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| **UNITED STATES BANKRUPTCY COURT**  **SOUTHERN DISTRICT OF FLORIDA**  [www.flsb.uscourts.gov](http://www.flsb.uscourts.gov/) | |
| In re:  Debtor / | Case No.  Chapter |
| **Motion for Issuance of Discharge and Notice of**  **Deadline to Object** | |

**NOTICE OF TIME TO OBJECT**

**Any interested party who fails to file and serve a written response to this motion within 21 days after the date of service of this motion, pursuant to Local Rules** **4004-3(A)(3) and 9013-1(D), will be deemed to have consented to the entry of an order of discharge.**

Undersigned counsel for the debtor(s) in the above-captioned matter requests the issuance of an order of discharge for the debtor(s) and represents as follows:

1. The chapter 13 trustee has issued a Notice of Completion of Plan Payments on . The undersigned counsel for the debtor(s) is requesting the court issue a discharge in this case.

2. The debtor is deceased and attached hereto is a true and correct copy of the redacted death certificate for the debtor, which has been redacted to remove all personal identifiable information such as the debtor’s cause of death and social security number.

3. Compliance with 11 U.S.C. §101(14A):

A. To the best of the undersigned’s knowledge, the debtor has not been required by a judicial or administrative order, or by statute to pay any domestic support obligation as defined in 11 U.S.C. §101(14A) either before this bankruptcy was filed or at any time after the filing of this bankruptcy,

**or**

B. To the best of undersigned’s knowledge, the debtor has paid all amounts due under any and all domestic support obligations as defined in 11 U.S.C. §101(14A), required by a judicial or administrative order or by statute, including amounts due before, during and after this case was filed. The name and address of each holder of a domestic support obligation is as follows:

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| --- |
| (NAME) |
| (ADDRESS) |
|  |

4. Prior to the debtor’s death, the debtor’s mailing address for receipt of court notices was as follows: [Note: Providing an updated debtor address here constitutes a change of address pursuant to Local Rule 2002-1(G). No separate Notice of Change of Address is required to be filed.]

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| --- |
| (NAME) |
| (ADDRESS) |
|  |

5. Prior to the debtor’s death, the name and address of the debtor’s most recent employer was as follows:

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| (NAME) |
| (ADDRESS) |
|  |

6. The following creditors hold a claim that is not discharged under 11 U.S.C. §523(a)(2) or (a)(4) or a claim that was reaffirmed under 11 U.S.C. §524(c):

|  |
| --- |
| (NAME) |
| (ADDRESS) |
|  |

7. Compliance with 11 U.S.C. §1328(h):

A. The debtor has not claimed an exemption under §522(b)(3) in an amount in excess of $170,350\* in property of the kind described in §522(q)(1) [generally the debtor’s homestead];

**or**

\*Amounts are subject to adjustment on 4/01/22, and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

B. The debtor has claimed an exemption under §522(b)(3) in an amount in excess of $170,350\* in property of the kind described in §522(q)(1) but there is no pending proceeding in which the debtor may be found guilty of a felony of a kind described in §522(q)(1)(A) or found liable for a debt of the kind described in §522(q)(1)(B).

8. The debtor has not received a discharge in a case filed under chapter 7, 11, or 12 during the 4 year period preceding the filing of the instant case or in a case filed under chapter 13 during the 2 year period preceding the filing of the instant case.

WHEREFORE, undersigned counsel for the Debtor(s) prays that this Court issue an order of discharge, and for any other relief that this Court deems just and appropriate.

Dated:

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| Name of Movant: | | | | |  | | | |
| Name of Firm: | | |  | | | | | |
| Address: | |  | | | | | | |
| Main Tel. Number: | | | | | |  | | |
| Direct Dial Tel Number: | | | | | | | |  |
| Facsimile Number: | | | | | | |  | |
| E-mail Address: | | | |  | | | | |
| Florida Bar No.: | | | |  | | | | |
| By: |  | | | | | | | |
| [Signature of Movant] | | | | | | | | |

**CERTIFICATE OF SERVICE**