

Domestic Support Information

**Bankruptcy No.** \_\_\_\_\_

**341 Hearing Date** \_\_\_\_\_

**Name  
of Debtor** \_\_\_\_\_

**Current Address  
Of Debtor** \_\_\_\_\_  
\_\_\_\_\_

**Name, Address,  
And Phone Number  
Of Employer(s)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Employment  
Started** \_\_\_\_\_

**Domestic  
Support  
Obligation(s)**  I am not required to pay any Domestic Support Obligations, or  
or,

**(check the statement  
That applies to you)**  I am required to pay Domestic Support Obligations and I have paid amounts paid  
any amounts payable under a Court Order or Statue that were due on or before today's  
date - complete section below or,

I am required to pay Domestic Support Obligations but I have not paid all amounts under  
Court Order or Statue as of today's date - complete section below.

I make Domestic Support Payments to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for Support Payments: (i.e. child Support, alimony)

\_\_\_\_\_  
\_\_\_\_\_

**The information I have provided above is true and correct to the best of my knowledge and belief. I  
AUTHORIZE THE STANDING TRUSTEE TO INCLUDE MY FULL SOCIAL SECURITY NUMBER WHEN  
PROVIDING THE WRITTEN NOTICE REQUIRED BY 11 U.S.C. §1302((d)(1)(B)(i) TO THE STATE  
CHILD SUPPORT ENFORCEMENT AGENCY.**

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**Debtor's Signature**