

OFFICE OF THE STANDING CHAPTER 13 TRUSTEE

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DOMESTIC SUPPORT OBLIGATION INFORMATION SHEET

THE DEBTOR ACKNOWLEDGES THAT THE CHAPTER 13 TRUSTEE IS OBLIGATED TO PROVIDE WRITTEN NOTICE TO THE RECIPIENT OF A DOMESTIC SUPPORT OBLIGATION AND THE APPLICABLE STATE /COUNTY SUPPORT AGENCY. THE DEBTOR, BY SIGNING THIS FORM, CONSENTS TO DISCLOSURE BY THE CHAPTER 13 TRUSTEE OF THE DEBTOR'S FULL SOCIAL SECURITY NUMBER TO THE STATE/COUNTY SUPPORT AGENCY.

PLEASE PRINT CLEARLY

This form was completed by: _____ Debtor(s) _____ Attorney for Debtor(s)

Date: _____ Chapter 13 Case Number: _____

Debtor's Name: _____

Debtor's Signature: _____

Attorney's Name: _____

I pay alimony, child support, and/or maintenance to the following person(s):

1. Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

2. Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

3. Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____