

# 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 \_\_\_\_\_

Tiffany D. Castro  
Chapter 13 Trustee  
U.S. Bankruptcy Court  
Southern District of Texas  
9821 Katy Freeway, Suite 590  
Houston, Texas 77024  
713-722-1200 FAX 713-722-1211