

WAGE DIRECTIVE INFORMATION FORM

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

YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE TRUSTEE'S OFFICE on or before the 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 send a Wage Directive to your employer.** You are authorizing the Chapter 13 Trustee to direct your employer to withhold your Chapter 13 Plan payments from your payroll and to send the amount withheld to the Chapter 13 Trustee until termination of your employment or notification from the Trustee to your employer to stop the deductions. **YOU MUST SEND PAYMENTS WITH CERTIFIED FUNDS TO THE CHAPTER 13 TRUSTEE (1) UNTIL YOUR EMPLOYER BEGINS THE DEDUCTIONS FROM YOUR PAYCHECK, (2) IF YOUR EMPLOYER STOPS MAKING DEDUCTIONS FOR ANY REASON, (3) YOUR PLAN PAYMENT INCREASES AND YOUR EMPLOYER DOESN'T DEDUCT THE INCREASED AMOUNT, OR (4) YOUR INCOME IS INSUFFICIENT FOR YOUR EMPLOYER TO DEDUCT THE REQUIRED PAYMENT. IF YOU CHANGE JOBS, YOU MUST COMPLETE A NEW WAGE DIRECTIVE INFORMATION FORM AND RETURN IT TO THE TRUSTEE AND YOU MUST SEND PLAN PAYMENTS WITH CERTIFIED FUNDS TO THE TRUSTEE IN THE INTERIM.**

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

Chapter 13 Case Number: _____

Information for Debtor #1

Debtor #1 Name _____	Last 4 of Social Security No _____
Debtor Phone Numbers: Home _____ Cell _____ Work _____	
Debtor Email _____	*Percentage of Plan Payment to be paid by Debtor #1 _____
Employer Name _____	
(Employer/Payroll Street Address) _____	(City) _____ (State) _____ (Zip Code) _____
Employer/Payroll Contact Name _____	Employer/Payroll Phone No. _____
Employer/Payroll Email _____	Employer/Payroll 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 _____ Cell _____ Work _____	
Debtor Email _____	*Percentage of Plan Payment to be paid by Debtor #2 _____
Employer Name _____	
(Employer/Payroll Street Address) _____	(City) _____ (State) _____ (Zip Code) _____
Employer/Payroll Contact Name _____	Employer/Payroll Phone No. _____
Employer/Payroll Email _____	Employer/Payroll Fax No. _____
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.