

Request for Suspension Plan Payments due to loss
income as a result of the **Corona Virus 19**

I _____ debtor in case, _____ request a 3 month
suspension of my plan payment due to loss income as a result of the Corona 19 Virus. I have
attached proof of loss income.

_____ Reason for loss income on employer letter head. Must state date reduction of hours
began and number of hours decreased per paycheck.

_____ If self-employed, list types of work and why you have an income loss. New Profit
and loss needed for last 4 months (January thru April).

Failure to provide the above information will result in denial of your request.

OFFICE USE ONLY

Your request has been

_____ Granted

C/A initials

_____ Denied

C/A initials

_____ Information was not furnished

_____ Plan payments were behind before the request was received. Please contact your bankruptcy attorney for further instruction.
