

Mail Completed Form To:

Christopher Micale, Trustee  
Post Office Box 1001  
Roanoke, VA 24005-1001

## CHAPTER 13 CASE PAYOFF REQUEST

**This form is provided to request from Christopher T. Micale, Trustee, the amount necessary to pay a chapter 13 plan. This form should only be used if the United States Bankruptcy Court confirmed (i.e., approved) a chapter 13 plan in your case. DISCLAIMER: THIS FORM, AND YOUR USE OF IT, DOES NOT CONSTITUTE AN ACKNOWLEDGEMENT AND/OR ADMISSION BY THE TRUSTEE THAT YOU ARE ELIGIBLE TO PAY YOUR CHAPTER 13 CASE OFF. THE CHAPTER 13 TRUSTEE WILL INDICATE IN HIS RESPONSE WHETHER YOU ARE ELIGIBLE TO PAY YOUR CASE OFF PRIOR TO COMPLETING THE COMMITMENT PERIOD OF YOUR PLAN (E.G.; TYPICALLY 36-60 MONTHS).**

Debtor Name: \_\_\_\_\_ Case No.: \_\_\_\_\_

Co-Debtor (If Any): \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Fax No.: \_\_\_\_\_

If your chapter 13 case is within six (6) months of completion, your Chapter 13 Case Payoff Request will be processed within seven (7) business days of receipt by the Office of the Chapter 13 Trustee. For all other cases, this Chapter 13 Case Payoff Request will be processed within thirty (30) days of receipt. Please refrain from contacting the Office of the Chapter 13 Trustee regarding a Chapter 13 Case Payoff Request unless you do not receive a response within these periods of time. Only one (1) Chapter 13 Case Payoff Request will be provided within a six (6) month period.

Source of Funds: \_\_\_\_\_  
*if you are eligible for a payoff, this is the intended source of funds (e.g., inheritance, re-finance)*

I(we) certify that I(we) am(are) the person(s) whose name(s) appear above and that the information provided herein is true and correct:

\_\_\_\_\_  
(Signature of Debtor)

\_\_\_\_\_  
(Signature of Joint Debtor, If Any)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name of Joint Debtor, If Any)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)