



**JOHN M. HAUBER**  
**CHAPTER 13 STANDING TRUSTEE**

JOHN M. HAUBER, TRUSTEE  
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**RELEASE OF INFORMATION**

If your employer requires us to use your Social Security Number for identification, you will need to complete and submit this form to our office prior to our staff working with your employer.

I, \_\_\_\_\_, named Debtor in a pending Chapter 13 Bankruptcy, hereby authorize John M. Hauber, Chapter 13 Standing Trustee and/or any member of his staff, to disclose my social security number to my current employer or any subsequent employer for the purposes of starting and/or stopping any wage deduction as it relates to my Chapter 13 Bankruptcy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Debtor's signature

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Debtor's printed name

Return to: John M. Hauber, Chapter 13 Trustee  
P.O. Box 441644  
Indianapolis, IN 46244-1644