C. DAVID COTTINGHAM Acting Chapter 13 Trustee P.O. Box 10848 Birmingham, AL 35202-0848 (205) 323-4631 Fax (205) 252-0239

Email: info@ch13bham.com

Request for Plan Payment Refund

(No request over \$500 will be considered)

Date:	<u>,</u>
Debtor's Name:	Case Number:
Amount of Refund Requested (maximum of \$500): Basis for Refund Request*:	
*All supporting documents must be attached and	I sent with this refund request.
Email address, fax number, or mailing address w	where Trustee's response should be sent:
payment refund (maximum of \$500) from the Treemergency situation has arisen that is causing sea 23-day delay for a Court hearing is not practic request, if approved by the Trustee, may cause them to increase in the future. I also certify that	ruptcy case listed above, hereby request a plan rustee for the reasons stated. I certify that an evere financial difficulty for me or my family, and al under the circumstances. I understand that this my plan payments to fall behind, and may cause I have informed my lawyer of this refund request ne Trustee denies this request, I realize that I can options.
Debtor**	Joint Debtor (if applicable)**
Attorney** **If electronic signature(s) are provided, the submitting partial signature(s), and the original executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitting partial executed document will be refunded by the submitted b	lained for 3 years after the closing of this case. Id be mailed: Debtor's address of record or
Attorney's address of record, as filed with the	e U.S. Bankruptcy Clerk.
THIS REFUND REQUEST HAS BEEN:	
APPROVED IN THE AMOUNT OF \$_	
DENIED. PLEASE CONTACT YOUR	ATTORNEY FOR LEGAL ADVICE.
By:	Date: