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| Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address | FOR COURT USE ONLY |
| *Individual appearing without attorney*  *Attorney for:* |
| **UNITED STATES BANKRUPTCY COURT**  **CENTRAL DISTRICT OF CALIFORNIA -**        **DIVISION** | |
| In re: | CASE NO.:  CHAPTER 13 |
| **DECLARATION OF  CURRENT/POSTPETITION**  **INCOME AND EXPENSES** |
| Debtor(s). |

Complete this statement by providing the monthly income of the Debtor and the Debtor’s spouse **at this time**. The column labeled “Spouse” must be completed in all cases filed by joint Debtors and by every married debtor, whether or not a joint petition was filed, unless the spouses are separated and a joint petition was not filed. Do not state the name of any minor child.

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| **Debtor’s Marital**  **Status:** | **DEPENDENTS OF DEBTOR AND SPOUSE** | |
| **RELATIONSHIP(S)** | **AGE(S)** |
| **Employment:** | DEBTOR | SPOUSE |
| Occupation |  |  |
| Name of employer |  |  |
| How long employed |  |  |
| Address of employer |  |  |

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| --- | --- | --- | --- |
| **INCOME:** | | **DEBTOR** | **SPOUSE** |
| 1. Monthly gross wages, salary, and commissions (*prorate if not paid monthly*) | | $ | $ |
| 2. Estimate monthly overtime | | $ | $ |
| 3. **SUBTOTAL** | | $ | $ |
| 4. **LESS PAYROLL DEDUCTIONS** | |  |  |
|  | a. Payroll taxes and social security | $ | $ |
|  | b. Insurance | $ | $ |
|  | c. Union dues | $ | $ |
|  | d. Other *(specify)* | $ | $ |
| 5. **SUBTOTAL OF PAYROLL DEDUCTIONS** | | $ | $ |
| 6. **TOTAL NET MONTHLY TAKE HOME PAY** | | $ | $ |
| 7. Regular income from operations of business or profession or farm (*attach detailed statement*) | | $ | $ |
| 8. Income from real property | | $ | $ |
| 9. Interest and dividends | | $ | $ |
| 10. Alimony, maintenance or support payments payable to the Debtor for the Debtor’s use or that of dependents listed above. | | $ | $ |
| 11. Social Security or other government assistance  *(specify)* | | $ | $ |
| 12. Pension or retirement income | | $ | $ |
| 13. Other monthly income  *(specify)* | | $ | $ |
| 14. **SUBTOTAL OF LINES 7 THROUGH 13** | | $ | $ |
| 15. **MONTHLY INCOME**: (*add amounts shown on lines 6 and 14*) | | $ | $ |
| 16. **COMBINED MONTHLY INCOME** (*combine column totals from line 15*) | | $ | |
| 17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: | | | |

**EXPENSES:**

Complete this statement by providing the monthly expenses of the debtor and the debtor’s family **at this time**. Recalculate and state any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if this is a joint case and debtor’s spouse maintains a separate household. Complete a *Declaration of current/Post- Petition Expenses* labeled “Spouse.”

|  |  |
| --- | --- |
| 1. Rent or home mortgage payment (include lot rented for mobile home) | $ |
| a. Are real estate taxes included? Yes       No  b. Is property insurance included? Yes       No |  |
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| 2. Utilities: a. Electricity and heating fuel | $ |
| b. Water and sewer | $ |
| c. Telephone | $ |
| d. Other | $ |
| 3. Home maintenance (repairs and upkeep) | $ |
| 4. Food | $ |
| 5. Clothing | $ |
| 6. Laundry and dry cleaning | $ |
| 7. Medical and dental expenses | $ |
| 8. Transportation (not including car payments) | $ |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | $ |
| 10. Charitable contributions | $ |
| 11. Insurance (not deducted from wages or included in home mortgage payments) |  |
| a. Homeowner’s or renter’s | $ |
| b. Life | $ |
| c. Health | $ |
| d. Auto | $ |
| e. Other | $ |
| 12. Taxes (not deducted from wages or included in home mortgage payments) |  |
| (*specify*) | $ |
| 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) |  |
| a. Auto | $ |
| b. Other | $ |
| c. Other | $ |
| 14. Alimony, maintenance, and support paid to others | $ |
| 15. Payments for support of additional dependents not living at your home | $ |
| 16. Regular expenses from operation of business, profession, or farm (*attach detailed statement*) | $ |
| 17. Other | $ |
|  |  |
| 18. MONTHLY EXPENSES (*total lines 1-17*) | $ |

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| --- | --- |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: |  |
| 20. STATEMENT OF MONTHLY NET INCOME |  |
| a. Total monthly income from line 16, page 2. | $ |
| b. Total monthly expenses from Line 18 above | $ |
| c. Monthly net income (a. minus b.) | $ |
|  |  |

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

Date:

Debtor

Date:

Joint Debtor

**PROOF OF SERVICE OF DOCUMENT**

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is:

A true and correct copy of the foregoing document entitled: **DECLARATION OF CURRENT/POSTPETITION INCOME AND EXPENSES** will be served or was served **(a)** on the judge in chambers in the form and manner required by LBR 5005-2(d); and **(b)** in the manner stated below:

**1**. **TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF)**: Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*)

      , I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

Service information continued on attached page

**2. SERVED BY UNITED STATES MAIL**:   
On (*date*)       , I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

Service information continued on attached page

**3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL** (state method for each person or entity served): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (*date*)       , I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

Service information continued on attached page

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

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| *Date Printed Name* |  | *Signature* |