

REQUEST TO EXCUSE PLAN PAYMENTS FOR THIRTY DAYS

Instructions: After completion of this request, attorney **SHOULD** upload completed form to the 13Documents at www.13documents.com. The preferred method of submission is through 13Documents; however, email (13trustee@ch13mdal.org) remains an option. Attorney's "/s/" and typed name and date is acceptable. You can use the TAB key to quickly navigate through the form.

Do Not File This Request with The Court and Do Not Mail Copy to Trustee

UPLOAD FORM TO 13DOCUMENTS
at: WWW.13DOCUMENTS.COM

Debtor Information		Case Number:	
Debtor Name:			
Employment Information			
Employer Name:		Length of Employment:	
Address:			
City:		State:	Zip Code:
Debtor's plan payment amount and frequency of payment			
Payment Amount:		\$	
Pay Frequency:		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	
Reason for request to excuse payments			
Employment:	<input type="checkbox"/> Hours decreased <input type="checkbox"/> Plant closed/Laid off <input type="checkbox"/> No longer employed		
Health:	<input type="checkbox"/> Recovery <small>surgery/procedure maternity leave, etc</small> <input type="checkbox"/> Medical bills <input type="checkbox"/> Unable to work (under Doctor's care)		
Other:	<input type="checkbox"/> Car repairs <input type="checkbox"/> Utility bills <input type="checkbox"/> Funeral Expenses		
None of the above:			
I hereby request that the Chapter 13 Trustee for the Middle District of Alabama, grant the debtor(s) request to be excused from plan payments for a period of thirty days.			
Atty for Debtor(s):			Date: