

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII**

Chapter 13 Case No. _____

Debtor(s): _____

Debtor/Employer's SSN: XXX-XX-_____

APPLICATION AND ORDER FOR EMPLOYER TO PAY FUNDS TO TRUSTEE

Amended

EMPLOYEE Name and Address:

EMPLOYER Name and Address:

Send payments to: **Nima Ghazvini, Trustee**
P.O. Box 1251
Memphis, TN 38101-1251

Amount: \$ _____ To be paid every: _____
(2 wks/month/etc.)

The undersigned debtor agrees to submit wages or other income for periodic and direct payment to the Trustee. In accordance with this application, the above-named employer is directed, until further court order or notification that this case has been converted or dismissed, or that all plan payments have been completed, to deduct the amount stated above from the employee's income and to promptly remit it to the Trustee at the address above. Payments must identify the employee's name and bankruptcy case number.

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. The employer must notify the Trustee of any change in employment affecting compliance with this order.

Dated: _____ Signature of Debtor/Attorney: /s/ _____

END OF ORDER

Submitted by: