**UNITED STATES BANKRUPTCY COURT**

**EASTERN DISTRICT OF NORTH CAROLINA**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DIVISION**

|  |  |
| --- | --- |
| **IN RE:** |  |
| **XXXXXXXXX** | **CASE NO. XX-XXXXX-XXX** |
| **DEBTOR** | **CHAPTER 11** |

**BALLOT REPORT**

 The Debtor, by and through undersigned counsel, submits the following report of all ballots received by the undersigned in connection with the Debtor’s (*insert Amended, if applicable*) Plan of Reorganization filed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

SUMMARY

|  |  |  |
| --- | --- | --- |
| CLASS 1  |  |  |
| CLASS 2 |  |  |
| CLASS 3 |  |  |
| CLASS 4 |  |  |
| CLASS 5 |  |  |
| CLASS 6 |  |  |
| CLASS 7 |  |  |
| CLASS 8 |  |  |
| CLASS 9 |  |  |
| CLASS 10 |  |  |
|  |  |  |

CLASS 1

Class/Creditor Name

Impaired/Unimpaired \* (*select one*)

|  |  |  |  |
| --- | --- | --- | --- |
| Creditor Name | Accept | Reject | Amount of Claim (per ballot unless otherwise stated) |
| Name of Creditor | No Ballots | $0.00 |

NUMBER ACCEPTING ( \_\_\_\_\_ OF \_\_\_\_\_) \_\_\_\_\_ %

AMOUNT ACCEPTING ($\_\_\_\_\_ OF $\_\_\_\_\_) \_\_\_\_\_ %

\*If unimpaired, state reason why (*e.g., unaltered contract rights, Section 507(a)(8) claim, or other statutory authority*)

CLASS 2

Class/Creditor Name

Impaired/Unimpaired \* (*select one*)

|  |  |  |  |
| --- | --- | --- | --- |
| Creditor Name | Accept | Reject | Amount of Claim (per ballot unless otherwise stated) |
| Name of Creditor | No Ballots | $0.00 |

NUMBER ACCEPTING ( \_\_\_\_\_ OF \_\_\_\_\_) \_\_\_\_\_ %

AMOUNT ACCEPTING ($\_\_\_\_\_ OF $\_\_\_\_\_) \_\_\_\_\_ %

\*If unimpaired, state reason why (*e.g., unaltered contract rights, Section 507(a)(8) claim, or other statutory authority*)

CLASS 3

Class/Creditor Name

Impaired/Unimpaired \* (*select one*)

|  |  |  |  |
| --- | --- | --- | --- |
| Creditor Name | Accept | Reject | Amount of Claim (per ballot unless otherwise stated) |
| Name of Creditor | No Ballots | $0.00 |

NUMBER ACCEPTING ( \_\_\_\_\_ OF \_\_\_\_\_) \_\_\_\_\_ %

AMOUNT ACCEPTING ($\_\_\_\_\_ OF $\_\_\_\_\_) \_\_\_\_\_ %

\*If unimpaired, state reason why (*e.g., unaltered contract rights, Section 507(a)(8) claim, or other statutory authority*)

CLASS 4

Class/Creditor Name

Impaired/Unimpaired \* (*select one*)

|  |  |  |  |
| --- | --- | --- | --- |
| Creditor Name | Accept | Reject | Amount of Claim (per ballot unless otherwise stated) |
| Name of Creditor | No Ballots | $0.00 |

NUMBER ACCEPTING ( \_\_\_\_\_ OF \_\_\_\_\_) \_\_\_\_\_ %

AMOUNT ACCEPTING ($\_\_\_\_\_ OF $\_\_\_\_\_) \_\_\_\_\_ %

\*If unimpaired, state reason why (*e.g., unaltered contract rights, Section 507(a)(8) claim, or other statutory authority*)

CLASS 5

Class/Creditor Name

|  |  |  |  |
| --- | --- | --- | --- |
| Creditor Name | Accept | Reject | Amount of Claim (per ballot unless otherwise stated) |
| Name of Creditor | XXX |  | $ |

NUMBER ACCEPTING ( \_\_\_\_\_ OF \_\_\_\_\_) \_\_\_\_\_ %

AMOUNT ACCEPTING ($\_\_\_\_\_ OF $\_\_\_\_\_) \_\_\_\_\_ %

CLASS 6

Class/Creditor Name

|  |  |  |  |
| --- | --- | --- | --- |
| Creditor Name | Accept | Reject | Amount of Claim (per ballot unless otherwise stated) |
| Name of Creditor | XXX |  | $ |

NUMBER ACCEPTING ( \_\_\_\_\_ OF \_\_\_\_\_) \_\_\_\_\_ %

AMOUNT ACCEPTING ($\_\_\_\_\_ OF $\_\_\_\_\_) \_\_\_\_\_ %

CLASS 7

Class/Creditor Name

|  |  |  |  |
| --- | --- | --- | --- |
| Creditor Name | Accept | Reject | Amount of Claim (per ballot unless otherwise stated) |
| Name of Creditor | XXX |  | $ |

NUMBER ACCEPTING ( \_\_\_\_\_ OF \_\_\_\_\_) \_\_\_\_\_ %

AMOUNT ACCEPTING ($\_\_\_\_\_ OF $\_\_\_\_\_) \_\_\_\_\_ %

DATED:

 Firm Name

 By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney Name

 NC State Bar Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney for Debtor(s)

 Address

 Telephone Number

 Email Address