

**DOMESTIC SUPPORT OBLIGATION WORKSHEET**

CASE NO. \_\_\_\_\_

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

DEBTOR \_\_\_\_\_

CO-DEBTOR: \_\_\_\_\_

**As the Chapter 7 Trustee appointed to your bankruptcy proceeding filed in the Southern District of Florida, it is my duty under the Bankruptcy Code to notify those parties to which you have a Domestic Support Obligation.**

Are you responsible for a Domestic Support Obligation as described in Schedule E and as provided for in 11 USC § 507 (a)(1)?    \*YES \_\_\_\_\_                      NO \_\_\_\_\_

\_\_\_\_\_  
Debtor's Signature

\_\_\_\_\_  
Co-Debtor's Signature

\*IF YOU ANSWERED "YES" PLEASE COMPLETE THE FORM BELOW WITH CURRENT AND ACCURATE INFORMATION. ALL FORMS MUST BE TURNED IN PRIOR TO LEAVING THE 341 MEETING OF CREDITORS.

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NAME OF PERSON RESPONSIBLE FOR PAYING THE SUPPORT OBLIGATION:

YOUR CURRENT MAILING ADDRESS:

YOUR TELEPHONE NUMBER:

NAME AND ADDRESS OF YOUR EMPLOYER:

NAME OF PERSON(S) ENTITLED TO RECEIVE SUPPORT:

CURRENT ADDRESS OF PERSON(S) ENTITLED TO RECEIVE SUPPORT: