

# KYLE L. CARLSON, TRUSTEE

Office of Chapter 12 & 13 Bankruptcy Trustee

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Phone: 218-354-7356

Fax: 218-354-2235

E-mail: [info@carlsonch13mn.com](mailto:info@carlsonch13mn.com)

Website and ePay: [www.carlsonch13mn.com](http://www.carlsonch13mn.com)

Phone payments: 1-888-548-0787

Cashier's Checks and Money Orders:

2900 Momentum Place

Chicago, IL 60689-5329

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Correspondence:  
55 2nd Avenue SW  
P.O. Box 519  
Barnesville, MN 56514

Re: Wage Order Request Form

Below you will find a Wage Order Request Form. This type of order requires your employer to deduct payment from your paychecks and forward the funds directly to the trustee. If you would like to take advantage of this, please complete the enclosed form and return it to our Barnesville address. *If you don't have a confirmed plan at this time, we will file this with the court when your plan is confirmed.* You will receive a copy of the signed order in the mail, and your employer and attorney will also receive copies. **You should continue to mail money orders or cashier's checks to the Chicago address until you are certain that your employer has begun the wage assignment.**

## WAGE ORDER REQUEST FORM

Debtor's Name \_\_\_\_\_

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

Debtor from whose

paycheck to be deducted:

Debtor \_\_\_\_\_

Spouse \_\_\_\_\_

Employer

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Frequency of Deduction

Weekly

Every two weeks (26 times per year)

Two times per month (24 times per year)

Monthly

Amount of Deduction \_\_\_\_\_

*Example: If you are paid every two weeks, take your monthly bankruptcy payment times 12 months and divide by 26.*

Starting Date \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_