

DOMESTIC SUPPORT OBLIGATION WORKSHEET

(“DSO Worksheet”)

PLEASE PRINT CLEARLY

DEBTOR: _____ Today's Date: _____

CODEBTOR: _____

CASE NUMBER: _____ - _____ -BKC - _____

Are either Debtor responsible for a *Domestic Support Obligation* described in schedule E of and provided for in 11 U.S.C. § 507(a)(3) ? Yes _____ No _____

If you answer is NO, you merely have to sign below.

If you answer YES, please complete all questions below and sign

What is your current marital status? Married _____ Divorced _____ Separated _____
Widowed _____

Name and information of person receiving support?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ @ _____

Is payment deducted from your paycheck? Yes _____ No _____

What State Agency: Info: Agency Name _____

Account Number: _____

Address: _____

Address: _____

City _____ State _____ Zip _____

Debtor X _____ Codebtor X _____