

REQUEST FOR APPROVAL OF AMENDED PAY ORDER

REASON FOR AMENDED PAY ORDER:

Amended Plan

Order Modifying Plan

Agreed Order Retaining Case

Employer Address Change or Change in Employer

Other _____

DEBTOR REQUESTING AMENDED PAY ORDER:

Enter Case Number here

Debtor 1

Debtor 2

ADDRESS FOR PAY ORDER:

Same as current Pay Order

New Address

AMOUNT TO BE DEDUCTED:

Same as current monthly plan payment: _____

New monthly plan payment: _____

Submitted By: _____
Debtor's (s') Attorney

**AMENDED PAY ORDERS MUST BE APPROVED BY TRUSTEE
PRIOR TO SUBMITTING TO COURT**

Requests for amended pay order should be e-mailed or faxed to the following Chapter 13 Trustee staff member:

Stewart Smith (stewart@ch13austin.com)

Fax number: (512) 916-9234

If your request is approved, the Trustee's office will then electronically submit an amended pay order to the Court for signature. If your request is denied, you will receive notice from the Trustee's office as to why the request was denied.

Thanks for your help!