# 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

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