

OFFICE OF THE CHAPTER 13 TRUSTEE

NORTHERN DISTRICT OF ALABAMA

SOUTHERN DIVISION

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BRADFORD W. CARAWAY

CHAPTER 13 TRUSTEE

CHARLES E. KING

ASSISTANT TRUSTEE

MARY FRANCES FALLAW

STAFF ATTORNEY

CORRESPONDENCE ADDRESS

P.O. BOX 10848

BIRMINGHAM, AL 35202-0848

PAYMENT ADDRESS

P.O. BOX 3789

JACKSON, MS 39207

Request for Plan Payment Refund

(No request over \$500 will be considered)

Date: _____

Debtor's Name: _____

Case Number: _____

Amount of Refund Requested (maximum of \$500): _____

Basis for Refund Request*: _____

*All supporting documents must be attached and sent with this refund request.

Email address, fax number, or mailing address where Trustee's response should be sent: _____

I, the Debtor named in the Chapter 13 bankruptcy case listed above, hereby request a plan payment refund (maximum of \$500) from the Trustee for the reasons stated. I certify that an emergency situation has arisen that is causing severe financial difficulty for me or my family, and a 23-day delay for a Court hearing is not practical under the circumstances. I understand that this request, if approved by the Trustee, may cause my plan payments to fall behind, and may cause them to increase in the future. I also certify that I have informed my lawyer of this refund request as indicated by his or her signature below. If the Trustee denies this request, I realize that I can contact my attorney for legal advice about my options.

Debtor**

Joint Debtor (if applicable)**

Attorney**

**If electronic signature(s) are provided, the submitting party certifies that this document was executed with original signature(s), and the original executed document will be retained for 3 years after the closing of this case.

Please mark where the refund, if approved, should be mailed: ☐ Debtor's address of record or
☐ Attorney's address of record, as filed with the U.S. Bankruptcy Clerk.

THIS REFUND REQUEST HAS BEEN:

☐ APPROVED IN THE AMOUNT OF \$_____.

☐ DENIED. PLEASE CONTACT YOUR ATTORNEY FOR LEGAL ADVICE.

By: _____

Date: _____