

D. SIMS CRAWFORD
Chapter 13 Standing 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: _____

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: _____