

INCOME WITHHOLDING ORDER REQUEST

Instructions: After completion of this request, attorney **MUST** email completed form to the Chapter 13 Trustee at 13trustee@ch13mdal.com. Attorney's "/s/" and typed name and date is acceptable. You can use the TAB key to quickly navigate through the form.

Do Not File This Request With The Court and Do Not Mail Copy To Trustee

FORM MUST BE EMAILED TO TRUSTEE
at: 13trustee@ch13mdal.com

Debtors Information		Case Number:	
Debtors Name:			
Employment Information			
Employers Name:			
Address Line :			
City:		State:	Zip Code:
Debtor's plan payment amount and frequency of payment:			
Payment Amount:		\$	
Pay Frequency:		wkly bi-wkly bi-monthly monthly	
I hereby request that the Chapter 13 Trustee for the Middle District of Alabama, to cause an Income Withholding Order to be issued to the employer for the above referenced Chapter 13 debtor.			
Atty for Debtor(s):			Date: