

UNITED STATES BANKRUPTCY COURT

_____ District of _____

In re _____
Debtor

Case No. _____

Chapter 13

Notice of Postpetition Mortgage Fees, Expenses, and Charges

If you hold a claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any postpetition fees, expenses, and charges that you assert are recoverable against the debtor or against the debtor's principal residence. File this form as a supplement to your proof of claim. See Bankruptcy Rule 3002.1.

Name of creditor: _____

Court claim no. (if known): _____

Last four digits of any number you use to identify the debtor's account: _____

Does this notice supplement a prior notice of postpetition fees, expenses, and charges?

- No
 Yes. Date of the last notice: ____/____/____

Part 1: Itemize Postpetition Fees, Expenses, and Charges

Itemize the fees, expenses, and charges incurred on the debtor's mortgage account after the petition was filed. Do not include any escrow account disbursements or any amounts previously itemized in a notice filed in this case or ruled on by the bankruptcy court.

Description	Dates incurred	Amount
Late charges	_____	\$ _____
Non-sufficient funds (NSF) fees	_____	\$ _____
Attorney fees	_____	\$ _____
Filing fees and court costs	_____	\$ _____
Bankruptcy/Proof of claim fees	_____	\$ _____
Appraisal/Broker's price opinion fees	_____	\$ _____
Property inspection fees	_____	\$ _____
Tax advances (non-escrow)	_____	\$ _____
Insurance advances (non-escrow)	_____	\$ _____
Property preservation expenses. Specify: _____	_____	\$ _____
Other. Specify: _____	_____	\$ _____
Other. Specify: _____	_____	\$ _____
Other. Specify: _____	_____	\$ _____
Other. Specify: _____	_____	\$ _____

The debtor or trustee may challenge whether the fees, expenses, and charges you listed are required to be paid. See 11 U.S.C. § 1322(b)(5) and Bankruptcy Rule 3002.1.

Part 2: Sign Here

The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this Supplement applies.

Check the appropriate box.

- I am the creditor.
- I am the creditor's authorized agent.
(Attach copy of power of attorney, if any.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

X _____ Date ____/____/____
 Signature

Print: First Name Middle Name Last Name Title _____

Company _____

Address
 Number Street
 City State ZIP Code

Contact phone (____) ____-____ **Email** _____