

Gregory A. Burrell
Standing Chapter 13 Trustee
District of Minnesota
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WAGE ORDER REQUEST FORM

Debtor(s) Name: _____

Case Number: _____

**Debtor from whose
Paycheck to be deducted:** Debtor Spouse

Social Security # _____

**Employer Payroll
Name & Address:** _____

Contact name: _____
Contact phone #: _____
Contact fax #: _____

**Frequency
of Deduction:** Weekly Bi-Weekly Semi-Monthly Monthly

**Amount(s)
of Deduction:** \$ _____

Starting date: _____

Date of Request: _____

Employee Signature: _____