VTB Form S-2

2/20

**UNITED STATES BANKRUPTCY COURT**

**DISTRICT OF VERMONT**

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

**In re:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Case # xx-xxxxx**

**Debtor(s). Chapter 13**

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

**Motion to Waive or Modify Chapter 13 Business Debtor’s Obligation to File Operating Reports**

Pursuant to Vt. LBR 2015-2, chapter 13 debtors who have income from the operation of a business, or the rental of property, must file monthly operating reports, using the Vt. LB Form S-1, unless the Court grants the debtor a waiver or modifies the content or frequency of the reports the debtor must file.

The Debtor in this case seeks (check one):

\_\_\_ a waiver of the requirement to file operating reports.

\_\_\_ modification of the content / form of the operating report the Debtor must file, as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_ modification of the duty to file reports monthly, requesting reports be due \_\_ quarterly /\_\_ annually.

In support of this request, the Debtor states:

1. \_\_\_\_
2. \_\_\_\_
3. \_\_\_\_
4. \_\_\_\_

The chapter 13 trustee and the Debtor’s primary creditors [*named here*] will be filing consent to this Motion, and if they do not do so within seven (7) days of the filing of this Motion, the Debtor will file a notice of motion setting a hearing on this Motion, on 14 days’ notice to the trustee and all secured and priority unsecured creditors listed in the debtor’s bankruptcy schedules, and any attorneys who have filed a notice of appearance.

The Debtor understands if the Court grants this request, the relief may be revoked, and the requirement reinstated, on a showing of good cause (e.g., a change in the debtor’s circumstances, a determination the affirmations in this Motion are incomplete or misleading, or the need for closer monitoring of the debtor’s financial circumstances).

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

Dated: \_\_\_\_\_\_\_\_\_, 20\_\_ Attorney for Debtor(s)

*[Name, address, tel #, email]*