

# DOMESTIC SUPPORT OBLIGATION INFORMATION "DSO"

(Please print or type information clearly)

(Please complete this form only if you have a "DSO")

## DEBTOR INFORMATION

Case Number: \_\_\_\_\_ Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

## EMPLOYER INFORMATION (WHERE DO YOU WORK)

Employer (circle one): Current      Self-employed      \*Unemployed      \*Disabled      \*Retired

Other (explain): \_\_\_\_\_

\*If currently not working list date last employed: \_\_\_\_\_ Name of last Employer: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## DOMESTIC SUPPORT CLAIM HOLDER INFORMATION (WHO DO YOU OWE)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Is support withheld from your pay?      Yes      No

Is support current?      Yes      No

Are you in arrears?      Yes      No      If yes, approximately how much \$ \_\_\_\_\_

## NON-DISCHARGEABLE DEBT / REAFFIRMED

Have you reaffirmed any debt?      Yes      No

If yes, list names of Creditors, attach additional sheets if necessary. \_\_\_\_\_

Do you have any non-dischargeable debt?      Yes      No

If yes, list names of Creditors, attach additional sheets if necessary. \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

OFFICE USE ONLY

Initial DSO Letter sent: \_\_\_\_\_

2nd DSO Letter sent: \_\_\_\_\_