

# DOMESTIC SUPPORT OBLIGATION WORKSHEET

(“DSO Worksheet”)

PLEASE PRINT CLEARLY

DEBTOR: \_\_\_\_\_ Today's Date: \_\_\_\_\_

CODEBTOR: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ -BKC - \_\_\_\_\_

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

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

If you answer YES, please complete all questions below and sign

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What is your current marital status? Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
Widowed \_\_\_\_\_

Name and information of person receiving support?

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Is payment deducted from your paycheck? Yes \_\_\_\_\_ No \_\_\_\_\_

What State Agency: Info: Agency Name \_\_\_\_\_

Account Number: \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Debtor X \_\_\_\_\_ Codebtor X \_\_\_\_\_