

# DOMESTIC SUPPORT OBLIGATION INFORMATION

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**Instructions:** You can navigate this form quickly using the TAB key. If this form is completed by the **debtor**, email the completed form to [13trustee@ch13mdal.org](mailto:13trustee@ch13mdal.org). If this form is completed by the **attorney**, upload the completed form through BK Docs at [www.bkdocs.us](http://www.bkdocs.us). (Attorney's /s/ and typed name and date is acceptable.) If the case is pending closure, the document must be emailed to [13trustee@ch13mdal.org](mailto:13trustee@ch13mdal.org). If more than two DSO's, complete additional forms as needed.

**Note:** If the DSO Claimant information is "Unknown", please have the debtor execute an affidavit and upload it along with this form.

Do Not File This Request with The Court and Do Not Mail Copy to Trustee

UPLOAD FORM TO **BK** DOCS at:

[WWW.BKDOCS.US](http://WWW.BKDOCS.US)

<b>Debtor Information</b>		Case Number:	
Debtor Name:			
<b>DSO #1 Information</b>			
Individual Claimant's Name:		Phone:	
Home Address:			
City:	State:	Zip Code:	
<b>DSO #1 Agency Information</b>			
Agency Name:		Phone:	
Individual Claimant's Name:			
Agency Address:			
City:	State:	Zip Code:	
<b>DSO #2 Information</b>			
Individual Claimant's Name:		Phone:	
Home Address:			
City:	State:	Zip Code:	
<b>DSO #2 Agency Information</b>			
Agency Name:		Phone:	
Individual Claimant's Name:			
Agency Address:			
City:	State:	Zip Code:	
Attorney for Debtor:		Date:	