
3.	Total Claims Scheduled or Filed	\$
4.	Amount Debtor Disputes	\$
5.	Estimated Allowable Claims	\$

E. Other Classes of Interest Holders

1.	Amount Debtor Scheduled (Disputed and Undisputed)	\$
2.	Amount of Unscheduled Claims ¹	\$
3.	Total Claims Scheduled or Filed	\$
4.	Amount Debtor Disputes	\$
5.	Estimated Allowable Claims	\$

¹ Includes (a.) unsecured claims filed by unscheduled creditors; (b.) that portion of any unsecured claim filed by a scheduled creditor that exceeds the amount debtor scheduled; and (c.) any unsecured portion of any secured debt not previously scheduled.

III. Assets

ASSETS

Assets	Value	Basis for Value Priority of Lien	Name of Lien Holder (if any) (Fair Market Value/ Book Value)	Amount of Debtor's Equity (Value Minus Liens)
\$ TOTAL				\$ TOTAL

1. Are any assets which appear on Schedule A or B of the bankruptcy petition not listed above?

If so, identify asset and explain why asset is not in estate:

2. Are any assets listed above claimed as exempt? If so attach a copy of Schedule C and any amendments.

IV. SUMMARY OF PLAN

1. Effective Date of Plan:
2. Will cramdown be sought? ___ Yes ___ No
If Yes, state bar date: _____
3. Treatment of Secured **Non-Tax** Claims

SECURED NON-TAX CLAIMS

Name of Creditor	Class	Amount Owed	Summary of Proposed Treatment
TOTAL		\$	

4. Treatment of Secured Tax Claims

SECURED TAX CLAIMS

Name of Creditor	Class	Amount Owed	Summary of Proposed Treatment
TOTAL		\$	

5. Treatment of Administrative **Non-Tax** Claims²

ADMINISTRATIVE NON-TAX CLAIMS

Name of Creditor*	Amount Owed	Type of Debt**	Summary of Proposed Treatment and Date of First Payment

6. Treatment of Administrative Tax Claims

ADMINISTRATIVE TAX CLAIMS

Name of Creditor*	Amount Owed	Type of Debt**	Summary of Proposed Treatment and Date of First Payment

* Identify and Use Separate Line for Each Professional and Estimated Amount of Payment

** Type of Debt (P=Professional, TD=Trade, TX=Taxes)

²Include all §503(b) administrative claims.

7. Treatment of Priority Non-Tax

PRIORITY NON-TAX CLAIMS

Name of Creditor	Class	Amount Owed	Date of Assessment	Summary of Proposed Treatment

8. Treatment of Priority Tax Claims³

PRIORITY TAX CLAIMS

Name of Creditor	Class	Amount Owed	Date of Assessment	Summary of Proposed Treatment

³Include dates when any §507(a)(7) taxes were assessed.

11. Will periodic payments be made to unsecured creditors?

Yes _____ No _____ First payment to begin _____

If so:

Amount of each payment (aggregate to all unsecured claimants)

Estimated date of first payment:

Time period between payments:

Estimated date of last payment:

Contingencies, if any:

State source of funds for planned payments, including funds necessary for capital replacement, repairs, or improvements:

Other significant features of the plan:

Include any other information necessary to explain this plan:

V. Comparison of Plan with Chapter 7 Liquidation

If debtor's proposed plan is not confirmed, the potential alternatives would include proposal of a different plan, dismissal of the case or conversion of the case to Chapter 7. If this case is converted to Chapter 7, a trustee will be appointed to liquidate the debtor's non-exempt assets. In this event, all secured claims and priority claims, including all expenses of administration, must be paid in full before any distribution is made to unsecured claimants.

Total value of Chapter 7 estate (See Section III)	\$
1. Less secured claims (See Section IV-2)	
2. Less administrative expenses (See Section IV-3 and include approximate Chapter 7 expenses)	\$
3. Less other priority claims (See Section IV-4)	\$
Total Amount Available for Distribution to Unsecured Creditors	\$
Divided by total allowable unsecured claims of (See Section II C)	\$
Percentage of Dividend to Unsecured Creditors:	

Will the creditors fare better under the plan than they would in a Chapter 7 liquidation?

Yes _____ No _____

Explain:

VI. Feasibility

- A. Attach Income Statement for Prior 12 Months.
- B. Attach Cash Flow Statement for Prior 12 Months.
- C. Attach Cash Flow Projections for Next 12 Months.

Estimated amount to be paid on effective date of plan, including administrative expenses.

\$ _____

Show how this amount was calculated.

\$	Administrative Class
\$	Taxes
\$	Unsecured Creditors
\$ _____	UST Fees
<u><u>\$ _____</u></u>	TOTAL

What assumptions are made to justify the increase in cash available for the funding of the plan?

Will funds be available in the full amount for administrative expenses on the effective date of the plan? From what source? If not available, why not and when will payments be made?

Cash on hand \$ _____ (Current). Attach current bank statement.

Cash on hand \$ _____ (Estimated amount available on date of confirmation)

If this amount is less than the amount necessary at confirmation, how will debtor make up the shortfall?

VII. Management Salaries

MANAGEMENT SALARIES

Position/Name of Person Holding Position	Salary at Time of Filing	Proposed Salary (Post-Confirmation)

VIII. Identify the Effect on Plan Payments and Specify Each of the Following:

1. What, if any, litigation is pending?

2. What, if any, litigation is proposed or contemplated?

IX. Additional Information and Comments

IX. Certification

The undersigned hereby certifies that the information herein is true and correct to the best of my knowledge and belief formed after reasonable inquiry.

If Debtor is a corporation, attach a copy of corporate resolution authorizing the filing of this Disclosure Statement and Plan.

If Debtor is a general partnership, attach a copy of the consent agreement of all general partners to the filing of the bankruptcy.

_____ Signature of Debtor or Authorized Representative	_____ Date
_____ Signature of Debtor or Authorized Representative	_____ Date
_____ Debtor's Counsel	_____ Date

OPTIONAL TABLE

6. Treatment of Other Claims

N/A

OTHER CLASSES OF CREDITORS

Creditor	Class	Total Amount Owed	Percent of Dividend

A. Will periodic payments be made?

Yes _____ No _____
If so:

Amount of each payment (aggregate to all claimants)
Estimated date of first payment
Time period between payments
Estimated date of last payment
Contingencies, if any:

\$ _____

OPTIONAL TABLE

7. Treatment of Interest Holders (Other Than Equity Holders)

OTHER CLASSES OF INTEREST HOLDERS

Creditor	Class	Total Amount Owed	Percent of Dividend

8. Treatment of Equity Holders (Specify how the market test of *Bank of America National Trust and Savings Association v. 203 North LaSalle Street Partnership*, 526 U.S. 434, 110 S.Ct. 1411 (1999), is met)

EQUITY HOLDERS

Creditor	Class	Total Amount Owed	Percent of Dividend

A. Will periodic payments be made?
 Yes ___ No ___

If so:

Amount of each payment (aggregate to all claimants)

\$ _____

Estimated date of first payment

Time period between payments

Estimated date of last payment

Contingencies, if any:

1994

HISTORIC SUMMARY

POST PETITION PERIODS	MONTH ONE	MONTH TWO	MONTH THREE	MONTH FOUR	MONTH FIVE	MONTH SIX	MONTH SEVEN	MONTH EIGHT	MONTH NINE	MONTH TEN	MONTH ELEVEN	MONTH TWELVE
1. TOTAL CASH FLOW FROM OPERATIONS:	\$10,000	\$12,000	\$14,000	\$9,000	\$15,000	\$18,000	\$14,000	\$22,000	\$35,000	\$30,000	\$38,000	\$36,000
2. LESS TOTAL DISBURSEMENTS EXCLUDING PAYMENTS TO CREDITORS IN A PLAN:	\$10,000	\$14,000	\$12,000	\$10,000	\$12,000	\$15,000	\$12,500	\$16,000	\$30,000	\$23,000	\$30,000	\$30,000
3. TOTAL NET CASH FLOW:	0	(2,000)	2,000	(1,000)	3,000	3,000	1,500	6,000	5,000	7,000	8,000	6,000

DEFINITIONS

TOTAL CASH FLOW FROM OPERATIONS:

THE TOTAL AMOUNT OF FUNDS COLLECTED IN A SPECIFIC PERIOD FROM CASH SALES, COLLECTION OF ACCOUNTS RECEIVABLE, AND OTHER INCOME, EXCLUDING LOANS PROCEEDS, CASH CONTRIBUTIONS FROM INSIDERS, AND SALES TAXES COLLECTED.

TOTAL DISBURSEMENTS EXCLUDING PAYMENTS TO CREDITORS IN A PLAN:

THE TOTAL DISBURSEMENTS IN A SPECIFIC PERIOD FOR PRODUCTION COSTS, GENERAL AND ADMINISTRATIVE COSTS, EXCLUDING PAYMENTS TO CREDITORS TO BE PAID UNDER THE TERMS OF

1994

PROJECTED SUMMARY

POST PETITION PERIODS	MONTH ONE	MONTH TWO	MONTH THREE	MONTH FOUR	MONTH FIVE	MONTH SIX	MONTH SEVEN	MONTH EIGHT	MONTH NINE	MONTH TEN	MONTH ELEVEN	MONTH TWELVE
4. TOTAL PROJECTED CASH FLOW FROM OPERATIONS:	\$38,000	\$40,000	\$41,000	\$43,000	\$45,000	\$45,000	\$46,000	\$47,000	\$48,000	\$48,000	\$48,000	\$50,000
5. LESS TOTAL PROJECTED DISBURSEMENTS EXCLUDING PMTS TO CREDITORS IN A PLAN:	\$30,000	\$32,000	\$32,000	\$32,000	\$33,000	\$33,000	\$35,000	\$35,000	\$38,000	\$38,000	\$38,000	\$39,000
6. ANTICIPATED CASH FLOW AVAILABLE FOR PLAN:	8,000	8,000	9,000	11,000	12,000	12,000	11,000	12,000	10,000	10,000	10,000	11,000

DEFINITIONS

TOTAL PROJECTED CASH FLOW FROM OPERATIONS:

TOTAL AMOUNT OF PROJECTED FUNDS COLLECTED IN A SPECIFIC PERIOD FROM CASH SALES, COLLECTION OF ACCOUNTS RECEIVABLE, AND OTHER INCOME, EXCLUDING LOANS PROCEEDS, CASH CONTRIBUTIONS FROM INSIDERS, AND SALES TAXES COLLECTED.

TOTAL DISBURSEMENTS EXCLUDING PAYMENTS TO CREDITORS IN A PLAN:

TOTAL PROJECTED DISBURSEMENTS IN A SPECIFIC PERIOD FOR PRODUCTION COSTS, GENERAL AND ADMINISTRATIVE COSTS, EXCLUDING PAYMENTS TO CREDITORS TO BE PAID UNDER THE TERMS OF THE PROPOSED PLAN.

1994

PLAN FEASIBILITY

POST PETITION PERIODS	MONTH ONE	MONTH TWO	MONTH THREE	MONTH FOUR	MONTH FIVE	MONTH SIX	MONTH SEVEN	MONTH EIGHT	MONTH NINE	MONTH TEN	MONTH ELEVEN	MONTH TWELVE
ANTICIPATED RECEIPTS AVAILABLE FOR PLAN (SEE LINE 6, ABOVE):	\$8,000	\$8,000	\$9,000	\$11,000	\$12,000	\$12,000	\$11,000	\$12,000	\$10,000	\$10,000	\$10,000	\$11,000
LESS PROPOSED PLAN PAYMENTS (SEE SECTION IV):	\$5,000	\$5,000	\$5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,500	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
OVERAGE/(SHORTAGE)OF CASH FLOW AVAILABLE TO FUND PLAN:	3,000	3,000	4,000	6,000	7,000	7,000	5,500	7,000	5,000	5,000	5,000	6,000

LOCAL BANKRUPTCY FORM NO. 14

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

IN RE:

:
:
:
:
:
:

Bankruptcy No: _____

REPORT FOR BANKRUPTCY JUDGES IN CASES TO BE CLOSED

CHAPTER 11 CASES

_____ Plan Confirmed

_____ Plan Not Confirmed

If plan was confirmed and the case is still in Chapter 11, what percentage dividend was (or is) to be paid under the plan to the general unsecured class of creditors: _____%

Fees and Expenses (actual past payments):

_____ Trustee's Statutory Compensation
_____ Fee for Attorney for Trustee
_____ Fee for Attorney for Debtor
_____ Fee for Attorney for Creditors' Committee
_____ Expenses Awarded to Professionals (Detail Below)

_____ Fee for Accountant
_____ Fee for Broker
_____ Fee for Auctioneer
_____ Other (Detail Below)

I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge, information, and belief and that all estimated payments have been designated appropriately as such.

DATE

PREPARER

SIGNATURE

LOCAL BANKRUPTCY FORM NO. 15

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

IN RE: :
:
: Bankruptcy No: _____
:

REPORT FOR BANKRUPTCY JUDGES IN CASES TO BE CLOSED
CHAPTER 7 CASES

DATE PETITION FILED: _____

_____ Gross Cash Receipts _____ Total
Disbursements

A. Fees and Expenses

Trustee's Statutory Compensation _____ Fee for Accountant
Fee for Attorney for Trustee _____ Fee for Broker
Fee for Attorney for Debtor _____ Fee for Auctioneer
Fee for Attorney for Creditors' Committee _____ Other (Specify)
Expenses Awarded to Professionals* _____
Other (Specify) _____

B. Expenses

Secured Creditors _____ Equity Security Holders
Priority Creditors _____ Debtor
Unsecured Creditors _____ Other (Specify) _____

Total Disbursements (sum of B & C): _____

If applicable, list portion of this total distributed by Trustee in Chapter other than Chapter 7 (DO NOT include Payments to Debtor): _____

ITEMIZATIONS (in dollars)

FEES PAID TO PROFESSIONALS

Trustee
Attorney for Debtor
Attorney for Trustee
Attorney for Creditors' Committee
Other (Specify)

EXPENSES AWARDED TO PROFESSIONALS

Trustee
Attorney for Debtor
Attorney for Trustee
Attorney for Creditors' Committee
Other (Specify)

DISTRIBUTIONS (OTHERS)

I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge, information, and belief.

DATE

PREPARER

SIGNATURE

LOCAL BANKRUPTCY FORM NO. 16

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In Re:)
)
 Debtor(s)) Bankruptcy No.
)
) Adversary No.
 Plaintiff / Movant)
)
 v.)
)
 Defendant / Respondent)
)
)
)

CERTIFICATION THAT BRIEFING COMPLETED

I hereby certify that briefs in the above-captioned matter have been filed by the parties or that the deadline for filing all briefs has expired and the matter is ready for trial or other disposition by the Court.

DATE: _____

By: _____
Signature

Typed Name

Address

Phone No.

List Bar I.D. and State/Territory of Admission

LOCAL BANKRUPTCY FORM NO. 17

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

IN RE:)
) Bankruptcy No. _____
) Chapter _____
)
 Debtor(s)) Related to Document No. _____
)
)
 Movant(s))
)
)
 v.)
)
)
 Respondent(s))

MOTION FOR _____

Dated _____

Signature of Counsel/Movant

(Typed Name)

(Address)

Phone No.

List Bar I.D. and State/Territory of Admission

LOCAL BANKRUPTCY FORM NO. 18

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In Re: _____)
)
) Bankruptcy No. _____)
)
) Chapter _____)
 Debtor(s) _____)

MOTION FOR PRO HAC VICE ADMISSION

This motion for admission pro hac vice is being filed on behalf of:

(Name of Applicant)

(Firm name)

(Address)

(Phone number)

(Fax Number)

(E mail address)

List Bar ID Number and State/Territory of Admission

The applicant represents: _____
(Name of client)

The applicant is a member in good standing of the bar of _____, is not the subject of disciplinary matters, and will abide by the rules of the United States Bankruptcy Court in the United States Virgin Islands.

Applicant shall be associated in this case with the following attorney who is a member of the Bar of the Bankruptcy Court in the United States Virgin Islands: _____.

Applicant and associated local counsel have read and shall comply with Local Rule 9010-1.B.

Date

By: _____
Local Counsel Signature

Typed Name

Address

Phone No.

List Bar I.D. and State/Territory of Admission

LOCAL BANKRUPTCY FORM NO. 19

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

B 281
(12/94)

In re _____
Debtor

Case No. _____

Chapter _____

**APPEARANCE OF CHILD SUPPORT CREDITOR*
OR REPRESENTATIVE**

I certify under penalty of perjury that I am a child support creditor* of the above-named debtor, or the authorized representative of such child support creditor, with respect to the child support obligation which is set out below.

Name:

Organization:

Address:

Telephone Number:

Date

X _____
Child Support Creditor* or Authorized Representative

<u>Summary of Child Support Obligation</u>	
Amount in arrears:	If Child Support has been assigned:
\$ _____	Amount of Support which is owed under assignments:
Amount currently due per week or per month: on a continuing basis:	\$ _____
\$ _____ (per week) (per month)	Amount owed primary child support creditor (balance not assigned):
	\$ _____
Attach an itemized statement of account	

* Child support creditor includes both creditor to whom the debtor has a primary obligation to pay child support as well as any entity to whom such support has been assigned, if pursuant to Section 402(a)(26) of the Social Security Act or if such debt has been assigned to the Federal Government or to any State or political subdivision of a State.

LOCAL BANKRUPTCY FORM NO. 20

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In Re:)	
)	Bankruptcy No. _____
Debtor)	Adversary No. _____
)	Document No. _____
Plaintiff/Movant)	Chapter _____
)	Hearing Date & Time:
v.)	_____
)	
Defendant/Respondent)	

NOTICE AND ORDER SETTING HEARING ON AN EXPEDITED BASIS

NOTICE IS HEREBY GIVEN THAT an Expedited Motion for _____ has been filed in the above-referenced case by _____.

A hearing has been scheduled for _____ at _____ in _____.

Responses to the motion shall be filed with the Clerk of the Bankruptcy Court and served on parties in interest on or before _____.

A courtesy copy of all responses shall be delivered to chambers with the filing.

Service shall be made as directed below. A certificate of service shall be filed with the Clerk immediately.

Date

United States Bankruptcy Judge

Movant is to complete this notice and file it with the motion for expedited hearing and proposed order granting the substantive relief requested, leaving blank the hearing and response dates. If the Court determines that a hearing is necessary, response and hearing dates will be provided to movant. Movant shall serve a copy of this completed scheduling order and the motion by hand delivery or facsimile on the respondent, trustee, debtor, debtor's attorney, all secured creditors whose interests may be affected by the relief requested, U.S. Trustee and the attorney for any committee. If there is no committee counsel, serve all members of each committee.

LOCAL BANKRUPTCY FORM NO. 21

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

IN RE

Bankruptcy No.

Debtor(s)

Chapter

Movant(s)

Document No.

v.

Respondent(s)

MOTION TO ABANDON PROPERTY FILED ON BEHALF OF _____

AND NOW comes _____, by _____, and
moves the court to enter an order as attached hereto abandoning the following property which is

burdensome to the estate in the following manner:

of inconsequential value and benefit to the estate in the following manner:

Signature of Counsel or Moving Party if Unrepresented

Typed Name

Address

Phone No.

List Bar I.D. and State/Territory of Admission

LOCAL BANKRUPTCY FORM NO. 22

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In Re:
Debtor(s)
Movant(s)
v.
Respondent
Bankruptcy No.
Chapter
Document No.

MOTION TO AVOID LIENS

AND NOW comes Debtor(s) [] pro se [] by counsel, and
move(s) to enter the attached order avoiding the judicial lien(s) of
created on, which impair(s) an exemption to which the Debtor(s)
is/are entitled, to-wit, under [here insert statutory section allowing
the exemption].

1. Information concerning the lien(s) to be avoided:

a. The amount of the lien(s):
\$
\$
\$

b. All other liens on the property,
the amount of each lien, and by whom
held are (use additional sheets
if necessary):
\$
\$
\$
\$

c. The amount of exemption Debtor(s) could claim if there were no liens is: \$

2. The total of (a) through (c) above is: \$

3. The value of the Debtor's(s') interest in
the property if there were no liens would be: \$

4. The amount of other liens that have been avoided in this case is: \$

5. Liens not included in the above calculation (specify):

6. The lien(s) to be avoided fall under 11 U.S.C. 522(f)(1).

Signature of Counsel or Debtor(s) if pro se

Typed Name

Address

Phone No.

List Bar I.D. and State/Territory of Admission

LOCAL BANKRUPTCY FORM NO. 23

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In re

Bankruptcy Case No.

Debtor

Hearing Date and Time:

**NOTICE OF FILING OF FINAL ACCOUNT OF TRUSTEE,
OF HEARING ON APPLICATIONS FOR COMPENSATION,
PROPOSED FINAL DISTRIBUTION AND PROPOSED ABANDONMENT OF PROPERTY**

TO THE CREDITORS:

1. **NOTICE IS GIVEN** that the final report and account of the trustee in this case has been filed and a hearing will be held by the court at the following place and time.

Address:

Room:
Date and Time:

2. The hearing will be held to consider for approval the final report and account of the trustee, to act on applications for compensation, and to transact such other business as may properly come before the court. The objecting party must attend the hearing when an objection is filed. In all other cases, attendance by the debtor and creditors is welcomed but not required. The Court may determine that a hearing is not necessary and enter an Order by default if no objections are filed. Check the Calendar Section of the Court's Website at www.vid.uscourts.gov to determine if a default order has been signed and the hearing canceled.

3. The following applications for compensation have been filed:

Applicants	Compensation or Fees	Expenses
_____	\$ _____	\$ _____
Trustee	\$ _____	\$ _____
_____	\$ _____	\$ _____
Attorney for Trustee	\$ _____	\$ _____
_____	\$ _____	\$ _____
Attorney for Debtor	\$ _____	\$ _____
_____	\$ _____	\$ _____
Attorney for Creditors ' Committee	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other (Specify)		

4. The trustee's account shows total receipts of _____
and total disbursements of _____
for a balance on hand of _____

SECOND PAGE OF LOCAL BANKRUPTCY FORM NO. 23

5. In addition to the compensation and fees that may be allowed by the Court, liens and priority claims which must be paid in advance of general creditors have been filed in the total amount of \$ _____.
(State here only amount of liens and priority claims.)

General unsecured claims have been allowed in the amount of \$ _____. The amount to be paid is:

6. _____ The debtor has been discharged.
_____ The debtor has not been discharged.
_____ The debtor is a corporation.

7. Unless otherwise ordered by the Court, any property not administered by the trustee will be deemed abandoned. The trustee's motion to abandon the following property will be heard and acted upon:

8. Anyone objecting to the final account, final fee applications or the proposed order of distribution shall file the objection with the Clerk and serve a copy on the trustee and, if objecting to fees, serve a copy of the objection on the applicant. All objections shall be filed and served on or before 10 days before the scheduled hearing date.

9. The trustee's final SUMMARY OF PROPOSED DISTRIBUTION is attached.

Wilfredo Morales, Clerk
United States Bankruptcy Court

LOCAL BANKRUPTCY FORM NO. 24

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In Re:)
)
) Bankruptcy No. _____
 Debtor(s)) Chapter _____
) Document No. _____
)
 Applicant)

**SUMMARY COVER SHEET AND NOTICE OF HEARING ON PROFESSIONAL FEES
IN CHAPTERS 7 AND 13 ON BEHALF OF**

To All Creditors and Parties in Interest:

- 1. Applicant represents _____
- 2. This is (check one)
_____ a final application
_____ an interim application

for the period _____ to _____

- 3. Previous retainer paid to Applicant: \$ _____
- 4. Previous interim compensation allowed to Applicant: \$ _____
- 5. Applicant requests additional:
Compensation of \$ _____
Reimbursement of Expenses of \$ _____

6. A hearing on the Application will be held in Courtroom _____, _____, at
_____.m., on _____, _____.

7. Any written objections must be filed with the court and served on the Applicant on or
before _____, _____, fifteen (15) days from the date of this notice plus an additional three (3) days if
served by mail). Copies of the application are available from the applicant.

Date of service:

Signature of Applicant or Attorney for Applicant

Typed Name

Address

Phone No.

List Bar I.D. and State/Territory of Admission

(Note: 1.Scheduling dates in this Notice shall comply with Local Rules. 2.The full application need be served only upon Debtor, counsel for Debtor, the U.S. Trustee, and the trustee and counsel for the trustee. 3.Applicant shall serve this Notice on all creditors and parties in interest including any person who has filed a request for notices. 4.A certificate of service shall be filed with this Notice and the application.)

LOCAL BANKRUPTCY FORM NO. 25

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In Re:	:	
	:	Bankruptcy No.
Debtor	:	Chapter
	:	Document No.
Movant	:	Hearing Date & Time:
	:	
v.	:	
	:	
Respondent	:	

**CERTIFICATION OF NO OBJECTION REGARDING
(Insert Pleading Title and Document Number)**

The undersigned hereby certifies that, as of the date hereof, no answer, objection or other responsive pleading to the [Application/Motion] filed on _____ has been received. The undersigned further certifies that the Court's docket in this case has been reviewed and no answer, objection or other responsive pleading to the [Application/Motion] appears thereon. Pursuant to the Notice of Hearing, objections to the [Application/Motion] were to be filed and served no later than _____.

It is hereby respectfully requested that the Order attached to the [Application/Motion] be entered by the Court.

Dated: _____

By:

Signature

Typed Name

Address

Phone No.

List Bar I.D. and State/Territory of Admission

LOCAL BANKRUPTCY FORM NO. 26

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In Re:	:	
	:	Bankruptcy No.
Debtor	:	Chapter
	:	Document No.
Movant	:	Hearing Date & Time:
	:	
v.	:	
	:	
Respondent	:	

**SETTLEMENT AND CERTIFICATION OF COUNSEL REGARDING
(Insert Pleading Title)**

The undersigned hereby certifies that agreement has been reached with the respondent(s) regarding the [Application/Motion] filed on _____. (State "None" if no prior Motion or Application.)

The signature requirements of ECF Procedure #8 have been followed in obtaining the agreement of all parties and is reflected in the attached document.

The undersigned further certifies that:

- An agreed order and a black-lined version showing the changes made to the order originally filed with the court as an attachment to the motion is attached to this Certificate of Counsel. Deletions are signified by a line in the middle of the original text (strikeout) and additions are signified by text in italics. It is respectfully requested that the attached order be entered by the Court.
- No other order has been filed pertaining to the subject matter of this agreement.
- The attached document does not require a proposed order.

Dated: _____

By: _____
Signature

Typed Name

Address

Phone No.

List Bar I.D. and State/Territory of Admission

LOCAL BANKRUPTCY FORM NO. 27

THE UNITED STATES DISTRICT COURT
FOR THE UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In Re: _____ : Bankruptcy No.
: _____
Debtor(s) _____ : Adversary No.
: _____

**DOCUMENT AND LOAN HISTORY ABSTRACT
(COMPLETE A SEPARATE ABSTRACT FOR
THE ORIGINAL TRANSACTION AND EACH ASSIGNMENT)**

TYPE OF INSTRUMENT _____ Mortgage _____ Retail Installment Contract
_____ Assignment _____ UCC Financing Statement
_____ Lease _____ Promissory Note / Security Agreement
_____ Other (describe) _____

PARTIES _____ Borrower/Lessee
_____ Lender/Lessor

DATE OF INSTRUMENT _____ **# OF PAGES** _____

ESSENTIAL TERMS _____ Original Principal Balance
_____ Term
_____ Interest Rate
_____ First Payment Due
_____ Payment Amount
_____ Frequency of Payments (weekly, monthly, yearly, etc.)
_____ First Payment Due Date
Last Payment Applied to Installment due on _____
_____ Amount in Arrears
_____ Total Amount of Claim on Date of Filing of Petition
_____ Total Amount of Claim on Date of Filing of Motion

SECURED (LEASED) PROPERTY DESCRIPTION

_____ Real Property _____ Motor Vehicle _____ Other
_____ Address/Description

Lien Recording

_____ Recorder of Deeds
_____ County/Commonwealth/State/Territory
_____ Secretary of State/Commonwealth/State/Territory
_____ Bureau of Motor Vehicles (Commonwealth/State/Territory/ _____)
_____ Other (Describe) _____
_____ Recording Date
_____ Book & Page/Instrument Number

OTHER ESSENTIAL INFORMATION:

PROOF OF CLAIM FILED WITH CLERK, U.S. BANKRUPTCY COURT _____ (Yes/No)

LOCAL BANKRUPTCY FORM NO. 28

UNITED STATES DISTRICT COURT
UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

DOMESTIC SUPPORT OBLIGATION CERTIFICATION

I, the debtor named below, state as follows:

I do not have any obligation to pay alimony, maintenance or support to a spouse, former spouse, child, child's parent, legal guardian or responsible relative.

OR

I owe the following obligation(s) for alimony, maintenance or support:

alimony child support other owed to:

Name: _____

Address: _____

Phone: _____

I am current OR in arrears on this obligation.

I HEREBY CERTIFY under penalties of perjury that the information in this Certificate, including any additional sheets provided, is true, correct and complete as of the date provided below.

Signature of Debtor: _____

Type or Print Name of Debtor: _____

Date Certificate is Signed: _____

Chapter 13 Case Number: _____

LOCAL BANKRUPTCY FORM NO. 29

UNITED STATES DISTRICT COURT
UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

**DOMESTIC SUPPORT OBLIGATION
CLAIM HOLDER REPORT**

Debtor Name(s): _____ Bk Case #: _____

Debtor Daytime Phone: _____ Evening: _____

Attorney Name: _____

Name of Claim Holder: _____

Address of Claim Holder:

Mailing Address City/State Zip

Support Type:

Spousal Support _____ Child Support _____
Both _____

The following information must be completed for each support obligation.

Name of Applicable State Agency Where Claim Holder Resides:

Payment Address:

Mailing Address City/State Zip

Account #: _____ Agency Phone#: _____

Monthly Payment Amount: \$ _____ Monthly Due Date: _____

Date Payment Late: _____ Years Remaining: _____

Are ongoing payments being made to the claim holder by Wage Orders? Yes ___ No ___

Is the Debtor currently employed: Yes ___ No ___

If yes, Employer Information:

Name Mailing Address City/State Zip

LOCAL BANKRUPTCY FORM NO. 30

UNITED STATES DISTRICT COURT
UNITED STATES VIRGIN ISLANDS
BANKRUPTCY DIVISION

In re _____,
Debtor

Case No. _____

Chapter _____

DEBTOR’S CERTIFICATION REQUESTING A WAIVER/EXTENSION OF CREDIT COUNSELING REQUIREMENT

[Complete one of the following numbered statements.]

1. I/We, _____, the debtor(s) in the
(Printed Names of Debtor and Joint Debtor, if any)
above case, hereby certify under penalty of perjury that no credit counseling is required
because:

[Check the appropriate box.]

I am/We are incapacitated or disabled, as defined in 11 U.S.C. §109(h);

I am/We are on active military duty in a military combat zone; or

I/We reside in a district in which the United States Trustee has determined that the approved credit counseling agencies are not adequate at this time to serve the additional individuals who would otherwise be required to seek credit counseling.

2. I/We, _____, the debtor(s) in the
(Printed Names of Debtor and Joint Debtor, if any)
above case, hereby request an extension of the time to complete the credit counseling
requirement pursuant to 11 U.S.C. §109(h)(3), based upon the following exigent
circumstance(s):

3. I/We, _____, the debtor(s) in the
(Printed Names of Debtor and Joint Debtor, if any)
above case, do not qualify for a waiver pursuant to #1 above, and have no exigent
circumstances as to why credit counseling has not been completed. I(We) are not filing a

Certificate of Credit Counseling with the petition. I understand that if I check this box my case will be dismissed immediately.

I/We also understand that even if the Court find this certification satisfactory, the requirement to obtain budget and credit counseling services is waived only for 30 days after the petition is filed, unless I ask for and receive a 15-day extension of the waiver period.

I/We certify under penalty of perjury that the foregoing is true and correct.

Signature of Debtor: _____ Executed On: _____
Address of Debtor: _____

Signature of Joint Debtor: _____ Executed On: _____
Address of Joint Debtor: _____