

Statement of Liabilities:

Case _____

As of _____

Note: Identify all creditors, but DO NOT DUPLICATE monthly expense if listed above as monthly expense item.

CREDITOR NAME	PAYMENT FOR	BALANCE DUE	MINIMUM MONTHLY PAYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUBTOTAL MONTHLY DEBT SERVICE: \$ _____