

DOMESTIC SUPPORT OBLIGATION CHECKLIST

Debtor Name(s): _____

BK Case #: _____

Debtor Daytime Phone: _____ Evening: _____

Type of Support: Spousal _____ Child: _____

To whom is the support payment sent: _____

Address City/State Zip

Telephone: _____

Is the Debtor currently employed: Yes _____ No _____

If Yes, Employer Information:

Employer Name: _____

Address City/State Zip

What state was the Domestic Support order by: _____