

Filer's Name, Address, Phone, Fax, Email:



UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII
1132 Bishop Street, Suite 250
Honolulu, Hawaii 96813

hib_3070-1app (12/09)

Debtor Name:

SSN (last 4 digits):

Case No.:

Address:

Jt Debtor Name:
(if any)

SSN (last 4 digits):

Chapter 13

Address (if not
same as above):

APPLICATION FOR ORDER TO EMPLOYER TO PAY FUNDS TO TRUSTEE; ORDER

Amended

APPLICATION

The Debtor/Joint Debtor has a case pending under Chapter 13 and agrees to submit wages or other income in the amount below to the supervision and control of the Trustee. The Debtor / Joint Debtor hereby requests that such portion of wages or other income be paid directly to the Trustee by the employer identified below.

Dated: _____

/s/ _____
Signature of Debtor / Joint Debtor / Attorney

ORDER

IT IS HEREBY ORDERED:

Name and address of employer of: Debtor Joint Debtor

The employer identified above is directed, until further court order or until notification by the Trustee that this case has been converted or dismissed, or that all plan payments due under the plan have been completed, to deduct monthly from wages or other income the amount below and to pay such sum, whether monthly, bimonthly, biweekly, or weekly, to the Trustee at the address below.

\$ _____

Howard M.S. Hu, Chapter 13 Trustee
1132 Bishop Street, Suite 301
Honolulu, HI 96813

Payroll deductions such as current income tax withholding, social security, disability, insurance premiums, union dues, and mandatory retirement contributions, are not affected by this order and may be continued. Funds sent to the Trustee must indicate the employee's name and bankruptcy case number. The employer must notify the Trustee promptly of any change in employment status affecting compliance with this order.