Name of Attorney

Office Mailing Address

Telephone Number

Facsimile Number

E-Mail Address

State Bar I.D. Number

(Attorney for Debtor(s))

IN THE UNITED STATES BANKRUPTCY COURT

FOR THE DISTRICT OF MONTANA

|  |  |
| --- | --- |
| IN RE:  , ,  Debtors. | Case No. **AFFIDAVIT IN SUPPORT OF MOTION FOR ENTRY OF DISCHARGE** |

The above-named Debtor(s) having moved the Court for the entry of an Order of Discharge, in support of such motion, I/we certify and state as follows:

1. I have made all of the payments required under the confirmed Chapter 12 Plan in this case and have fully complied with the terms of that Plan.
2. I have completed an instructional course concerning personal financial management described in 11 U.S.C. § 111 and have filed a copy of the Certification of Completion, either prior to the filing of this Motion or with this Motion.
3. Check the box that applies, one box MUST be checked.

[ ] I am not required by any judicial or administrative order or law to pay a domestic support obligation (child support or spousal support); OR

[ ] I was required to pay a domestic support obligation during this case, and I certify that I have paid all domestic support due through today, under the order or law requiring support payments.

1. I have no reason to believe that there is any pending investigation or proceeding in which I may be found guilty of:
2. a felony involving the abuse of bankruptcy law;
3. any violation of federal or state securities law;
4. fraud, deceit or manipulation in a fiduciary capacity (where I am responsible for managing someone else’s money, property or affairs) involving the purchase or sale of any securities;
5. any civil offense under § 1964 of Title 18 U.S. Code (federal criminal laws); or
6. any criminal act, any intentional harm to another or willful or reckless misconduct that caused serious physical injury or death to another individual in the preceding five (5) years.

I/we certify under oath and penalty of perjury that the foregoing is true and correct to the best of my/our knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Debtor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Co-Debtor Date