UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA

SUMMARY OF REAFFIRMATION AGREEMENT

Name of Debtor(s)	Case No.	Chapter
[Name of Debtor and, if applicable, Joint Debtor]	[Case No.]	[Chapter]

INSTRUCTIONS:

1. Complete debtor's name, bankruptcy case number and chapter above.
2. PART A - Complete each item. Both the debtor(s) and creditor must sign.
3. PART B - Must be signed by the attorney who represents the debtor(s) in bankruptcy, if any.
4. PART C - Complete only when debtor(s) not represented by attorney.
5. File the fully completed form by mailing or delivering it to the Clerk of Court at an appropriate address as follows:

U. S. Bankruptcy Court, P. O. Box 19247, Alexandria, VA, 22320-0247 (Mailing)

PART A - AGREEMENT

Creditor's Name and Address
[Name & Complete Address of Creditor]

Date Set for Entry of Discharge
[Complaint Deadline]

Terms of New Agreement

a) Amount Principal $ _____ Interest Rate (APR) _____

Monthly Payments $ [Amount of Monthly Payment]

b) Security (collateral)
Description [Description of Property]

[Description of Property - cont'd.]

Present Market Value $ [Market Value of Property]

The parties understand that this agreement is purely voluntary and that the debtor(s) may rescind the agreement at any time prior to discharge or within **60** days after such agreement is filed with the Court, whichever occurs later, by giving notice of rescission to the creditor. This agreement was entered into before the date of discharge in the above case. **The debtor(s) understands that this agreement is not required by the Bankruptcy Code, under nonbankruptcy law, or under any agreement not in accordance with ' 524(c) of the Bankruptcy Code.**

Date: _____

_____
Debtor's Signature

_____
Creditor's Signature

_____
Joint Debtor's Signature, if applicable

PART B - ATTORNEY'S DECLARATION

This agreement represents a fully informed and voluntary agreement by the debtor(s) that does not impose an undue hardship on the debtor(s) or any dependent of the debtor(s). I have fully advised the debtor(s) of the legal effects and consequences of entering into an agreement of this kind and any default under this agreement.
Attorney's Name and Address:

[Name of Attorney]

[Attorney Street or P.O. Address]

[City, State & Zip]

_____
Signature of Debtor's Attorney

_____
Date

PART C - MOTION FOR COURT APPROVAL OF AGREEMENT - Complete only where debtor(s) not represented by an attorney.

I (we), the debtor, affirm the following to be true and correct:

1) I am not represented by an attorney in connection with this bankruptcy case.
2) My current monthly net income is $____[Net Monthly Income]____.
3) My current monthly expenses total $ [Monthly Expenses] , including any payment due under this agreement.
4) I believe that this agreement is in my best interest because [Explanation of Best Interest]
[Explanation, cont'd.] $ ¯éQ ”o~
[Explanation, cont'd.] Therefore, I ask the Court for an order approving this reaffirmation agreement.

_____ Date
_____ Signature of Debtor
_____ Signature of Joint Debtor, if applicable

[ver. 09/11/97]