

**Domestic Support Obligation Disclosure Form  
Individual Chapter 11 Filers**

If you are responsible for any Domestic Support Obligations as described in 11 U.S.C. § 101(14A) [debt owed to or recoverable by spouse, former spouse, child, child's guardian or governmental unit in the nature of alimony, maintenance or support], please complete this form.

Date Filed: \_\_\_\_\_  
Debtor: \_\_\_\_\_  
Address: \_\_\_\_\_

Case No. \_\_\_\_\_  
CoDebtor: \_\_\_\_\_  
Address: \_\_\_\_\_

SSN: \_\_\_\_\_  
Debtor DSO: Yes  No

SSN: \_\_\_\_\_  
CoDebtor DSO: Yes  No

Debtor current marital status:  
Married  Divorced   
Separated  Widowed

CoDebtor current marital status:  
Married  Divorced   
Separated  Widowed

DSO Recipient's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Are support payments deducted from your paycheck? Yes  No

If yes, provide the State/County Agency where remittances are sent:

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Account Number: \_\_\_\_\_

Names of creditors for any debts that will not be discharged or that you will reaffirm:

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

Identify your Current Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(NOTE: If you change jobs or you move before your discharge is issued, you must provide your new employer's name and address or your new address to the U.S. Trustee or, if there is one appointed, the Chapter 11 Trustee.)

I swear or affirm under penalty of perjury pursuant to 28 U.S.C. § 1746 that the information provided herein is true, correct and complete.

Debtor X \_\_\_\_\_ Dated: \_\_\_\_\_  
CoDebtor X \_\_\_\_\_ Dated: \_\_\_\_\_