

# Office of the Chapter 13 Trustee

Southern District of Georgia

Savannah Division

O. Byron Meredith III

TRUSTEE

33 Bull Street, Suite 415 (31401)  
Post Office Box 10556  
Savannah, Georgia 31412

(912) 234-5052  
(800) 292-2811  
FAX: (912) 232-8824

## USE THIS FORM TO REPORT ANY CHANGES IN YOUR STATUS

Please PRINT all entries. This Form MUST be signed. Mail this form to the Savannah PO Box address.

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DATE: \_\_\_\_\_ My CASE NUMBER is: \_\_\_\_\_

**NAME:**

Debtor #1 \_\_\_\_\_ SSN: \_\_\_\_\_

Debtor #2 \_\_\_\_\_ SSN: \_\_\_\_\_

.....  
 My **NAME** has changed.

My NEW name is:

My OLD name was:

Debtor #1 \_\_\_\_\_ Debtor #1 \_\_\_\_\_

Debtor #2 \_\_\_\_\_ Debtor #2 \_\_\_\_\_

My **ADDRESS** has changed. New address is for:  Debtor #1  Debtor #2  Both

Street: \_\_\_\_\_

Mailing: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

My **EMPLOYER** has changed. New employer is for:  Debtor #1  Debtor #2

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Self-Employed** or working for a family business: *You must send money orders or cashier's checks.*  
Mail Payments to: Chapter 13 Trustee, Savannah – PO Box 116561 – Atlanta, GA 30368-6561.

**Unemployed:** *You must provide employer name & address when you return to work.*

**Other:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

(Required)

Email: \_\_\_\_\_