

# 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