

WAGE ORDER INFORMATION

(please print or type this information)

THE FOLLOWING INFORMATION **MUST BE SUBMITTED TO YOUR ATTORNEY**

WHO BY ORDER OF BANKRUPTCY

LOCAL RULE 4001(e) SIGNED JAN 1, 2008 IS REQUIRED TO

FILE THE WAGE ORDER WITH THE COURT

(cases filed prior to 2008 can be sent to the Trustee's office)

Your Chapter 13 Bankruptcy Case Number: _____

Name of debtor (or non-filer) having wages garnished:

Employer's Name: _____

(as it appears on the paycheck)

Is this a new employer? (yes) _____ (no) _____

Employer's Payroll Department Address :(as it appears on the paycheck)

Street or P.O. Box: _____

City, State: _____ Zip Code: _____

Phone Number: _____ - _____ Fax Number: _____ - _____

Contact Person in the Payroll Dept: _____

What is the MONTHLY amount to be paid by this employer \$_____

**If this is not the full amount of your Plan payment, has there been
another form of payment submitted to the Trustee?** _____

Please explain _____

Signature of debtor having wages garnished:

_____ date _____

William E. Heitkamp
Chapter 13 Trustee
U.S. Bankruptcy Court
Southern District of Texas
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Houston, Texas 77024
713-722-1200 FAX 713-722-1211