

# 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 the disclosure, by the Chapter 13 Trustee, of the debtor's full social security number to the state/county support agency.

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

Date: Chapter 13 Case No.

Debtor Name:

Debtor Signature:

Attorney Name:

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

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>