Domestic Support Obligation Disclosure Form

(Each debtor should complete a separate form if necessary.)

Debtor: _____ Case No.: _____

Section 1:

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

Unless you have a Domestic Support Obligation, there is no need to return this form.

Section 2: (to be completed only if you have a DSO)

Current marital status:
Married ___ Divorced ___ Separated ___ Widowed ___

Name of Party receiving payments: _____
Address: _____
City: _____ State: _____ Zip Code _____
Daytime phone: _____ Email: _____@_____

Identify the State in which the DSO was entered: _____

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

If "Yes," provide the State Agency contact information:

Agency Name: _____
Address: _____
City: _____ State: _____ Zip Code _____
Daytime phone: _____ Email: _____@_____
Account No.: _____

COMPLETE REVERSE SIDE OF FORM

Name of Party receiving payments:
Address:
City: State: Zip Code
Daytime phone: Email: @

Identify the State in which the DSO was entered:

Are support payments deducted from your paycheck? Yes No

If "Yes," provide the State Agency contact information:

Agency Name:
Address:
City: State: Zip Code
Daytime phone: Email: @
Account No.:

(If you need additional space for additional parties, please attach a separate sheet with the required information.)

Your Current Employer Name:
Employer Address:
City: State: Zip Code

Names of creditors for any debts that you will reaffirm:

Section 3:

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

Debtor:

Dated: