

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA**

www.flsb.uscourts.gov

In re:

Case No.
Chapter

Debtor/

APPLICATION FOR INDIVIDUALS TO PAY THE FILING FEE IN INSTALLMENTS

1. Which chapter of the Bankruptcy Code are you choosing to file under:

<u>Petition Filing Fee</u>	<u>Initial Installment Payment</u>	<u>Final Installment Payment</u>
<input type="checkbox"/> Chapter 7: \$338	\$169.00	\$169.00
<input type="checkbox"/> Chapter 11: \$1,738	\$869.00	\$869.00
<input type="checkbox"/> Chapter 12: \$278	\$139.00	\$139.00
<input type="checkbox"/> Chapter 13: \$313	\$156.50	\$156.50

2. I am unable to pay the full filing fee with the petition and apply to pay in installments in accordance with Bankruptcy Rule 1006, Local Rule 1006-1 and the current mandatory payment schedule established by this court.
3. I understand that, in order for this application to be approved absent further order of the court, I must have paid half of the filing fee due at the time of filing my petition and I must pay the remaining half which equals \$ _____ on or before 60 days from the filing date of my petition.
4. I understand that payment must be in cash or cashier's check unless submitted electronically by an attorney.
5. I understand that if I fail to pay the fee when due, my bankruptcy case may be dismissed and I may not receive a discharge of my debts. If I am a chapter 13 debtor, I understand that upon confirmation of my plan, the unpaid balance of the filing fee must be paid in full. If I am a chapter 7 debtor, I understand my discharge will not be entered until my filing fee is paid in full.
6. I understand that I must pay the entire filing fee before making any more payments or transfer any more property to an attorney, bankruptcy petition preparer, or anyone else for services in connection with this bankruptcy case.

Signature of Attorney Date

Signature of Debtor Date
(In a joint case, both spouses must sign.)

Name of Attorney

Signature of Joint Debtor (if any) Date