

FILER'S NAME, ADDRESS, PHONE, FAX, EMAIL:



District Court of Guam
520 W Soledad Ave FL 4
Hagåtña, Guam 96910

Debtor:	SSN (last 4 digits):	Case No.:
Joint Debtor (if any):	SSN (last 4 digits):	Chapter 13
DEBTOR'S MOTION TO MODIFY CONFIRMED PLAN; NOTICE OF HEARING 4th Floor Courtroom, 520 West Soledad Avenue, Hagatna, Guam	Hearing Date: Time:	
	Objections Due: 14 days before hearing)	

MOTION

The undersigned hereby moves under 11 U.S.C. § 1329(a) for modification of the plan previously confirmed in this case. The specific changes are described on page 2 for the reasons stated on page 3. **All terms of the confirmed plan, including those of any plan motions regarding the valuation of collateral and the avoidance of liens, remain in effect except for the specific changes described in the attached pages.**

NOTICE

NOTICE IS HEREBY GIVEN that this motion is scheduled to be heard on the date and time noted above.

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

If you do not want the court to grant the motion, or if you want the court to consider your views, then you or your attorney must file a statement explaining your position **no later than 14 days prior to the scheduled hearing**. Responses must be filed with the court at: District Court of Guam, Bankruptcy Division, 4th Floor U.S. Courthouse, 520 West Soledad Avenue, Hagatna, Guam 96910 and sent to the moving party at the address in the upper left corner of this document.

If you mail your response to the court for filing, you must mail it early enough so the court will **receive** it on or before the deadline stated above. If you or your attorney do not take these steps, the court may decide that you do not oppose the motion and may cancel the hearing and grant the motion to modify the plan without further notice. The provisions of the modified plan will bind the debtor(s) and each creditor.

PROPOSED MODIFICATION – PLAN PAYMENTS AND DURATION			
	Monthly payment amount	Duration (months)	Projected total distribution upon plan completion*
Current Plan			\$ _____
Proposed Modification starting _____ date			\$ _____
*Not including any contributions from tax refunds.	Net Increase/(Decrease) in Projected Total Distribution:		\$ _____
Further details (e.g., plan being extended 6 months due to missed payments):			

PROPOSED MODIFICATION – TREATMENT OF CLASS OR SPECIFIC CLAIM	
Current Plan	
Proposed Treatment	

PROPOSED MODIFICATION – OTHER
Description:

MEMORANDUM

[State relevant facts and legal arguments in support of the modification(s) being proposed – attach additional pages as necessary.]

/s/ _____
Debtor / Attorney

Dated: _____

/s/ _____
Joint Debtor/Attorney

Dated: _____