

**STANDING CHAPTER 13 TRUSTEE ALEJANDRO OLIVERAS RIVERA
REPORT OF ACTION TAKEN
MEETING OF CREDITORS**

In re:
BERNARD ISMAEL SANCHEZ BISBAL

Case No. 10-10573-ESL

Chapter 13

Attorney Name: MARILYN VALDES ORTEGA*

<p>I. Appearances</p> <p>Debtor <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent Joint Debtor <input type="checkbox"/> Present <input type="checkbox"/> Absent Attorney for Debtor <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Pro-se <input checked="" type="checkbox"/> Substitute <u>Angel Medina Esy</u></p>	<p>Date: January 13, 2011 Time: <u>10:44AM</u> Track: <u>n/r</u> <input checked="" type="checkbox"/> This is debtor(s) <u> </u> Bankruptcy filing. Liquidation Value: <u> \$75 </u> Creditors <u> None </u></p>				
<p>II. Oath Administered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>III. Documents Filed/Provided</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> Schedules <input checked="" type="checkbox"/> Statement of Financial Affairs (SOFA) <input checked="" type="checkbox"/> Statement of Current Monthly Income (SCMI) <input checked="" type="checkbox"/> Credit counseling briefing certificate (CCC) <input type="checkbox"/> Waiver requested by debtor(s) <input type="checkbox"/> DSO Certificate </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> DSO Recipient's information <input checked="" type="checkbox"/> State Tax Returns <u>06-07</u> <input checked="" type="checkbox"/> Returned <input type="checkbox"/> Federal Tax Returns _____ <input type="checkbox"/> Returned <input checked="" type="checkbox"/> Evidence of income (60 days prior to petition) </td> </tr> </table>		<input checked="" type="checkbox"/> Schedules <input checked="" type="checkbox"/> Statement of Financial Affairs (SOFA) <input checked="" type="checkbox"/> Statement of Current Monthly Income (SCMI) <input checked="" type="checkbox"/> Credit counseling briefing certificate (CCC) <input type="checkbox"/> Waiver requested by debtor(s) <input type="checkbox"/> DSO Certificate	<input type="checkbox"/> DSO Recipient's information <input checked="" type="checkbox"/> State Tax Returns <u>06-07</u> <input checked="" type="checkbox"/> Returned <input type="checkbox"/> Federal Tax Returns _____ <input type="checkbox"/> Returned <input checked="" type="checkbox"/> Evidence of income (60 days prior to petition)		
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<p>IV. Status of Meeting <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Held <input type="checkbox"/> Continued _____ at _____</p>					
<p>V. Trustee's Report on Confirmation</p> <p align="center"> <input type="checkbox"/> FAVORABLE <input checked="" type="checkbox"/> UNFAVORABLE </p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Feasibility <input checked="" type="checkbox"/> Insufficiently funded <u>→ To pay secured claim</u> <input type="checkbox"/> Unfair discrimination <input type="checkbox"/> Fails liquidation value test <input type="checkbox"/> Fails disposable income test (I & J) <input type="checkbox"/> No provision for secured creditor(s) </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> No DSO certificate (Post-petition) <input checked="" type="checkbox"/> Evidence of income <u>→ First week of November</u> <input type="checkbox"/> Missing <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Stmt. of Current Monthly Income <input type="checkbox"/> Incomplete <input type="checkbox"/> Missing <input type="checkbox"/> Fails commitment period <input type="checkbox"/> Fails Disp. Income <input type="checkbox"/> Certificate of Credit briefing <input type="checkbox"/> Missing <input type="checkbox"/> More than 180 days <input type="checkbox"/> Issuer not certified by U.S.T. </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Treat value of collateral separately <input type="checkbox"/> No provision for insurance <input type="checkbox"/> Tax returns missing <input type="checkbox"/> State - years _____ <input type="checkbox"/> Federal - years _____ </td> <td style="vertical-align: top;"> <input type="checkbox"/> Incomplete schedules <input type="checkbox"/> Incomplete S.O.F.A. <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Feasibility <input checked="" type="checkbox"/> Insufficiently funded <u>→ To pay secured claim</u> <input type="checkbox"/> Unfair discrimination <input type="checkbox"/> Fails liquidation value test <input type="checkbox"/> Fails disposable income test (I & J) <input type="checkbox"/> No provision for secured creditor(s)	<input type="checkbox"/> No DSO certificate (Post-petition) <input checked="" type="checkbox"/> Evidence of income <u>→ First week of November</u> <input type="checkbox"/> Missing <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Stmt. of Current Monthly Income <input type="checkbox"/> Incomplete <input type="checkbox"/> Missing <input type="checkbox"/> Fails commitment period <input type="checkbox"/> Fails Disp. Income <input type="checkbox"/> Certificate of Credit briefing <input type="checkbox"/> Missing <input type="checkbox"/> More than 180 days <input type="checkbox"/> Issuer not certified by U.S.T.	<input type="checkbox"/> Treat value of collateral separately <input type="checkbox"/> No provision for insurance <input type="checkbox"/> Tax returns missing <input type="checkbox"/> State - years _____ <input type="checkbox"/> Federal - years _____	<input type="checkbox"/> Incomplete schedules <input type="checkbox"/> Incomplete S.O.F.A. <input type="checkbox"/> Other: _____
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VI. Plan

(Cont.)

Date: November, 9, 2010 Base \$ 21,000.00 Filed Evidence of Pmt shown: _____

Payments 1 made out of 2 due. Not Filed

VII. Confirmation Hearing Date: January, 19, 2011

VIII. Attorney's fees as per R. 2016(b)

\$3,000.00 - \$ 230.00 = \$ 2,770.00

IX. Documents to be provided w/in _____ days

Amended schedules _____

Amended S.O.F.A. _____

Insurance estimate _____

Amended plan _____

Assumption/Rejection executory contract _____

Business Documents _____

Monthly reports for the months _____

Appraisal _____

State tax returns years _____

Public Liability Insurance _____

Federal tax returns years _____

Premises _____

Correct SS # (Form B21)

Vehicle(s) _____

Debtor Joint debtor

Licenses issued by: _____

Other: _____

M.T.D. to be filed by Trustee: Debtor(s): failed to appear; failed to commence payments;

failed to keep payments current; does (do) not qualify as a debtor (§109); _____

Other: _____

COMMENTS

Note: Debtor will make 2nd payment today.
 ① Debtor will amend Schedule "C" to correct jewelry exempt to \$900. upon said amendment being made, liquidation value will be zero.
 Note: Debtor submitted evidence of income for last week of ~~_____~~ → October 2010.


Trustee/Presiding Officer

Date: January 13, 2011

(Rev.)