

DOMESTIC SUPPORT OBLIGATION CHECKLIST

FILE WITH TRUSTEE ONLY DO NOT FILE WITH THE COURT

COMPLETE 1 FORM FOR EACH SUPPORT OBLIGATION

Debtor Name(s): _____ Bk Case#: _____

Debtor Daytime Phone: () _____ Evening: () _____

Attorney Name: _____

Name of Claim Holder: _____

Address of Claim Holder:

Mailing Address	City/State	Zip
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Support Type:

Spousal Support _____
Child Support _____
Both _____

THE FOLLOWING INFORMATION MUST BE COMPLETED ON EACH SUPPORT OBLIGATION. PLEASE BE SURE TO COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY.

Name of Applicable State Agency Where Claim Holder Resides:

Payment Address:

Mailing Address	City/State	Zip
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Account #: _____ Agency Phone #: _____

Monthly Payment Amount: \$ _____ Monthly Due Date: _____

Date Payment Late: _____ Years Remaining: _____

Are ongoing payments being made to the claim holder by Wage Order? YES _____ NO _____

Is the Debtor currently employed: YES _____ NO _____

If yes, Employer Information:

Name	Mailing Address	City/State	Zip
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