

PAYMENT DEFERRAL REQUEST

DATE: _____

DEBTOR NAME(S): _____ CASE #: _____

ADDRESS: _____

Home Phone: _____ Work Phone: _____

Facsimile: _____

Reason for payment deferral: _____

Debtor's Signature

Debtor's Signature (if applicable)

**PLEASE BE ADVISED THAT PAYMENT DEFERRAL APPROVAL DOES NOT
WAIVE OR ELIMINATE THE OBLIGATION FOR THIS PAYMENT. THE
PAYMENT MUST BE MADE UP PRIOR TO COMPLETION OF THE PLAN.**

FOR OFFICE USE ONLY

(Circle One)

Has the debtor had a payment deferred or refunded within the last 12 months? Yes No

Is additional information needed to review the request? Yes No

If yes, what information is needed: _____

Deferral approved: _____ **Deferral denied:** _____

Comments: _____

Receipts/Dismissals Department

By: _____

Date: _____

_____ (Print name)

Office of Andrea E. Celli
Chapter 13 Standing Trustee