

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA
FORT LAUDERDALE DIVISION
www.flsb.uscourts.gov

IN RE:

CASE NO.: 16-10599-RBR

WILLIAM ALEX MCCLAIN, II

Chapter 11

DEBTOR

DISCLOSURE STATEMENT

William Alex Mc Clain, (hereinafter referred to as the "Debtor"), pursuant to 11 U.S.C. 1125 and Bankruptcy Rule 3016(c) hereby provides this Disclosure Statement (the "Disclosure Statement") to all known creditors in order to disclose that information deemed by the Debtor to be material, important and necessary for his creditors to arrive at a reasonably informed decision in exercising their right to vote for acceptance, rejection, or abstention from voting on the Debtor's First Plan of Reorganization, (hereinafter referred to as the "Plan"). A copy of the Plan accompanies this Disclosure Statement.

I. INTRODUCTION

Debtor filed his Plan with the United States Bankruptcy Court for the Southern District of Florida and, in connection with the Plan, the Debtor hereby submits its Disclosure Statement to all holders of claims against or interests in the Debtor, pursuant to Section 1125 of the Bankruptcy Code (the "Code").

NO REPRESENTATIONS CONCERNING THE DEBTOR (PARTICULARLY AS TO His FUTURE BUSINESS OPERATIONS OR THE VALUE OF His ASSETS) ARE AUTHORIZED BY THE DEBTOR OTHER THAN AS SET FORTH IN THIS STATEMENT. FUTURE VALUES OF ASSETS ARE SUBJECT TO CHANGING MARKET CONDITIONS AND MAY NOT BE PREDICTED WITH COMPLETE ACCURACY, EVEN WHERE

QUALIFIED APPRAISALS MAY BE AVAILABLE.

ANY REPRESENTATIONS OR INDUCEMENTS MADE TO SECURE YOUR ACCEPTANCE OR REJECTION OF THE PLAN WHICH ARE OTHER THAN AS CONTAINED IN THIS STATEMENT SHOULD NOT BE RELIED UPON BY YOU IN ARRIVING AT YOUR DECISION TO ACCEPT OR REJECT THE PLAN.

EXCEPT WHERE OTHERWISE INDICATED, THE FINANCIAL INFORMATION CONTAINED IN THIS DISCLOSURE STATEMENT HAS BEEN COMPILED BY MANAGEMENT OF THE DEBTORS AND HAS NOT BEEN SUBJECT TO CERTIFIED AUDIT.

THIS DISCLOSURE STATEMENT IS A LEGALLY BINDING DOCUMENT AND SHOULD BE READ IN ITS ENTIRETY, AS OPPOSED TO RELYING ON THE SUMMARY. YOU MAY WISH TO CONSULT WITH A LAWYER IN ORDER TO FULLY UNDERSTAND THE DISCLOSURE AND PLAN ATTACHED HERETO.

THE DEBTOR BELIEVES THAT THIS DISCLOSURE STATEMENT COMPLIES WITH THE REQUIREMENTS OF THE BANKRUPTCY CODE, AND REQUESTS THAT YOU CAREFULLY REVIEW THIS DISCLOSURE STATEMENT AND THE ACCOMPANYING PLAN, AND URGES THAT YOU ACCEPT THE PLAN BY PROMPTLY RETURNING YOUR COMPLETED BALLOT.

II. VOTING INSTRUCTIONS

After carefully reviewing the Plan, including all attachments thereto, and this Disclosure Statement and its exhibits, please indicate your vote on the enclosed ballot and return them in the envelopes provided to the Clerk of the Bankruptcy Court. PLEASE VOTE EVERY BALLOT

YOU RECEIVE. Completed ballots for holders of all Classes should be returned in the envelope provided herewith and MUST BE RECEIVED BY THE END OF BUSINESS ON _____, the ____ day of _____, 2016. If you have claims or interests in more than one class under the Plan, you will receive multiple ballots. IF A BALLOT IS DAMAGED OR LOST, OR IF YOU HAVE ANY QUESTIONS CONCERNING VOTING PROCEDURES, CALL 1-954-400-7474.

As a creditor of the Debtor, your vote on the Plan is most important. In order for the Plan to be accepted and thereafter confirmed by the Bankruptcy Court without resort to the "cram-down" provisions of the Code, votes representing at least two-thirds in amount and more than one-half in number of Claims allowed for voting purposes of each impaired class that are voted must be cast for the acceptance of the Plan.

III. HISTORY OF THE DEBTOR

The Debtor is a medical doctor employed by Hialeah Anesthesia Spec, LLC who primarily works in the operating room and in "delivery" at Hialeah Hospital. The Debtor's largest creditor by far is Navient Student Loan on behalf of United Student Aid Funds, Claim 13 which was filed in the amount of \$543,755.07 including collection fees of \$96,420.90.

In 2015, the Debtor sought to establish a private practice at a location in Fort Lauderdale which was leased from Zaden Property Corporation in hopes of generating additional income to reduce his student loan which were in default. Debtor retained his regular employment with Hialeah Anesthesia Spec, LLC hoping that he could gradually build a clientele of regular patients. Unfortunately, he did not acquire patients quickly enough to cover the fixed costs of his practice. He had to borrow from his credit cards and other sources and work extra shifts for his

employer to cover the overhead of his private practice. Further, he now had no time to build his patient base.

Doctor McClain's father passed away early in 2016 leaving his sister, who was taking care of his father on a full time basis, unemployed and homeless. Accordingly, Doctor McClain stepped in to support his sister until she can support herself.

Doctor McClain loves his profession and he is extremely hardworking. As set forth below, the Debtor has worked an additional 32.60 hours each month of 2016 in excess of the normal forty hour work week (293.38 hours divided by 9 months). This is the equivalent of six (6) days a week. He is willing to do whatever it takes to work his way out of debt.

IV. DEFINITIONS

The definitions contained in the Plan have the same meaning when used in the Disclosure Statement.

V. FINANCIAL DATA

The Debtor's Periodic Financial Reports are available for inspection and review at the Clerk of the Bankruptcy Court's office in Fort Lauderdale, Florida, or at the offices of the Debtor. A copy of Debtor's pay summary for the period ended September 30, 2016 is attached hereto as **Exhibit A**. Debtor's year to date income includes income for "on call" and "shift fees" in the amount of \$52,800 which is payment for working more than forty (40) hours per week and is not guaranteed. This income could be eliminated if another doctor is hired.

Furthermore, Debtor has worked more than forty (40) hours per week every month in 2016. His hourly rate is \$145.08. So he would generate gross weekly income of \$5,803.20 if he worked a forty (40) hour week. Debtor's year to date income based on a forty(40) hour week would be \$208,915.20 (\$5,803.20 times 4 (weeks) times 9 (months). Accordingly, the Debtor has

worked an additional 32.60 hours each month of 2016 in excess of the normal forty hour work week. (293.38 hours divided by 9 months). This is the equivalent of six (6) days a week.

Attached hereto as **Exhibit B** is Debtor's projected income and expense based upon his compensation in September of 2016 which includes one additional shift and 13.33 hours of time in excess of forty (40) per week. These monies are not guaranteed, but have been consistent in 2016. Debtor's disposable income available for unsecured creditors based upon his September compensation is \$3,000.00. However, Debtor is proposing to make monthly payments to his unsecured creditors of \$2,000.00 a month which is more feasible based upon a forty hour work week.

By reinstating his student loans and paying in accordance with this plan of reorganization, Debtor has reduced his student loan debt by \$96,420.00; decelerated the loan and reduced the payment demanded pre petition by approximately \$1,500.00 per month. Accordingly, feasibility is accomplished through reinstatement of the student loan.

VI. SUMMARY OF CLAIMS

Administrative Expenses are estimated to be as follows:

Susan D. Lasky, P.A \$10,000.00. Additional Fees may be due. All fees for professional compensation payable from Debtor's funds are subject to Court approval.

Priority Claim

Internal Revenue Service Claim 2 (should be withdrawn)

Secured Claims

USAA	Claim 4	\$12,644.84	2010 Cadillac
USAA	Claim 5	\$ 7,531.51	2006 Mercedes
USAA	Claim 6	\$11,974.36	2011 Town Car

Florida Birth Related Neurological secured by license	\$ 250.00
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Gibraltar Private Bank \$491,366.00 First Mortgage on 12240 NW 28th Court
Fort Lauderdale FL

General Unsecured Claims.

Navient Student Loan	Claim 13	
on behalf of United Student Aid Funds		\$543,755.07 less collection fees of \$96,420.90 = \$447,334.17

Barclays Bank Delaware		\$ 1,485.00
CACH LLC (brwnjosp)	Claim 7	\$ 739.51
Capital 1		\$ 963.00
Chase 3654		\$ 11,689.00
Chase 6580		\$ 5,684.00
Capital 1 3689	Claim 8	\$ 1,343.00
Meydsnb		\$ 711.00
Portfolio Recovery	Claim 1	\$ 1,757.64
TD Bank/Target		\$ 376.00
USAA	Claim 10	\$ 13,291.24
USAA 9219	Claim 11	\$ 3,324.81
USAA	Claim 12	\$ 4,140.19
Bankers Healthcare Group Inc	Claim 3	\$ 69,343.70
Zaden Properties	Claim 9	<u>\$ 68,577.96</u>

TOTAL UNSECURED	\$183,426.05
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Voidable transfers and/or Preferences None
Non-Bankruptcy Litigation. None
Tax Consequences Debtor's Reorganization. None.
Affiliates: **None.**

VII. ADMINISTRATIVE EXPENSES AND PRIORITY CLAIMS

Administrative Expenses of the type specified in 11 U.S.C. §503, §506 (c)d §507(a)(1)
which are authorized and allowed by the Court will be paid in full at Confirmation or as
otherwise agreed upon between the parties. Susan D. Lasky, PA will seek an award of
compensation from the Court.

VII. PRIORITY CLAIMS

All fees required to be paid by 28 U.S.C. §1930(a)(6) (U.S. Trustee Fees) will accrue and be timely paid until the case is closed, dismissed, or converted to another chapter of the Code. Specifically, the Debtors will pay the U.S. Trustee the appropriate sum required pursuant to 28 U.S.C. § 1930(a)(6), through the date of confirmation of the Plan, within fourteen (14) business days of the entry of an order confirming the Plan. Furthermore, the Debtors (as reorganized) will file with the Court post-confirmation Quarterly Operating Reports and pay the U.S. Trustee the appropriate sum required pursuant to 28 U.S.C. § 1930(a)(6) for post-confirmation periods within the time period set forth in 28 U.S.C. § 1930(a)(6), based upon all post-confirmation disbursements, until the earlier of the closing of this case by the issuance of a Final Decree by the Bankruptcy Court, or upon the entry of an Order by the Bankruptcy Court dismissing this case or converting this case to another Chapter under the U.S. Bankruptcy Code.

Priority Tax Claims. The Internal Revenue Service filed claim 1 in the amount of \$100 which is estimated. Debtor has filed his 2015 tax return and no tax is owed. With respect to its claims of a kind specified in section 507(a)(8), the Internal Revenue Service will receive regular monthly installment payments with statutory interest commencing on the Effective Date (which is defined as the date which is thirty (30) days from the date of the entry of an Order by the Bankruptcy Court confirming this Plan; provided such Order becomes final) However, there are no priority claims.

VIII. CLASSIFICATION AND TREATMENT OF CLAIMS

CLASS 1 will consist of the Allowed Secured Claim of Gibraltar Private Bank which is secured by a First Mortgage Lien on Debtor's homestead This secured claim is current. This claim is current and will continue to be paid under the terms and conditions of the original loan.

Gibraltar private Bank will retain its first mortgage lien.

CLASS 2 will consist of the Allowed Secured Claim of USAA claim 4 in the amount of \$12,644.84 which is secured by a 2010 Cadillac. Monthly Payments of \$603.26 and last payment of \$605.91. Retain Liens

CLASS 3 will consist of the Allowed Secured Claim of USAA claim 5 in the amount of \$7,531.51 which is secured by a 2006 Mercedes. Monthly payments of \$405.01 and last payment of \$406.69. Retain Liens.

CLASS 4 will consist of the Allowed Secured Claim of USAA claim 6 in the amount of \$11,974.36 which is secured by a 2011 Town Car. Monthly payments of \$622.04 and last payment of \$624.48. Retain Liens.

CLASS 5 will consist of the Allowed Secured Claim of Florida Birth Related Neurological which is a judgment lien in the amount of \$250.00 secured by Debtor's medical license. Debtor will pay this claim direct on or before the Effective Date.

CLASS 6 will consist of the Allowed Unsecured nondischargeable claim of Navient Solutions Inc. on behalf of United Student Aid Funds, Claim 13 \$543,755.07. Debtor's Objection to any claim of Navient Solutions Inc on behalf of USA Funds was sustained and the collection fees in the amount of \$96,420.90 were **STRICKEN; the principal balance shall be adjusted to \$164,362.32 and** claim 13 shall be allowed as a general unsecured claim in accordance with the Loan Consolidation Statement and Repayment schedule dated November 4, 2000 as follows:

ARREARS

89 payments	\$1,095.75	beginning	12/02/2000	\$ 97,521.75
89 payments	\$1,221.89	beginning	05/02/2008	\$108,748.21
15 payments	\$1,362.55	beginning	10/02/2015 to	<u>\$ 20,438.25</u> \$226,708.21
74 payments	\$1,362.55	beginning	10/02/2016	
89 payments	\$1539.41	beginning	03/02/2023	
3 payments	\$1,694.32	beginning	08/02/2030	
166 remaining payments				

As of January 2, 2017 there are 166 months remaining payments. Accordingly, Debtor will add \$1,365.72 (\$226,708.21/166) to each of the remaining regular payments as set forth below to cure the arrearage and reinstate the loan.

74 payments	\$2,728.27	beginning	01/02/2017	(\$1,362.55 plus \$1,365.72)
89 payments	\$2,905.13	beginning	03/02/2023	(\$1,519.41 plus \$1,365.72)
3 payments	\$3,060.04	beginning	08/02/2030	(\$1,694.32 plus \$1,365.72)

CLASS 7 will consist of Allowed Unsecured Claims as follows:

Barclays Bank Delaware		\$ 1,485.00
CACH LLC (brwnjosp)	Claim 7	\$ 739.51
Capital 1		\$ 963.00
Chase 3654		\$ 11,689.00
Chase 6580		\$ 5,684.00
Capital 1 3689	Claim 8	\$ 1,343.00
Mcydsnb		\$ 711.00
Portfolio Recovery	Claim 1	\$ 1,757.64
TD Bank/Target		\$ 376.00
USAA	Claim 10	\$ 13,291.24
USAA 9219	Claim 11	\$ 3,324.81
USAA	Claim 12	\$ 4,140.19
Bankers Healthcare Group Inc	Claim 3	\$ 69,343.70
Zaden Properties	Claim 9	<u>\$ \$68,577.96</u> per court order
		\$183,426.05

Debtor will pay make monthly payments of no less than \$2,000 to Class 7 creditors to be disbursed on a pro rata bases until class 7 creditors have been paid 100 percent (100%) of their claims (approximately 92 payments).

CLASS 8 will consist of the individual Debtor who will not receive any distribution

under the plan.

IX. SUMMARY OF THE PLAN AND MEANS FOR EXECUTION

A. SUMMARY OF THE PLAN

The Plan which accompanies this Disclosure Statement sets forth with particularity the manner in which all classes of creditors and interest holders will be paid or otherwise treated.

Payment to all creditors will be made from Debtor's wages.

Management and Compensation Not applicable, Individual case.

Ownership. Not Applicable, individual case .

Affiliates. None.

X. IMPAIRMENT OF CLASSES

Impaired Classes. A class of claims is impaired under the Plan when the Plan alters the legal, equitable and contractual rights to which this claim is entitled.

A. Impaired Classes. All classes are impaired and will be entitled to vote separately to accept or reject the Plan.

B. Acceptance by Class of Creditors. A class of claims will have accepted the Plan if the Plan is accepted by at least two-thirds (2/3) in amount and more than one-half (1/2) in number of Allowed Claims of such Class that have accepted or rejected the Plan.

C. Cramdown. In the event that any impaired Class of creditors with claims against any of the Debtor's Estate will fail to accept the Plan in accordance with §1129(a) of the Bankruptcy Code, the Debtor may request the Bankruptcy Court to confirm the Plan in accordance with §1129(b) of the Bankruptcy Code.

XI. EFFECT OF CONFIRMATION

Effect of Confirmation Pursuant to 1141(d) upon confirmation of the Plan, the Debtor will be discharged of all claims and liabilities arising prior to the filing of the Petition, whether or not a proof of claim is filed, the claim is allowed or the holder of a claim has accepted the plan, if the Debtor does not liquidate. Confirmation of the Plan will satisfy all claims or causes of action arising out of any claim settled and satisfied under the terms of the Plan. Confirmation of the plan will vest title to all of its assets in the reorganized Debtor.

Reservation of Rights Under Sections 1141(d)(5) and 350(a). The Debtors reserve the right, after confirmation, to seek the closing of this bankruptcy proceeding prior to the entry of an Order of Discharge, upon the payment of the initial payment under the Plan, payment of all outstanding quarterly United States Trustees Fees, and the filing of any outstanding federal income tax returns. Such a request may be granted only upon notice and hearing, with notice to all creditors and interested parties. If such request is granted, then upon the satisfaction of all payments required to be paid inside the class of general unsecured creditors, the Debtors may file a motion to reopen this bankruptcy proceeding, pursuant to 11 U.S.C. § 350(b), and the Court may then grant the Debtors a discharge, pursuant to 11 U.S.C. § 1141(d)(5). This paragraph only preserves the Debtors' right to seek the relief described above and does not conclusively grant such relief. Creditors' and interested parties' rights to object to such relief shall similarly be preserved until such time as it is requested by the Debtors after confirmation

XII. BEST INTEREST OF CREDITORS AND FEASIBILITY STANDARD

The Bankruptcy Code requires that the Plan be accepted by requisite votes of impaired classes of creditors, that the Plan be proposed in good faith, be feasible, and that confirmation of the Plan be in the best interest of all holders of claims and interests. To confirm the Plan, the

Bankruptcy Court must find that all these requirements are met. Accordingly, even if the creditors of the Debtor accept the Plan by the requisite votes, the Bankruptcy Court must make independent findings respecting the Plan feasibility and whether the Plan is in the best interest of creditors before the Court may confirm the Plan. The "best interests" test requires that the Bankruptcy Court find that the Plan provides to each member of each impaired class of claims and interests a recovery which has a present value at least equal to the present value of the distribution which each such person would receive from the Debtor if the Debtor liquidated its assets under Chapter 7 of the Bankruptcy Code. The Debtor feels that the Plan as proposed is in the best interests of the creditors in that it provides for an efficient, effective and orderly satisfaction of the Debtor's objections to claims.

XIII. CONFIRMATION WITHOUT ACCEPTANCE BY ALL IMPAIRED CLASSES

As a condition to confirmation, the Bankruptcy Code requires that each impaired class of claims or interests accept the Plan. The Bankruptcy Code, however, contains provisions for confirmation of a Plan even if the Plan is not accepted by all impaired classes, as long as at least one impaired class of claims has accepted it. These "cramdown" provisions for confirmation of the Plan, despite the non-acceptance of one or more impaired classes of claims or interests, are set forth in 11 U.S.C. 1129(b) which requires the Bankruptcy Court to find that the Plan treatment of a nonaccepting impaired class is fair and equitable.

XIV. OBJECTIONS TO CLAIMS

14.1 Provisions for Treatment of Disputed Claims. None at this time.

14.2 Provision for Rejection Claims. In the event the rejection of a contract gives rise to a Rejection Claim not otherwise provided for herein, the holder of such claim must file such

claim within thirty (30) days following the rejection of said contract or the Confirmation Hearing whichever occurs first. Such claim must, in addition to its filing with the Bankruptcy Court, be served upon the undersigned attorneys for the Debtor.

XV. EXECUTORY CONTRACTS

Executory Contracts and Unexpired Leases. Any executory contract or unexpired lease not specifically assumed will be deemed rejected.

XVI. LIQUIDATION ANALYSIS & ALTERNATIVES TO CONFIRMATION, INCLUDING RISK

In the event that the accompanying Plan, as such may be further modified or amended, is not accepted by the holders of Allowed Claims and Allowed Interests in the impaired classes or otherwise confirmed by the Court under the cramdown provisions of Section 1129(b) of the Bankruptcy Code, the Debtor believes that his case would be dismissed or converted to a case under Chapter 7, a Trustee would be appointed and the Debtor's assets would be liquidated for distribution to the Internal Revenue Service.

Other than his wedding band and clothing, the Debtor property is held as tenants by the entirety with his spouse. Accordingly, unsecured creditors would not realize payment on their claims if this case was converted to chapter 7. Debtor is proposing to pay general unsecured creditors in full Allowed Claims over the 7.6 (92 months) year period following the Effective Date.

PROJECTIONS

See Exhibits A and B.

XVII. CONCLUSION AND RECOMMENDATIONS

The Debtor proposes its Plan and recommends its confirmation. All creditors will receive be paid in full, and the expense of administering an estate under Chapter 7 will be avoided. The Debtor affirms his belief that administration of this estate as provided herein will ultimately maximize payments to each creditor.

s/ William McClain
Debtor

I HEREBY CERTIFY that I am admitted to the Bar of the United States District Court for the Southern District of Florida and I am in compliance with the additional qualifications to practice in this court set forth in Local Rule 2090-1(A).

SUSAN D LASKY, PA
Attorneys for Debtor
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By: Susan Lasky
SUSAN D. LASKY
Florida Bar No. 451096

EXHIBIT

“A”

HIALEAH ANESTHESIA SPEC, LLC

WILLIAM MCCLAIN
12240 NW 28 CT
SUNRISE, FL 33323

Withholdings: FIT - S / 0
 Leave Balances: PTO as of

Pay Date: 10/14/2016
 Period End Date: 9/30/2016

Employee #: 326632 Department #: 25033 Voucher #: 2114633
 Direct Deposit Distribution: Checking XXXXXX3107 \$19,969.92

EARNINGS	RATE	HOURS	CURRENT AMOUNT
HIALEAH ANESTHESIA SPECIALISTS		173.33	\$25,295.81
LIFINS50 *			\$58.42
ON CALL			\$4,800.00

Gross Pay \$30,154.23

TAXES		
FIT		\$8,322.25
MEDICARE		\$694.80

DEDUCTIONS		
AD&D		\$44.00
DENTAL		\$29.80
LTDBUYUP		\$38.33
SPLIFE		\$9.54
UHC PPO		\$547.04
UNUM ACC		\$29.29
UNUMHOSP		\$62.89
VISIONPM		\$11.68
VOL STD		\$145.47
VOLLIFE		\$190.80

Total Deductions \$10,125.89

Net Pay \$19,969.92 *

YEAR TO DATE	YTD HOURS	YTD AMOUNT
HIALEAH ANESTHESIA SPECIALISTS	1,733.30	\$251,479.05
ASTMEDDR		\$11,250.00
LIFINS50 *		\$579.60
METRICS		\$18,750.00
MISC		\$1,479.05
ON CALL		\$4,800.00
SHIFTFEE		\$48,000.00

YTD Gross Pay \$336,337.70

FIT	\$92,496.60
MEDICARE	\$5,963.93
SOC SEC	\$7,347.00
AD&D	\$584.00
DENTAL	\$298.00
HLTRISKS	\$600.03
LTDBUYUP	\$510.83
SPLIFE	\$87.84
STKPURCH	\$9,216.24
UHC PPO	\$4,942.91
UNUM ACC	\$292.90
UNUMHOSP	\$628.90
VISIONPM	\$116.80
VOL STD	\$1,363.25
VOLLIFE	\$1,162.80

YTD Total Deductions \$125,612.03

YTD Net Pay \$210,146.07 *

EXHIBIT “B”

Fill in this information to identify your case:

Debtor 1	<u>William Alex McClain, II</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF FLORIDA</u>
Case number (If known)	_____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Occupation****Employer's name****Employer's address****Debtor 1**☒ Employed☐ Not employedAnesthesiologistTeam Health Anesthesia7111 Fairway Drive, #450
Palm Beach Gardens, FL 33418**Debtor 2 or non-filing spouse**☐ Employed☒ Not employedUnemployed**How long employed there?** 5 years**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1**For Debtor 2 or
non-filing spouse**

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 30,154.23 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$ 30,154.23 \$ 0.00

Debtor 1 William Alex McClain, II

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ <u>30,154.23</u>	\$ <u>0.00</u>	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>9,218.75</u>	\$ <u>0.00</u>	
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>0.00</u>	
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>0.00</u>	
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>0.00</u>	
5e. Insurance	5e. \$ <u>575.85</u>	\$ <u>0.00</u>	
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>0.00</u>	
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>0.00</u>	
5h. Other deductions. Specify: <u>Disability</u>	5h.+ \$ <u>260.00</u>	\$ <u>0.00</u>	
<u>401K loan</u>	\$ <u>129.71</u>	\$ <u>0.00</u>	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>10,184.31</u>	\$ <u>0.00</u>	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>19,969.92</u>	\$ <u>0.00</u>	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>0.00</u>	
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>0.00</u>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>0.00</u>	
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>0.00</u>	
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>0.00</u>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0.00</u>	\$ <u>0.00</u>	
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>0.00</u>	
8h. Other monthly income. Specify: _____	8h.+ \$ <u>0.00</u>	\$ <u>0.00</u>	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>0.00</u>	\$ <u>0.00</u>	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>19,969.92</u>	+ \$ <u>0.00</u>	= \$ <u>19,969.92</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
		11. +\$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			
		12. \$ <u>19,969.92</u>	
			Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: _____			

Fill in this information to identify your case:

Debtor 1 William Alex McClain, II

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

SpouseSister☐ No☒ Yes☐ No☒ Yes☐ No☐ Yes☐ No☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 3,881.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 William Alex McClain, II

Case number (if known) _____

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>700.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>100.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>1,385.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>900.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>300.00</u>
10. Personal care products and services	10. \$ <u>100.00</u>
11. Medical and dental expenses	11. \$ <u>500.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>800.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>400.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>285.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>500.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Estimated income taxes</u>	16. \$ <u>1,000.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>622.04</u>
17b. Car payments for Vehicle 2	17b. \$ <u>603.26</u>
17c. Other. Specify: <u>Car</u>	17c. \$ <u>405.01</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: <u>sister</u>	\$ <u>1,500.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: <u>Student loan payment per plan</u>	21. +\$ <u>2,728.27</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>16,709.58</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>16,709.58</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>19,969.92</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>16,709.58</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>3,260.34</u>

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes.

Explain here:

These figures are based upon September earnings which includes \$4,800 of shift pay which is not guaranteed every month.