

Name: _____

Case No: _____

Attn: Claims

Domestic Support Obligation Questionnaire

Name, address and telephone number of individual owed support, AND state agency owed support

State court case number including state

Name, address and telephone number of your last or present employer

List all other states or countries, including your prior address, in which you resided and were responsible for any domestic support obligation, starting with the most recent.

Throughout the life of the Chapter 13 Plan, but especially prior to the completion of your plan, it is your continuing duty to inform the court and the Trustee of any changes in the above information. Failure to do so could result in the denial or delay of your discharge, OR DISMISSAL OF YOUR CASE.

**Please IMMEDIATELY
return this completed form to Terry E. Smith, Standing Chapter 13 Trustee, P.O.
Box 6099, Sun City Center, Florida 33571**