

Law Offices of
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Plan Modification Form

1. Please download this form, print and completely fill out.
2. Include your two most current pay stubs and any other document(s) from the creditors that you wish to add.
3. Include a letter stating any changes to your plan that you are requesting. You must include your signature and the date on that letter.
4. Return these documents to our office in person and make an appointment to sign your updated plan.

HUSBAND'S EMPLOYER _____

JOB TITLE _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE # _____ LENGTH OF EMPLOYMENT _____

TIMES YOU ARE AT WORK: _____

IS IT OKAY TO CALL YOU AT WORK? ☐ YES ☐ NO

WIFE'S EMPLOYER _____

JOB TITLE _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE # _____ LENGTH OF EMPLOYMENT _____

TIMES YOU ARE AT WORK: _____

IS IT OKAY TO CALL YOU AT WORK? ☐ YES ☐ NO

Please review the below, if incomplete or incorrect, change to the correct information.

Name _____

Address _____

Address _____

Home phone # _____

Cell phone # _____

Case # _____

File # _____

BUDGET INFORMATION

INCOME

	HUSBAND	WIFE
1) INCOME BEFORE DEDUCTIONS <i>(Both incomes must be shown unless separated or divorced)</i>		
a) List your gross monthly income <i>(Amount before any payroll deductions)</i>	_____	_____
b) Describe any other income: <i>(Part-time job, Social Security, Food Stamps, AFDC, workers comp., unemployment benefits, etc.)</i>		
_____	_____	_____
_____	_____	_____
2) WHAT ARE YOUR PAYROLL DEDUCTIONS?		
	DEBTOR	SPOUSE
a) Payroll taxes <i>(incl. Federal, State, and SS)</i>	_____	_____
b) Insurance <i>(Monthly)</i>	_____	_____
c) Other deductions		
_____	_____	_____
3) WHAT IS YOUR TAKE HOME PAY PER PAY PERIOD AFTER ALL DEDUCTIONS?	_____	_____

ALIMONY OR CHILD SUPPORT

HUSBAND: PAY \$ _____ PER _____

RECEIVE \$ _____ PER _____

WIFE: PAY \$ _____ PER _____

RECEIVE \$ _____ PER _____

PLEASE LIST THE NAME, AGENCY AND PERSON (CHILD'S CUSTODIAN) CHILD
SUPPORT IS PAID TO, AND THE PERSON IT IS FOR ALONG WITH THE ADDRESS FOR
THE CUSTODIAL PARENT:

NAME	AGENCY	PERSON PAID TO (CHILD'S CUSTODIAN)
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PERSON FOR	ADDRESS FOR THE CUSTODIAL PARENT
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NAME	AGENCY	PERSON PAID TO (CHILD'S CUSTODIAN)
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PERSON FOR	ADDRESS FOR THE CUSTODIAL PARENT
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NAME	AGENCY	PERSON PAID TO (CHILD'S CUSTODIAN)
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PERSON FOR	ADDRESS FOR THE CUSTODIAL PARENT
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NAME	AGENCY	PERSON PAID TO (CHILD'S CUSTODIAN)
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PERSON FOR	ADDRESS FOR THE CUSTODIAL PARENT
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LIVING EXPENSES

Provide estimated average future **monthly** expenses of your family. (**Do not** include debt to be paid under your bankruptcy plan.) If you are separated and filing together, please list expenses for both debtors individually.

RENT OR HOME MORTGAGE PAYMENT

(Include lot rent)

a) *Are real estate taxes included?* () Yes () No

b) *Is insurance included?* () Yes () No

ELECTRICITY & HEAT

WATER

TELEPHONE

CABLE / INTERNET

HOME MAINTENANCE

FOOD

CLOTHING

LAUNDRY AND DRY CLEANING

MEDICAL AND DRUG EXPENSES

TRANSPORTATION *(Gas, oil, taxis repairs, etc.)*

RECREATION & ENTERTAINMENT

CHARITABLE CONTRIBUTIONS

INSURANCE *(Not payroll deducted):*

HOMEOWNER'S OR RENTER'S

LIFE

() *monthly*, () *3 months*, () *6 months*

HEALTH

() *monthly*, () *3 months*, () *6 months*

AUTO

() monthly, () 3 months, () 6 months

OTHER

() monthly, () 3 months, () 6 months

TAXES:

REAL ESTATE

() monthly, () yearly

AUTOMOBILE

() monthly, () yearly

OTHER

() monthly, () yearly

DUES NOT DEDUCTED FROM WAGES

(Union, Professional, Social, or Otherwise)

ALIMONY, MAINTENANCE, OR
SUPPORT PAYMENTS

PAYMENTS FOR SUPPORT OF DEPENDENTS
NOT LIVING AT HOME *(Do not include
child support payments. Specify each):*

SCHOOL TUITION *(Specify who it is for):*

REGULAR EXPENSES OF OPERATION OF BUSINESS
OR PROFESSION. IF YOU HAVE EXPENSES LISTED
HERE, PLEASE FILL OUT A BUSINESS INCOME
AND EXPENSE SHEET.

OTHER *(Please specify):* _____

(ex. Lot rent, Car lease, Child care, Lunches, etc.)

CELL PHONE SERVICE PAYMENT

CHURCH TITHES