

# Domestic Support Obligation Disclosure Form

(Each debtor should complete a separate form)

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 child support)?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Current marital status:

Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Widowed: \_\_\_\_\_

Name of Party Receiving Payments: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

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.: \_\_\_\_\_

Debtor's signature: \_\_\_\_\_ Date: \_\_\_\_\_