

## **INCOME WITHHOLDING ORDER REQUEST**

**Instructions:** After completion of this request, the attorney **MUST** email completed from to the Chapter 13 Trustee at 13trustee@ch13mdal.org. Attorney's "/s/" and typed name and date is acceptable. You can use the TAB Key to quickly navigate through the form. **FORM MUST BE EMAILED TO THE TRUSTEE AT: 13trustee@ch13mdal.org**

**Do Not File This Request with the Court and Do Not Mail Copy To the Trustee**

<b>Debtor(s) Information</b>	Case Number:		
Debtors Name:			
Joint Debtors Name:			
<b>Employment Information</b>			
Employers Name:			
Address:			
City:	State:	Zip Code:	
<b>Debtor(s) plan payment amount and frequency of payment</b>			
Payment Amount: \$			
Payment 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.			
Attorney for Debtor(s):			Date: