

WAGE DIRECTIVE INFORMATION FORM

Per the Mandatory Wage Directive provision of the Amended Standing Order Concerning All Chapter 13 Cases, General Order 2010-01 signed 08/13/2010, unless the Court orders otherwise, you are required to have your Chapter 13 plan payment deducted from your payroll check.

To implement the payroll deduction, **you must complete this form and return it to the Trustee's office** on or before that date of your first scheduled creditors' meeting. If the case is a joint filing, you may choose to have the payroll deductions taken from one or both debtors' 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 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, OR IN THE EVENT YOU CHANGE EMPLOYERS, OR IN THE EVENT YOUR EMPLOYER STOPS MAKING DEDUCTIONS FOR ANY REASON.**

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

Chapter 13 Case Number: _____ **Plan Payment Amount :** _____
Information for Debtor #1

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 Plan Payment to be paid by Debtor #1 _____	
Employer Phone No. _____		Employer Fax No. _____	
Payroll cycle (circle one): Weekly Bi-Weekly Semi-Monthly Monthly			
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 Plan Payment to be paid by Debtor #2 _____	
Employer Phone No. _____		Employer Fax No. _____	
Payroll cycle (circle one): Weekly Bi-Weekly Semi-Monthly Monthly			
Debtor #2 Signature _____		Date _____	

***NOTE: Your employer will divide your monthly payments in accordance with your payroll cycle. For example, if your monthly payment is \$500 and you are paid bi-weekly, \$230.77 will be deducted from each paycheck.**