

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA

IN RE: \_\_\_\_\_  
\_\_\_\_\_

(Set forth here all names including married, maiden, and trade names used by debtor within the last 8 years.)

DEBTOR(S)

Address: \_\_\_\_\_  
\_\_\_\_\_

Last four digits of Social-Security or Individual Tax-Payer-Identification (ITIN) No(s)., (if any): \_\_\_\_\_

CHAPTER 13

CASE NO: \_\_\_\_\_-hb

**Payment Increase Stipulation**

The above-referenced debtors file this stipulation after consultation with the chapter 13 trustee. The parties agree that the plan payments must be increased in order to adequately fund the plan and/or to comply with 11 U.S.C. §1325.

**The plan payments and/or length of plan, as set forth in Section 2.1 of the plan filed on \_\_\_\_\_ are hereby adjusted to \$\_\_\_\_\_ per month for \_\_\_\_\_ months [followed by \$\_\_\_\_\_ per month for \_\_\_\_\_ months (repeat as many times as necessary)].**

This stipulation does not bar the chapter 13 trustee and debtors from stipulating to a further change should one be necessary; nor does it affect the debtors' other obligations required under said plan.

*The chapter 13 trustee, debtors, and the attorney for the debtors, if any, must sign below.*

**x** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Debtor 1 MM/DD/ YYYY

**x** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Debtor 2 (if applicable) MM/DD/ YYYY

**x** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Attorney for the Debtors DCID # MM/DD/ YYYY

**x** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Trustee Gretchen D. Holland  
or Attorney for Trustee Christine D. Loftis, DCID #7890 MM/DD/ YYYY