

UNITED STATES BANKRUPTCY COURT
District of Vermont

Payment Advices Cover Sheet

in Accordance with 11 U.S.C. Sec. 521(a)(1)(B)(iv)

In re: _____

Case No. _____

Chapter _____

Debtor(s) _____

Please Check the Appropriate Box.

For Debtor:

☐ Payment Advices are Attached.

Number of Pages Attached: _____

Period Covered

(please explain any gaps): _____

Number of Employers From Whom Debtor Received Payment

Advices During the 60 Days Prior to Filing the Bankruptcy Petition: _____

☐ No Payment Advices are Attached (the debtor had no income from any employer during the 60 days prior to filing the bankruptcy petition.

☐ No Payment Advices are Attached for other reason, or some payment advices missing.

Please Explain:

For Joint Debtor, if applicable:

☐ Payment Advices are Attached.

Number of Pages Attached: _____

Period Covered: _____

Number of Employers From Whom Debtor Received Payment

Advices During the 60 Days Prior to Filing the Bankruptcy Petition: _____

☐ No Payment Advices are Attached (the debtor had no income from any employer during the 60 days prior to filing the bankruptcy petition.

☐ No Payment Advices are Attached for other reason, or some payment advices missing.

Please Explain:

I declare under penalty of perjury that I have read the Payment Advices Cover Sheet and the attached payment advices, consisting of _____ sheets, numbered 1 through _____, and that they are true and correct to the best of my knowledge, information and belief.

Signature of Debtor: _____

Date: _____

Signature of Joint Debtor: _____

Date: _____