

Forms are generic suggestions. Parties and their attorneys should revise them to address the unique circumstances of each case.

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA

DIVISION
www.flmb.uscourts.gov

In re _____)
)
,) Case No. ____: ____ bk- ____ - ____
) Chapter
Debtor.*)
_____)

**DEBTOR[S] MOTION FOR ENTRY OF FINAL DECREE
AND CERTIFICATE OF SUBSTANTIAL CONSUMMATION**

Debtor(s), by and through [its or his or her or their] undersigned attorney, pursuant to Section 350(a) of the Bankruptcy Code, Federal Rules of Bankruptcy Procedure 3022, and Local Rule 3022-1, moves for the entry of a Final Decree closing this Chapter 11 Bankruptcy Case and in support states as follows:

1. The Order Confirming Plan of Reorganization (Doc. No. ____) (the “Order”) was entered on [insert date].
2. The Effective Date of the Plan (Doc. No. ____) was [insert date]. The Plan has been substantially consummated within the meaning of 11 U.S.C. § 1101(2).
3. Attached is the Debtor(s) verified final report and accounting of payment of claims and substantial consummation.
4. Thus, in accordance with Federal Rules of Bankruptcy Procedure 3022, the Plan has been substantially consummated and the Debtor(s) request(s) that this Court enter a Final Decree closing the case.

*All references to “Debtor” include and refer to both debtors in a case filed jointly by two individuals.

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WHEREFORE, the Debtor(s) [insert debtor(s) name(s)], respectfully request(s) this Honorable Court grant this Motion for Final Decree, enter a Final Decree, and granting any such further relief that this Court deems just and proper under the circumstances of the case.

Dated: [insert date].

/s/ Signature

Attorney Name

Attorney Bar No.

Attorney E-Mail

Attorney Address

Attorney Phone Number

Attorney for Debtor(s)

CERTIFICATE OF SERVICE

A true and correct copy of the foregoing has been sent by either electronic transmission or U.S. Mail this [insert date] to: [insert names] and interested parties as listed on attached matrix [be sure to add the matrix].

/s/ Signature

Attorney Name

Attorney Bar No.

Attorney E-Mail

Attorney Address

Attorney Phone Number

Attorney for Debtor(s)

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MIDDLE DISTRICT OF FLORIDA

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In re _____)
)
,) Case No. 6: ____ bk- ____ - ____
) Chapter
Debtor.)
_____)

**VERIFIED FINAL REPORT AND ACCOUNTING OF
PAYMENT OF CLAIMS AND SUBSTANTIAL CONSUMMATION**

Under penalty of perjury, I declare that:

1. I am managing member of the Debtor(s). I have possession and custody of books and records of the Debtor(s) relating to the payment of claims and distribution of property under the Debtor(s) Plan of Reorganization (Doc. No. ____).

2. Property has been distributed pursuant to the provisions of the Plan and the Order Confirming Plan (Doc. No. ____). As more fully set forth on the attached exhibit, the Plan has been substantially consummated within the meaning of 11 U.S.C. § 1101(2).

Dated: [insert date].

/s/ Signature
[insert Debtor(s) name]
[insert Managing Member Name]

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Final Report and Accounting

[insert debtor(s) name] Case No. [insert case number]
EFFECTIVE DATE [insert Plan effective date]

Class ___:

Name of Creditor	Scheduled Amount	Claim Amount	Claim #	Amount Allowed	\$ Paid in Plan	Monthly Payment	Terms

Class ___:

Name of Creditor	Scheduled Amount	Claim Amount	Claim #	Amount Allowed	\$ Paid in Plan	Monthly Payment	Terms

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