

**WAGE DIRECTIVE INFORMATION FORM
(TIM TRUMAN, TRUSTEE)**

Return completed form via fax, email or mail to the Trustee's office:

Fax to: 817-770-8508 / **email to:** 341docs@ch13ftw.com / **mail to:** Chapter 13 Trustee, 6851 NE Loop 820 #300, NRH, TX 76180

Per the Mandatory Wage Directive provision of the Amended Standing Order Concerning All Chapter 13 Cases, General Order 2014-03, unless the Court orders otherwise, you are required to have your Chapter 13 plan payment deducted from your payroll check.

If the case is a joint filing, you may choose to have the payroll deductions taken from one or both your paychecks. The Trustee's Office will then send a Wage Directive to your employer instructing them to deduct your Chapter 13 payments from your pay. The payroll deductions continue until termination of your employment or you change employers or notice from the Trustee to your employer to stop the deductions. **YOU MUST CONTINUE TO SEND THE PAYMENTS WITH CERTIFIED FUNDS TO THE CHAPTER 13 TRUSTEE UNTIL YOUR EMPLOYER BEGINS THE DEDUCTIONS FROM YOUR PAYCHECK.**

**YOU MUST ATTACH A COPY OF THE MOST RECENT PAYSTUB
WITH EMPLOYER INFORMATION**

Your employer will make the deductions according to your pay frequency. To estimate how much will be taken from each paycheck you can divide your plan payment by the applicable number by pay frequency below:

Weekly (4.333) Bi-Weekly (2.167) Semi-monthly (2) Monthly (1)

Information for Debtor #1

CHAPTER 13 CASE NUMBER _____

Debtor #1 Name _____		Last 4 of Social Security No _____	
Debtor Phone Numbers: Home _____		Business _____	Cell _____
Employer Name _____			
(Employer Mailing address & Street Address) _____		(City) _____	(State) _____ (Zip Code) _____
Employer Contact Name _____		Portion of the Monthly payment to be paid by Debtor #1 _____	
Employer Phone No. _____		Employer Fax No. _____	
Debtor #1 Signature _____		Date _____	

Information for Debtor #2 (if applicable)

Debtor #2 Name _____		Last 4 of Social Security No _____	
Debtor Phone Numbers: Home _____		Business _____	Cell _____
Employer Name _____			
(Employer Mailing address & Street Address) _____		(City) _____	(State) _____ (Zip Code) _____
Employer Contact Name _____		Portion of the Monthly payment to be paid by Debtor #2 _____	
Employer Phone No. _____		Employer Fax No. _____	
Debtor #2 Signature _____		Date _____	