

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION**

| | | |
|--------------------|---|------------------------|
| IN RE: |) | CASE NO. _____ |
| |) | |
| DEBTOR NAME |) | CHAPTER 13 PROCEEDINGS |
| |) | |
| Debtor. |) | JUDGE _____ |
| |) | |

MOTION FOR MORATORIUM OF PLAN PAYMENTS

Now comes Debtor, by and through the undersigned counsel, and hereby moves this Honorable Court for a moratorium from plan payments for ____ months beginning the 1st day of _____, 20__ and ending the last day of _____, 20__. In support of this motion the Debtor states as follows:

1. *Describe the events and circumstances which have led to the Debtor's need to seek this moratorium.*
2. In support of this motion, Debtor has provided the following documentation which is attached hereto as Exhibit(s) ____: *Describe the attached documentation such as pay advices, employment notices, doctor's letter or disability/injury report.*
3. Should the Debtor's request for this moratorium be granted, the Debtor will still be able to complete the plan within sixty (60) months of confirmation.
4. *If a Debtor seeks a suspension of upcoming plan payments, the Debtor may request plan payments received by the Trustee during the specified future suspension period be returned to the Debtor. It is not appropriate for the Debtor to seek a refund of plan payments when seeking a moratorium to address a funding delinquency.*

WHEREFORE, the Debtor prays for an order granting a moratorium from plan payments for ____ months beginning the 1st day of _____, 20__ and ending the last day of _____, 20__, and granting such other relief as this Court deems appropriate.

Respectfully submitted,

/s/ _____
Attorney Name (Attorney Number)
Address
City, State and Zip Code
Telephone number
Facsimile number
Email address

CERTIFICATE OF SERVICE

A copy of the foregoing Motion for Moratorium of Plan Payments was served electronically and/or by regular U.S. Mail, postage prepaid, on this ____ day of _____, 20__.

Debtor
Name
Address
City, State Zip

Creditors
Name
Address
City, State Zip

Trustee
Craig Shopneck
Chapter 13 Trustee
(Via Electronic Service)

/s/ _____
Attorney Name