

**OFFICE OF THE CHAPTER 13 TRUSTEE  
JOSEPH M. BLACK, JR., TRUSTEE**

Fill out the below fields with the appropriate information for your request for payment withdrawn from you wages.

**BANKRUPTCY CASE INFORMATION**

Case Number \_\_\_\_\_ Debtor(s) \_\_\_\_\_

Phone # (Best to contact) \_\_\_\_\_ SS # (Last 4 Digits) \_\_\_\_\_

**EMPLOYER INFORMATION**

Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Employer Phone # \_\_\_\_\_ Employer Fax # \_\_\_\_\_

**HOW ARE YOU PAID**

(Select One) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Print**

**Submit**