

DOMESTIC SUPPORT PAYMENTS QUESTIONNAIRE

Debtor's Name: _____ Case No.: _____

ARE YOU UNDER ANY OBLIGATION, AGREEMENT OF COURT ORDER TO PAY CHILD SUPPORT, ALIMONY, SPOUSAL SUPPORT OR ANY OTHER KIND OF DOMESTIC SUPPORT OR MAINTENANCE (INCLUDING ASSISTANCE PROVIDED BY A GOVERNMENT)? _____ Yes _____ No

IF "YES", YOU MUST COMPLETE THIS FORM.

State your address and telephone number(s):

Address (es): _____

Telephone: () _____ Cell Phone: () _____ Other: () _____

Are you expecting to move within the next 3 months? _____ Yes _____ No
(If yes, and you know your future address, list it below)

List your current employer and address:

(Name)

(Address)

Telephone No.: () _____

Are you expecting to change jobs within the next 3 months?
(If yes, and you know the new employer information, list below)

_____ Yes _____ No

(Name)

(Address)

Telephone No.: () _____

List the name(s) and address(es) of the person or person to whom you owe or may owe support payments:

Name: _____

Address: _____

Telephone No.: () _____

Name: _____

Address: _____

Telephone No.: () _____

I certify that the information above is true and correct.

I certify that I have explained to the Debtor(s) that the information regarding domestic support obligations must be disclosed to the Trustee and that I am unaware of information indicating that the Debtor's statements above are untrue or misleading.

Debtor's Signature

Attorney for Debtor