

**Office of the Chapter 13 Trustee  
Western District of Louisiana  
Shreveport Division**

Todd S. Johns, Trustee

Daven Hill, Staff Attorney  
Linda L. Ledbetter, Staff Attorney

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

Name:

Dear Chapter 13 Debtor(s):

The Trustee's office has received information that your employment status has recently changed.

**PLEASE NOTE**

**YOU ARE RESPONSIBLE FOR MAKING YOUR PLAN PAYMENTS UNTIL SUCH TIME AS PAYROLL DEDUCTION CAN BEGIN.**

**IF FOR SOME REASON YOU ARE UNABLE TO MAKE YOUR PLAN PAYMENTS YOU SHOULD CONTACT YOUR CHAPTER 13 ATTORNEY IMMEDIATELY.**

**YOUR DIRECT PAYMENTS SHOULD BE MAILED IN THE FORM OF A MONEY ORDER OR CASHIERS CHECK (*PERSONAL CHECKS ARE NOT ACCEPTED*).**

**PLEASE REMIT ALL PAYMENTS TO:      Todd S. Johns, TRUSTEE  
Post Office Box 2218  
MEMPHIS, TN 38101-2218**

Additionally, it is necessary for you to complete and sign the form below and return it to the Trustee's correspondence address of:

**Todd S. Johns, TRUSTEE  
Post Office Box 1770  
SHREVEPORT, LA 71166**

**New Employer:**

**(Please include a copy of your pay stub from current employer)**

**Employer Address:**

**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code:**

**Telephone number:**

**Please provide your current mailing address and telephone number below:**

**Street Address:**

**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code:**

**Telephone number:**

**Signature: \_\_\_\_\_ Date:**