

**MASTER CHAPTER 13 CASE CHECKLIST:**  
**UNDER PRE-10/17/05 CODE AND ALSO UNDER BRA OF 2005**

(For each item, state AOK" [item taken care of],@ AProb"[problem; item not resolved] ,@ or "n/a" [not applicable] )  
(Underlined item under pre-10/17/05 requirements is really a new requirement)

(Following symbols identify who is responsible for checking/performing a particular line item:

\*: Case Opening Clerk    &: File Clerk    #: Case Admin    @: Claims Clerk    +: Trustee/Staff Attorney)

**I. FILE OPENING REQUIREMENTS:**

**Pre-10/17/05::**

- \* \_\_\_\_\_ A. Petit, Schedules A-J, CMI, Atty. Fee Disclosure Filed & copy in file
- \* \_\_\_\_\_ B. SOFA filed and copy in file
- \* \_\_\_\_\_ C. Plan [ &, if need be, Special Notice] filed and copy in file
- \* \_\_\_\_\_ D. WDO / PDO submitted to Court
  - \* \_\_\_\_\_ 1. WDO / PDO entered by Court
- \* \_\_\_\_\_ E. Introd. letter and debtor questionnaire sent to debtor & copy of ltr in file

**Under BRA of 2005:**

**F. PRE-FILING CREDIT COUNSELING REQUIREMENT:**

- \* \_\_\_\_\_ 1. Certificate filed with Court
- \* \_\_\_\_\_ 2. Certificate dated on/before filing of case
- \* \_\_\_\_\_ 3. Counseling agency on approved list of credit counselors

**G. National PACER search conducted; prior cases found:**

Date filed      Chap.    State    Disch./Dismiss? Date.

<u>Date filed</u>	<u>Chap.</u>	<u>State</u>	<u>Disch./Dismiss?</u>	<u>Date.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**1. AUTOMATIC STAY (# of cases dismissed w/i past year):**

- \* \_\_\_\_\_ a. No cases in past year: (stay in full force)
- \* \_\_\_\_\_ b. One case in past year: (stay in effect for 30 days)
- \* \_\_\_\_\_ c. Two cases in past year: (no stay)

**2. ELIGIBILITY OF DEBTOR FOR DISCHARGE:**

- \* \_\_\_\_\_ a. Chap. 7 (w/ disch.) filed w/I 4 years?    YES / NO
- \* \_\_\_\_\_ b. Chap. 13 (w/ disch.) filed w/I 2 years?    YES / NO

**H. DR=s CMI income [Form B22C, line 15] is \$ \_\_\_\_\_, family size [Sch. I] is \_\_\_\_\_ persons, state median for this size family is \$ \_\_\_\_\_.**

**1. DR INCOME IS OVER / UNDER STATE MEDIAN**

**2. If OVER MEDIAN, file has been properly color coded?**

**I.. City / County of Debtor(s)' Residence [petition]: \_\_\_\_\_**

**J.. DOES DR OWE DSO TO ANYONE? YES / NO [Check Sch. E, F, I and J]**

- \*+ \_\_\_\_\_ 1. If Ayes,@ has initial notice been sent to DSO payee?
- \*+ \_\_\_\_\_ 2. If Ayes,@ has initial notice been sent to state agency?

**# \_\_\_\_\_ K. Does Plan [#3,5,11] or Ct. Order call for AD. PROT. PAYMENTS? YES / NO**

- 1. If Ayes,@ are Ad. Protect. payments:
  - \*# \_\_\_\_\_ a. Equal monthly installments throughout the plan; or
  - \*# \_\_\_\_\_ b. One amount before confirm., then a different amount after

- \*# \_\_\_\_\_ c. Paid DIRECTLY BY DEBTOR / BY THE TRUSTEE
  - # \_\_\_\_\_ 2. If Ayes,@ set up CP with a HOLD ON THESE PAYMENTS
  - + \_\_\_\_\_ L. Are there non-dischargeable debts which will have to be identified on the second DSO notice? YES / NO
  - + \_\_\_\_\_ 1. If "yes," name of creditor(s):
- 
- 

**II. PRE-341 REQUIREMENTS:**

**Pre-10/17/05:**

- & \_\_\_\_\_ A. Two months of paystubs/income & expenses statements received
- & \_\_\_\_\_ 1. Pay stub analysis completed
- & \_\_\_\_\_ B. Current pers. prop. & RE tax tickets received
- & \_\_\_\_\_ C. Current car insur. dec. page received (term and premium)
- & \_\_\_\_\_ D. Up to date Court docket placed in file
- & \_\_\_\_\_ E. Up to date Claims Register placed in file
- & \_\_\_\_\_ F. Gold, gray, and T=s Report sheets placed in file
- + \_\_\_\_\_ G. Claims register reviewed to insure all claims provided for in plan
- + \_\_\_\_\_ H. Gold, gray, and T=s Rep. sheets filled out & ready to go

**Under BRA of 2005:**

- & \_\_\_\_\_ I. Filled out Debtor Questionnaire received
- & \_\_\_\_\_ J. Copy of most recent fed. tax return rec=d. 7 days before 341?
- + \_\_\_\_\_ K. Was DR required to file any unfilled tax returns from last 4 years?
- + \_\_\_\_\_ 1. If "yes," have all such returns now been filed ?
- + \_\_\_\_\_ L. DR=s CMI calculations checked to be sure they=re correct
- + \_\_\_\_\_ M. Which exemptions apply:
- + \_\_\_\_\_ 1. DR lived in Virginia for all of the past 730 days (2 years), **or**
- + \_\_\_\_\_ 2. If DR did not live in VA for all of the past 730 days (2 years):
- + \_\_\_\_\_ (a) In which State did DR live the majority of days 731-910:
- + \_\_\_\_\_ N. If Ad. Prot. Payments to be made by T, is there an A.P. order?

**III. POST-341 REQUIREMENTS:**

**Pre-10/17/05**

- \*& \_\_\_\_\_ A. Trustee=s Report filed w/ Ct. & Atty and mailed to DR

**Under BRA of 2005:** (note: these to be checked by C.A. during court prep:)

- B. Within 30 days of filing:
- # \_\_\_\_\_ 1. Have Plan payments from DR begun?
- # \_\_\_\_\_ 2. [If applicable] Have Ad. Prot.. payments from DR begun?
- C. Within 45 days of filing:
- # \_\_\_\_\_ 1. Need to advise Court that DR failed to file payment advices?
- # \_\_\_\_\_ a. If Ayes,@ Court has been advised
- D. If Ad. Prot. payments provided for in Plan:
- # \_\_\_\_\_ 1. Each creditor has filed a POC

# \_\_\_\_\_

2. The HOLD in CP has been released for each CR that's filed a POC  
(Version #13, 11/07/07)

**IV. PRE-CONFIRMATION REQUIREMENTS:**

**Pre-10/17/05**

- # \_\_\_\_\_ A. Is Debtor current in plan payments?
- # \_\_\_\_\_ B. Has Claims Register been checked again?
- # \_\_\_\_\_ 1. All claims have been properly provided for
- # \_\_\_\_\_ C. All items on T=s Report completed by DR 10 days before hearing
- # \_\_\_\_\_ D. C.A. has touched based w/ DR attorney re case status
- # \_\_\_\_\_ E. Court notebook page for this case has been completed

**Under BRA of 2005:**

- # \_\_\_\_\_ F. Has DR filed pre-confirm. affidavit?
- # \_\_\_\_\_ 1. If "yes," any problems have been noted on court notebook page
- # \_\_\_\_\_ 1. If "no," has all infor. been otherwise provided?
- # \_\_\_\_\_ G. If Ad. Prot payments being made, was A.P. notice timely sent as req'd by S.O #9?
- # \_\_\_\_\_ 1. If order OK, see if POC now filed; if so, release HOLD in CP
- # \_\_\_\_\_ H. If Ad. Prot. payments being made directly by DR, do we have proof of all payments having been made?

**V. CONFIRMATION REQUIREMENTS:**

**Pre-10/17/05**

- # \_\_\_\_\_ A. Have file & Ct. notebook pages gone to Paralegal so Conf. Order can be prepared?

**Under BRA of 2005:**

- # \_\_\_\_\_ A. Does Confirm. Order contain all needed "other provisions"?
- # \_\_\_\_\_ B. Has entered Confirm. Order been given to C.A. to enter infor. into Case Power?
- # \_\_\_\_\_ C. Have any future needed Ct. dates (con't MTD, etc.) been entered into CP Docket?
- & \_\_\_\_\_ D. All copies of debtors' tax returns in file have been shredded in the office
- & \_\_\_\_\_ E. All electronic copies of debtors' tax returns have been permanently deleted

**VI. POST-CONFIRMATION, PRE-BAR DATE REQUIREMENTS:**

**Pre-10/17/05**

- # \_\_\_\_\_ A. Verify that all *confirmed Plan* info has been correctly entered into CP
- @ \_\_\_\_\_ B. All secured claims have been entered into CP for immediate monthly payment

**Under BRA of 2005:**

- C. If Ad. Prot. payments provided for in Plan:
  - @ \_\_\_\_\_ 1. Has an Ad. Prot. Order been entered?
  - @ \_\_\_\_\_ 2. Has each creditor filed a POC?
  - @ \_\_\_\_\_ 3. If 1 & 2 OK, has the HOLD in CP been released for each creditor that has filed a POC?
    - a. If any CR has NOT filed a POC, flag to review that claim again at Claims Bar Date
  - @ \_\_\_\_\_ 4. If Ad. Prot. payments were one amt. before conf. and a different amt. after conf. [see I. J.. 1]
    - # \_\_\_\_\_ a. Reduce amount of CR=s claim by total of pre-conf. Ad. Prot. payments
    - # \_\_\_\_\_ b. If conf. was continued for long period, insure amt. to be paid to unsecureds has not been reduced so much that Plan must be re-noticed
  - 5. If DR was paying Ad. Prot. payments DIRECTLY TO CREDITORS:

- # \_\_\_\_\_ a. WDO / PDO must be increased to add A.P. monthly  
(Version #13, 11/0707)  
amount back into monthly Plan payment

**VII. POST-BAR DATE, PRE-DISTRIBUTION REQUIREMENTS:**

**Pre-10/17/05:**

- @ \_\_\_\_\_ A. Verify plan provisions and CP data entry  
@ \_\_\_\_\_ B. Review current claims register to verify claims entry, review late-filed claims, etc.

**Under BRA of 2005:** (None)

**VIII. MID-CASE (18 months) AUDIT:**

**Pre-10/17/05:**

- # \_\_\_\_\_ A. Run periodic report and hard copy report from CP  
# \_\_\_\_\_ B. Obtain current claims register and compare plan, claims register, & periodic report for accuracy, problems, etc.; make necessary corrections

**Under BRA of 2005:** (None)

**IX. PRE-DISCHARGE REQUIREMENTS:**

**Pre-10/17/05:**

- # \_\_\_\_\_ A. Base gross satisfied or all allowed claims paid in full  
# \_\_\_\_\_ B. Notice of completion of plan payments and need for DR to notice pre-discharge affidavit sent to Court, DR, and attorney  
# \_\_\_\_\_ C. Completion of Case Closing Check List

**Under BRA of 2005:**

- # \_\_\_\_\_ C. Were 521(f) docs. requested: YES NO  
1 If Ayes,@ did DR file as required:  
# \_\_\_\_\_ a Tax returns for each post-petit. year filed  
# \_\_\_\_\_ b. Previously unfiled returns for 3 yrs. pre-petit. filed  
# \_\_\_\_\_ c. Annual state. of inc. & exps. & mo. inc. filed  
# \_\_\_\_\_ D. Has DR filed pre-discharge certification req'd. by Local Rules?

**X. POST-DISCHARGE, PRE-CLOSING REQUIREMENTS:**

**Pre-10/17/05:** (None)

**Under BRA of 2005:**

- # \_\_\_\_\_ A. If DSO notices required:  
# \_\_\_\_\_ 1. I. K. 1., above, checked to see if any debts are non-discharg. or reaffirmed; if so, those debts are listed in the DSO notices  
# \_\_\_\_\_ 2. T has sent notice to DSO state agency  
# \_\_\_\_\_ 3. T has sent notice to DSO payee  
# \_\_\_\_\_ B. Review this Master Checklist to make sure everything OK

