

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

In re: \_\_\_\_\_ ) Case No.  
 )  
Debtor(s) ) CHAPTER 13  
 )  
Social Security No. ) ORDER DIRECTING EMPLOYER  
 ) TO MAKE DEDUCTIONS FROM  
 ) DEBTOR-EMPLOYEE'S WAGES,  
 ) COMBINED WITH RELATED  
 ) ORDERS

To: \_\_\_\_\_

A case has been filed under Chapter 13 of the Bankruptcy Code by the named Debtor(s). As a result, all of the Debtor's future earnings are under the exclusive jurisdiction of this Court. Based on the statement of affairs of the Debtor(s), the Debtor's employer is:

Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

In accordance with the relevant provisions of the Debtor's proposed plan,

IT IS, THEREFORE, ORDERED, under 11 U.S.C. § 1325(c) and § 1326, that the Debtor's employer immediately deduct from the Debtor's next paycheck the sum of \$\_\_\_\_\_ and the same amount from each pay period thereafter (including periodic or lump sum payments) and promptly forward the amounts deducted to the Chapter 13 Trustee, until further order of this Court. The Chapter 13 Trustee's name and address are:

Craig Shopneck, Chapter 13 Trustee  
P.O. Box 714112  
Columbus, Ohio 43271-4112

**Include the case number shown above with all payments.**

IT IS FURTHER ORDERED, under 11 U.S.C. § 362(a), that the EMPLOYER SHOULD CEASE ALL FUTURE DEDUCTIONS FOR GARNISHMENT, WAGE ASSIGNMENTS, OR CREDIT UNIONS unless specifically authorized by this Court or until this Order is modified or vacated; however, deductions for child support ordered by the Common Pleas Court or Domestic Relations Court may continue.

IT IS FURTHER ORDERED that if the Debtor's employment is terminated during the term of the plan, the employer is to notify the Chapter 13 Trustee.

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Deputy Clerk

By submitting this form the debtor's attorney certifies that this form is identical in all respects to the official form.

Attorney for Debtor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

SEE ATTACHED CERTIFICATE OF SERVICE