

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**

**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:** \_\_\_\_\_