

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: () _____ Debtor SSN: _____

Attorney Name: _____

Name of Claim Holder: _____

Address of Claim Holder:

Mailing Address

City/State

Zip

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

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