

Domestic Support Obligation Disclosure Form

Section 1: to be completed by all debtors (use reverse side if needed):

Date Filed: _____ Case No.: _____
Debtor: _____ CoDebtor: _____
Address: _____ Address: _____

SS No.: _____ SS No.: _____

Are you responsible for any Domestic Support Obligations described in 11 U.S.C. § 101(14A) [debt owed to or recoverable by spouse, former spouse, child, child's guardian or governmental unit in the nature of alimony, maintenance or support]?

Debtor: Yes _____ No _____ CoDebtor: Yes _____ No _____

If your answer is "No", skip to Section 3 at the bottom of this form and sign.

If your answer is "Yes", please complete your answers to all questions in Section 2 and sign.

Section 2: to be completed only if you answered "Yes" above:

Debtor current marital status: _____ CoDebtor current marital status: _____
Married ___ Divorced ___ Married ___ Divorced ___
Separated ___ Widowed ___ Separated ___ Widowed ___
DSO Recipient's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____@_____

Are support payments deducted from your paycheck? Yes ___ No ___

If yes, provide the State/County Agency where remittances are sent:

Agency Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____@_____
Account No. _____

Names of creditors for any debts that will not be discharged or that you will reaffirm:

Identify your Current Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

(NOTE: if you change jobs or you move before your discharge is issued, you must provide your new employer's name/address or your new address to the Trustee)

Section 3: to be signed and dated by all debtors.

I swear or affirm under penalty of perjury pursuant to 28 USC § 1746 that the information provided herein is true, correct, and complete.

Debtor X _____ Dated: _____

CoDebtor X _____ Dated: _____