

# DOMESTIC SUPPORT OBLIGATION WORKSHEET

("DSO Worksheet")

PLEASE PRINT CLEARLY

DEBTOR:  Today's Date:

CODEBTOR:

CASE NO.   -BKC-

Are either Debtor responsible for a *Domestic Support Obligation* described in schedule E of and provided for an 11 U.S.C. § 507 (a)(3)? Yes  No

If your answer is **NO**, you merely have to sign below.

If your answer is **YES**, please complete all questions below and sign.

What is your current marital status? Married  Divorced  Separated   
Widowed   SINGLE

Name and information of person receiving support:

Name:

Address:

City:

If yes, is the payment deducted from your paycheck? Yes  No

What State Agency:

Agency Name:

Account Number:

Address:

Address:

City:  State  Zip

Debtor: X \_\_\_\_\_

Codebtor: X \_\_\_\_\_