## \*SECTION 2 MUST BE COMPLETED!

## Domestic Support Obligation Disclosure Form

Section 1: To be completed by all debte	ors:	
Date:		
	CoDebtor:	
SS No.:	SS No.:	
Are you responsible for any Domestic Support Obligations described in 11 U.S.C. § 101(14A) [debt owed to or recoverable by spouse, former spouse, child, child's guardian or governmental		
Debtor: Yes No		s No
If your answer is "No", skip to Section 3 at the bottom of this form and sign. If your answer is		
"Yes, please complete your answers to all questions in Section 2 and sign.		
Section 2: To be completed only if you	answered "Yes" above	<u> </u>
Debtor current marital status:		rent marital status:
Married Divorced		Divorced
Separated Widowed		Widowed
Name of Person Receiving Funds:		
Address:		
City:	State:	Zip:
City: Phone:	Email:	
Are support payments deducted from your paycheck? Yes No		
Provide the State Agency Information:		
Agency Name		161
Address		
City:	State:	Zip:
Phone:		@
Account No.		
Names of creditors for any debts that will not be discharged or that you will reaffirm.		
Identify your Employer Name: Employer Address:		
** **	State:	
City:	State.	Zip:
Section 3: To be signed by all debtors.		
I swear or affirm under penalty of perjury pursuant to 28 USC § 1746 that the information		
Provided herein is true, correct and complete.		
Debtor X CoDebtor X		

23034326.1