

**OFFICE OF THE CHAPTER 13 TRUSTEE**

Middle District of Georgia | Jonathan W. DeLoach

PO Box 1907, Columbus, GA 31902  
Phone: 706-327-4151 | Fax: 706-327-4277  
www.ch13trustee.com

**EMPLOYMENT STATUS**

*Please print legibly and sign this form before mailing or faxing it*

**Debtor Information**

Case Number \_\_\_\_\_

Name \_\_\_\_\_  
*First Last Middle*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Employer Information**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

**Do you want us to send a payroll deduction order to this employer?**

Yes  No

Please Note: You are still responsible for your plan payment and you must send it by money order or cashier's check to the address below.

OFFICE OF THE CHAPTER 13 TRUSTEE-COLS  
PO BOX 116347  
ATLANTA, GA 30368-6347

If you are having difficulty making your payments due to employment loss or change of employment please contact your attorney as soon as possible.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(Required)*